| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | Q5160 | INJ JOBEVNE 10 MG | HCPCS - TEMP CODES | YES | 01/01/2026 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9326 | TELISOTUZUMAB VEDOTIN-TLLV | HCPCS - CHEMO DRUGS | YES | 01/01/2026 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9282 | MITOMYCIN INTRAVESICAL INST | HCPCS - CHEMO DRUGS | YES | 01/01/2026 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9184 | INJ GEMCITABIN AVYXA 200MG | HCPCS - CHEMO DRUGS | YES | 01/01/2026 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J3389 | TOPI ADM PRAD ZAMI PER TREAT | HCPCS - DRUGS ( NOT ORAL) | YES | 01/01/2026 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | C9308 | INJ CARBOPLATIN AVYXA | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2026 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | C9307 | INJ LINVOSELTAMAB-GCPT 1 MG | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2026 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | D9936 | CLEANING & INSP OCCL GUARD PER APPL | HCPCS - DENTAL | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | D9129 | PHOTOBIOMODUL TX EA SUBQ 15 MIN INC | HCPCS - DENTAL | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | D9128 | PHOTOBIOMOD TX FST 15 MIN INC | HCPCS - DENTAL | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | D5909 | MAXILLARY GUIDANCE PROS GUID FLANGE | HCPCS - DENTAL | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | D5878 | DUPLICATION CMPLT DENTURE MANDIBULR | HCPCS - DENTAL | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | D5877 | DUPLICATION CMPLT DENTURE MAXILLARY | HCPCS - DENTAL | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | D1720 | INFLUENZA VACCINE ADMINISTRATION | HCPCS - DENTAL | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | D0461 | TESTING FOR CRACKED TOOTH | HCPCS - DENTAL | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | D0426 | COLL PREP & ANLYS SALIVA SAMPLE POC | HCPCS - DENTAL | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1503 | VASCULAR SURGERY MVP | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1502 | PODIATRY MVP | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1501 | PATHOLOGY MVP | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1500 | NEUROPSYCHOLOGY MVP | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1499 | INTERVENTIONAL RADIOLOGY MVP | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1498 | DIAGNOSTIC RADIOLOGY MVP | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1497 | NO DOC FALL MED RSN | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | M1496 | NO DOC OF FALL OR POC | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1495 | FALL W/ POC NO FALL | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1494 | FALL REP SINCE LAST VISIT | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1493 | NO FALL DOC MED RSN | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1492 | NO REPORTED FALL | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1491 | RECV ESRD MCP DUR PERF PD | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1490 | PT STATUS NOT DOC | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1489 | PT STATUS DOC | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1488 | DX DEMENTIA IN MSR TIMEFRAME | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1487 | PT ADM TO HOSPICE DUR EVAL | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1486 | PT ADMITTED TO SNF DUR EVAL | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1485 | NEG VIRO RESP HEP C/QUAL RNA | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1484 | NO RPT HCV RNA PERF MED RSN | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1483 | NEG QUAN HEP C OR QUAL RNA | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1482 | POS QUAN HEP C OR QUAL RNA | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1481 | PT IN HOSP/PAL CARE WHO DIED | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | M1480 | PT FUNC CAP NOT ALLOW IMPR | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1479 | PT FUNC CAP NOT ALLOW IMPR | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1478 | PSYCHOACTIVE SUB ABUSE | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1477 | DX DELIRIUM | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1476 | PT DX COG IMP OR AD | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1475 | PT DX HUNTINGTON | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1474 | PT DX DEMENTIA | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1473 | PT FUNC CAP NOT ALLOW IMPR | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1472 | HEP B VACCINE NOT RECEIVED | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1471 | FFS HEP B NOT COVERED | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1470 | HEP B VAC NOT REC'D MED RSN | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1469 | HX OF HEP B OR POS BLD TEST | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1468 | HEP B VACCINE RECEIVED | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1467 | PT DX LYNCH SYN | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1466 | PT DISC/LAM PROC SAME DAY | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1465 | F/U GT 180 DAYS AFTER RX | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | M1464 | NO RECORD OF F/U BY 180 DAYS | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1463 | 2 F/U WTHN 180 DAY RX ATMP | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1462 | PT CLIN IND HD IMAGE | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1461 | PT DX CHRON HEPC | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1460 | DX COPD CF OR ARF | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1459 | PT HOSP/PAL CARE DUR PERF PD | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1458 | PT DIED BEF END MEAS PD | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1457 | DX ASTH DUR CRNT/PRV PERF PD | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1456 | PT HAD HTX | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1455 | REP/REV CIED | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1454 | NEW CIED | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1453 | PREOP VIS ACU GT 20/40 | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1452 | PT DX DEMENTIA EVER | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1451 | PT DX PPD DUR ID/PF PD | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1450 | PT HOS/PAL CARE DUR ID/PF PD | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1449 | PT DX SCZ/PYS BEF END MSR PD | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | M1448 | PT DX PD BEF END MEAS PD | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1447 | PT DX BD BEF END MEAS PD | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1446 | PT DIED BEF END MEAS PD | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1445 | PP CARE VISIT BY 12 WEEKS | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1444 | DEL LT 39 WEEKS GEST | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1443 | TELEHEALTH ENC | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1442 | TELEHEALTH ENC | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1441 | INIT DX SLP APN EQU 1ST ENC | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1440 | TELEHEALTH ENC | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1439 | SIG OCU COND IMP SURG OUT | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1438 | LST KNWN WELL LT EQU 210 MIN | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1437 | TELEHEALTH ENC | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1436 | TELEHEALTH ENC | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1435 | ORAL CHEMO IN PERF PD | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1434 | ORL CHEMO WTHN 30 D POST ENC | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1433 | ORAL CHEMO WTHN 30 DAYS ENC | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | M1432 | TELEHEALTH ENC | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1431 | TELEHEALTH ENC | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1430 | RET EXM OU NO RETINOPTHY DOC | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1429 | RETINOPATHY IN OD OS OU | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1428 | BILATERAL ABSENCE OF EYES | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1427 | DOC MED RSN BONE SCN | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | M1426 | TELEHEALTH ENC | HCPCS - MEDICAL SERVICES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | J7528 | MYCOPHEN MOFETIL FOR SUSP | HCPCS - DRUGS ( NOT ORAL) | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | J7299 | INTRAUT COPP CONT MIUDELLA | HCPCS - DRUGS ( NOT ORAL) | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | J3376 | INJ VANCOMYCIN HIKMA 10MG | HCPCS - DRUGS ( NOT ORAL) | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | J3291 | TRANEXAMIC ACID IN SOD CHLOR | HCPCS - DRUGS ( NOT ORAL) | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | J2711 | INJ NEOSTIGMIN/GLYCOPYRROLAT | HCPCS - DRUGS ( NOT ORAL) | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | J2596 | VASOPRESSIN LONG GROVE 1 U | HCPCS - DRUGS ( NOT ORAL) | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | J2516 | IN PENTAMIDINE ISETHIONATE | HCPCS - DRUGS ( NOT ORAL) | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | J1837 | INJ POSACONAZOLE 1 MG | HCPCS - DRUGS ( NOT ORAL) | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | J0654 | INJ LIOTHYRONINE 1 MCG | HCPCS - DRUGS ( NOT ORAL) | NO | 01/01/2026 | 01/01/2026 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | J0162 | INJ EPINEPHRINE FRESENIUS | HCPCS - DRUGS ( NOT ORAL) | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | G9871 | BHV COUNS DM PREV ONLN 60 M | HCPCS-PROC/PROF SERVICES (TE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | G0668 | TEAM REMOTE E/M EST PT 40 MN | HCPCS-PROC/PROF SERVICES (TE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | G0667 | TEAM REMOTE E/M EST PT 25 MN | HCPCS-PROC/PROF SERVICES (TE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | G0666 | TEAM REMOTE E/M EST PT 15 MN | HCPCS-PROC/PROF SERVICES (TE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | G0665 | TEAM REMOTE E/M EST PT 10 MN | HCPCS-PROC/PROF SERVICES (TE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | G0664 | TEAM REMOTE E/M NEW PT 60 MN | HCPCS-PROC/PROF SERVICES (TE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | G0663 | TEAM REMOTE E/M NEW PT 45 MN | HCPCS-PROC/PROF SERVICES (TE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | G0662 | TEAM REMOTE E/M NEW PT 30 MN | HCPCS-PROC/PROF SERVICES (TE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | G0661 | TEAM REMOTE E/M NEW PT 20 MN | HCPCS-PROC/PROF SERVICES (TE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | G0660 | TEAM REMOTE E/M NEW PT 10 MN | HCPCS-PROC/PROF SERVICES (TE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | G0571 | INTRAOP NERVE CRYOABLATION | HCPCS-PROC/PROF SERVICES (TE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | G0570 | CARE MANAGE SERV PR CAL MO | HCPCS-PROC/PROF SERVICES (TE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | G0569 | SUBS PSYCH CARE MNG SUBS MO | HCPCS-PROC/PROF SERVICES (TE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | G0568 | INT PSYCH CARE MNG 1 CAL MO | HCPCS-PROC/PROF SERVICES (TE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | C9176 | DOM NONHEU TC99M ADD-ON/DOSE | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2026 | 01/01/2026 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | C7571 | PCTA W/ COR LITHOTRIP | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | C7570 | COR ANGIO W/FFR & 3D MAP | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | C7569 | PTCA W/ IVUS OR OCT | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | C7568 | COR ANGIO W/FLOW RESRV | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | C7567 | BRONCH/NEEDLE BX(S) W/ NAV | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | C7566 | FUSE FINGER JOINTS W/GRAFTS | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | A4297 | HYDROPHILIC COAT INSERT SUP | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | A4296 | COUDE TIP HYDROPHILIC CATH | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | A4295 | STRAIGH TIP HYDROPHILIC CATH | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 99470 | RPM TX MGMT 1ST 10 MIN | E & M - NON-FACE-TO-FACE SERVI | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 99445 | REM MNTR PHYSIOL PARAM 2-15 | E & M - NON-FACE-TO-FACE SERVI | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 98986 | RTM DEV SPLY CBT 2-15 D | MEDICINE - NON-FACE-TO-FACE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 98985 | RTM DEV SPLY MSCSK SYS 2-15D | MEDICINE - NON-FACE-TO-FACE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 98984 | RTM DEV SPLY RESP SYS 2-15 D | MEDICINE - NON-FACE-TO-FACE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 98979 | RTM TX MGMT 1ST 10 MIN | MEDICINE - NON-FACE-TO-FACE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 97009 | MCHNL SCLP COOL AFTER CHEMO | MEDICINE - SPECIAL DERMATOLOGI | NO | 01/01/2026 | 01/01/2026 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 97008 | MCHNL SCLP COOL PREP PLMT | MEDICINE - SPECIAL DERMATOLOGI | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 97007 | MCHNL SCLP COOL MEAS FITG | MEDICINE - SPECIAL DERMATOLOGI | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 93146 | INTERROG CRTD SINS BAT IP W/ | MEDICINE - CARDIOVASCULAR | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 93145 | INTERROG CRTD SINS BAT IP WO | MEDICINE - CARDIOVASCULAR | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 92945 | PRQ TRL RVS CH OCC ANT&RTRGR | MEDICINE - CARDIOVASCULAR | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 92930 | PRQ TCAT PLMT NTRAC ST 2+LES | MEDICINE - CARDIOVASCULAR | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 92642 | HEARING ASSTV DEV FITG SVC | MEDICINE - SPECIAL OTORHINOLAR | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 92641 | HEARING DEV VERIF EACOUS ALY | MEDICINE - SPECIAL OTORHINOLAR | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 92639 | HEARING AID MEAS VERIF | MEDICINE - SPECIAL OTORHINOLAR | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 92638 | BHVL VERIF OF AMPLIFICATION | MEDICINE - SPECIAL OTORHINOLAR | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 92637 | HEARING AID PST-FITG F-UP EA | MEDICINE - SPECIAL OTORHINOLAR | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 92636 | HEARING AID POST-FITG F-UP 1 | MEDICINE - SPECIAL OTORHINOLAR | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 92635 | HEARING AID FITG SVC EA ADDL | MEDICINE - SPECIAL OTORHINOLAR | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 92634 | HEARING AID FITG SVC 1ST 60 | MEDICINE - SPECIAL OTORHINOLAR | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 92632 | HEARING AID SLCTN SVC EA ADD | MEDICINE - SPECIAL OTORHINOLAR | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 92631 | HEARING AID SLCTN SVC 1ST 30 | MEDICINE - SPECIAL OTORHINOLAR | NO | 01/01/2026 | 01/01/2026 | | | |

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| ABH of Illinois-Medicaid | 92629 | EVAL HEARING AID CAND EA ADD | MEDICINE - SPECIAL OTORHINOLAR | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 92628 | EVAL HEARING AID CAND 1ST 30 | MEDICINE - SPECIAL OTORHINOLAR | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 92288 | SCR DARK ADAPTATION MEAS I&R | MEDICINE - OPTHAMOLOGY | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 91125 | ANRCT MANO RCT SNSATN&BALO | MEDICINE - GASTROENTEROLOGY | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 91124 | RCT SNSATN TONE&CMPLIANC STD | MEDICINE - GASTROENTEROLOGY | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 90484 | IMM CNSL NOT ADMN SMGT 20 | MEDICINE - IMMUNIZATION ADMINI | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 90483 | IMM CNSL NOT ADMN SMGT 10LT 20 | MEDICINE - IMMUNIZATION ADMINI | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 90482 | IMM CNSL NOT ADMN SM 3LT 10 | MEDICINE - IMMUNIZATION ADMINI | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 90481 | ADMN SARSCOV2 VAC EA ADD CMP | MEDICINE - IMMUNIZATION ADMINI | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 87812 | SARSCOV2&INF TYP A&B W/OPTIC | PATH & LAB-MICROBIOLOGY | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 64728 | DCMPRN MEDIAN NRV CARPL TUNL | SURGERY - NERVOUS SYSTEM | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 64659 | RMVL BAT MODULJ SYS PG ONLY | SURGERY - NERVOUS SYSTEM | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 64658 | RMVL BAT MODUL SYS LEAD ONLY | SURGERY - NERVOUS SYSTEM | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 64657 | RMVL BAT MODULJ SYS TOT SYS | SURGERY - NERVOUS SYSTEM | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 64656 | REVJ/RPLCMT BAT MOD SYS PG | SURGERY - NERVOUS SYSTEM | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 64655 | REVJ/RPLCMT BAT MOD SYS LEAD | SURGERY - NERVOUS SYSTEM | NO | 01/01/2026 | 01/01/2026 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 63032 | LAMOT RPR ANULR DFCT 1 LMBR | SURGERY - NERVOUS SYSTEM | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 62331 | DCMPRN PRQ RMV LIG FLV ADDL | SURGERY - NERVOUS SYSTEM | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 55715 | BX PRST8 EA ADD MRI-US/CT/MR | SURGERY - MALE GENITAL SYSTEM | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 55714 | BX PRST8 IN-BORE CT/MRI 1 | SURGERY - MALE GENITAL SYSTEM | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 55713 | BX PRST8 IN-BORE CT/MRI BX 1 | SURGERY - MALE GENITAL SYSTEM | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 55712 | BX PRST8 TPRNL MRI-US 1ST | SURGERY - MALE GENITAL SYSTEM | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 55711 | BX PRST8 TRCT MRI-US 1ST | SURGERY - MALE GENITAL SYSTEM | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 55710 | BX PRST8 TPRN US W/MRI FUS 1 | SURGERY - MALE GENITAL SYSTEM | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 55709 | BX PRST8 TPRNL US GUIDED | SURGERY - MALE GENITAL SYSTEM | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 55708 | BX PRST8 TRCT US W/MRI FUS 1 | SURGERY - MALE GENITAL SYSTEM | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 55707 | BX PRST8 TRCT US GUIDED | SURGERY - MALE GENITAL SYSTEM | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37299 | REVSC EVSC IMVT ANGIO CPX EA | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37298 | REVSC EVSC IMVT ANGIO CPLX 1 | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37297 | REVSC EVASC IMVT ANGIO SF EA | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37296 | REVSC EVASC IMVT ANGIO SF 1 | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37295 | RVSC EVSC TPVT ST ATH CPX EA | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |

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| ABH of Illinois-Medicaid | 37294 | RVSC EVSC TPVT ST ATHR CPX 1 | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37293 | RVSC EVSC TPVT ST ATHR SF EA | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37292 | RVSC EVSC TPVT ST ATHRC SF 1 | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37291 | REVSC EVSC TPVT ATHR CPLX EA | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37290 | REVSC EVSC TPVT ATHRC CPLX 1 | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37289 | REVSC EVSC TPVT ATHRC SF EA | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37288 | REVSC EVSC TPVT ATHRC SF 1ST | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37287 | REVSC EVASC TPVT ST CPLX EA | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37286 | REVSC EVASC TPVT ST CPLX 1ST | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37285 | REVSC EVASC TPVT ST SF EA | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37284 | REVSC EVASC TPVT ST SF 1ST | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37283 | RVSC EVSC TPVT ANGIO CPLX EA | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37282 | RVSC EVSC TPVT ANGIO CPLX 1 | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37281 | REVSC EVSC TPVT ANGIO SF EA | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37280 | REVSC EVSC TPVT ANGIO SF 1ST | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37279 | IV LITHOTRP FPVT W/IN SM ART | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |

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| ABH of Illinois-Medicaid | 37278 | RVSC EVSC FPVT ST ATH CPX EA | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37277 | RVSC EVSC FPVT ST ATHR CPX 1 | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37276 | RVSC EVSC FPVT ST ATHR SF EA | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37275 | RVSC EVSC FPVT ST ATHRC SF 1 | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37274 | RVSC EVSC FPVT ATHRC CPLX EA | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37273 | REVSC EVSC FPVT ATHRC CPLX 1 | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37272 | REVSC EVSC FPVT ATHRC SF EA | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37271 | REVSC EVSC FPVT ATHRC SF 1ST | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37270 | REVSC EVASC FPVT ST CPLX EA | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37269 | REVSC EVASC FPVT ST CPLX 1ST | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37268 | REVSC EVASC FPVT STENT SF EA | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37267 | REVSC EVSC FPVT STENT SF 1ST | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37266 | RVSC EVSC FPVT ANGIO CPLX EA | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37265 | REVSC EVSC FPVT ANGIO CPLX 1 | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37264 | REVSC EVASC FPVT ANGIO SF EA | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37263 | REVSC EVASC FPVT ANGIO SF 1 | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |

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| ABH of Illinois-Medicaid | 37262 | IV LITHOTRP IVT W/IN SM ART | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37261 | REVSC EVASC IVT ST CPLX EA | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37260 | REVSC EVASC IVT ST CPLX 1ST | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37259 | REVSC EVASC IVT STENT SF EA | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37258 | REVSC EVASC IVT STENT SF 1ST | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37257 | REVSC EVSC IVT ANGIO CPLX EA | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37256 | REVSC EVASC IVT ANGIO CPLX 1 | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37255 | REVSC EVASC IVT ANGIO SF EA | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 37254 | REVSC EVASC IVT ANGIO SF 1ST | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 35602 | BPG CRTD-CLAT CRTD | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 33882 | EVASC RPR TA DPLMT MLTPC SYS | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 1024T | PERQ TISS DSPLMT SOFT TISSUE | CATEGORY III | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 1023T | PRQ TIS DSPLMT INTRATHORACIC | CATEGORY III | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 1022T | PRQ TIS DSPLMT NTRA-ABDL/PEL | CATEGORY III | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 1021T | ACTIVE THRC IRRIGATION SPX | CATEGORY III | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 1018T | ELEC ALYS NPGS ESOPH SBSQ W/ | CATEGORY III | NO | 01/01/2026 | 01/01/2026 | | | |

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| ABH of Illinois-Medicaid | 1017T | ELEC ALY NPGS ESOPH SBSQ W/O | CATEGORY III | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 1016T | ELEC ALYS NPGS ESOPH INTRAOP | CATEGORY III | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 1015T | REV/RMV LW ESOPH SPHNC NPG/R | CATEGORY III | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 1014T | LAP RV/RMV ESO SPH NSTM ELTR | CATEGORY III | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 1010T | CPTR OPH ALYS MONOC EYE MVMT | CATEGORY III | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 1009T | REM MNTR S-SCLP CONT EEG SYS | CATEGORY III | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 1007T | EEG IMPL S-SCLP EEG W/O VID | CATEGORY III | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 1006T | ELEC ALYS S-SCL EEG PRGRM EA | CATEGORY III | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 1005T | ELEC ALYS S-SCL EEG PRGR 1ST | CATEGORY III | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 1004T | ELEC ALYS S-SCL EEG WO PRGRM | CATEGORY III | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 1003T | ARTHRP 1ST CRP/MTCRPL PROSTC | CATEGORY III | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | 0989T | REVJ/RMVL INS PTN SUBQ&SUBF | CATEGORY III | NO | 01/01/2026 | 01/01/2026 | | | |
| ABH of Illinois-Medicaid | H0039 | ASSERTIVE CMTY TX FCE-TO-FCE-15 MIN | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | No authorization required for the first 800 units per member per provider. After 800 units, prior authorization is required | |
| ABH of Illinois-Medicaid | L3100 | HALLUX-VALGUS NIGHT DYN SPLNT PRFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | S0189 | TESTOSTERONE PELLET 75 MG | HCPCS - TEMP NATIONAL CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | D5947 | RSXN PROS MAND FX PROS EDENT ARCH | HCPCS - DENTAL | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D5939 | RESECTION PROS MAND CMPLT REMOVABLE | HCPCS - DENTAL | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D9244 | IN-OFC ADM MIN SED SNGL RX ENTERAL | HCPCS - DENTAL | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4416 | ALEXIGUARD TL-T PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 55877 | ABLTJ IRE PRST8 1+ TUM PERQ | SURGERY - MALE GENITAL SYSTEM | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9812 | ECHGNC NV NDLS NONOPIOID DEV | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C1607 | NEUROSTIM INTEG RECHG | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1073 | TESTOSTERONE PELLET 75 MG | HCPCS - DRUGS ( NOT ORAL) | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4412 | CHORIOFIX PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4404 | XWRAP HYDRO PLUS PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1736 | INJ MELOXICAM DELOVA 1MG | HCPCS - DRUGS ( NOT ORAL) | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 87183 | SC STD CARBAPENEM RESIST GEN | PATH & LAB-MICROBIOLOGY | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 1013T | LAP SRG IMP/RPL ESO NEA&PG/R | CATEGORY III | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0992T | N-INVAS ASSMT CAR RSK W/O CT | CATEGORY III | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 77439 | SURF RAD THR IMG GDN US PLMT | RADIOLOGY - RADIATION ONCOLOGY | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 29086 | APPLICATION CAST FINGER | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | D5943 | RSXN PROS MAND REM PROS EDENT ARCH | HCPCS - DENTAL | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 87494 | CHLMY TRCH&NEISRA GONOR MULT | PATH & LAB-MICROBIOLOGY | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D6280 | IMPL MNT F ARCH REM I REM & REINS | HCPCS - DENTAL | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4432 | 510K SKIN SUBS NOS | HCPCS - TEMP CODES | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9816 | PMP PRS REUSBL NONOPIOID DEV | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4408 | XWRAP HYDRO PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4400 | POLYGON3 PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 1019T | LYMPHOVENOUS BYPASS PER XTR | CATEGORY III | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0996T | INS&SCLR FIX CAPS BAG PROSTH | CATEGORY III | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0988T | OPN INS/RPLC INS PTN SBQ&SBF | CATEGORY III | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J3379 | INJ VALPROATE SOD 5 MG | HCPCS - DRUGS ( NOT ORAL) | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 35606 | BPG CAROTID-SUBCLAVIAN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37223 | ILIAC REVASC W/STENT ADD-ON | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00472 | ANES PRTL RIB RESCJ THORACOP | ANESTH - THORAX (CHEST WALL AN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0033U | HTR2A HTR2C GENES | Pathology & Laboratory | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 23101 | ARTHRT ACRMCLV/STRNCLAV JT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 90887 | INTERPJ/EXPLNAJ RSLT PSYC XM | MEDICINE - PSYCHIATRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 00537 | ANES CARDIAC EP PROCEDURES | ANESTH - INTRATHORACIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52500 | TRURL RESECTION BLADDER NECK | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00561 | ANES PX HEART W/PUMPLT 1 YR | ANESTH - INTRATHORACIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01486 | ANES OPEN TOTAL ANKLE RPLCMT | ANESTH - LOWER LEG (BELOW KNEE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01482 | ANES OPN LWR L/A/F RAD RESCJ | ANESTH - LOWER LEG (BELOW KNEE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01232 | ANES OPN PX UPR 2/3 FEM AMP | ANESTH - UPPER LEG (EXCEPT KNE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01120 | ANES PX ON BONY PELVIS | ANESTH - PELVIS (EXCEPT HIP) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00952 | ANES VAG PX HYSTSC&/HSG | ANESTH - PERINEUM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83015 | HEAVY METAL QUAL ANY NUMBER | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29581 | APPL MULTLAYER CMPRN SYS LEG | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27006 | TENOTOMY ABDUCTOR&/XTNSR HIP | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29405 | APPL SHORT LEG CAST | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28415 | OPTX CALCANEAL FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 56405 | I&D VULVA/PERINEAL ABSCESS | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55705 | BX PRST8 ANY APPROACH NONIMG | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 01716 | ANES NRV MSC UPR A&E TNDSIS | ANESTH - UPPER ARM AND ELBOW | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01420 | ANES CST APPL RMV/RPR KNE JT | ANESTH - KNEE AND POPLITEAL AR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01670 | ANES ALL PX VN SHOULDER&AX | ANESTH - SHOULDER AND AXILLA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01212 | ANES OPEN PX HIP JT DISRTCJ | ANESTH - UPPER LEG (EXCEPT KNE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00834 | ANES HERNIA REPAIRLT 1 YR AGE | ANESTH - LOWER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G6002 | STEREO X-R GUID LOC TRG VOL DEL RT | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 28430 | CLTX TALUS FRACTURE W/O MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28400 | CLTX CALCANEAL FX W/O MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29881 | ARTHRS KNE SRG MNISECTMY M/L | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9414 | PT 1 D MC VAC ON/BETWN PT 10&13 BD | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 33891 | CAR-CAR BP GRFT/ENDOVAS TAA | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33889 | ARTERY TRANSPOSE/ENDOVAS TAA | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 16036 | ESCHAROTOMY EA ADDL INCISION | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 98980 | RTM TX MGMT 1ST 20 MIN | MEDICINE-NON-FACE-TO-FACE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 94667 | MNPJ CHEST WALL 1ST | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 98977 | RTM DEV SPLY MSCSKL 16-30 D | MEDICINE-NON-FACE-TO-FACE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1562 | INJECTION IG VIVAGLOBIN 100 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1452 | INJ FOMIVIRSEN SODIUM IO 1.65 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7309 | METHYL AMINOLEVULINATE TOP 16.8PCT 1G | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9225 | ADM GA ADVN AWY EA SUB 15 MIN INC | HCPCS - DENTAL | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D6049 | SCAL & DEB SGL IMPL IN PRES PL INF | HCPCS - DENTAL | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D5949 | RSXN PROS MD FX PROS PRTL EDENT AR | HCPCS - DENTAL | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D5941 | RESECTION PROS MAND PRTL REMOVABLE | HCPCS - DENTAL | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D9246 | ADM MS NON-IV PRNTRL FST 15 MIN INC | HCPCS - DENTAL | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4420 | NUFORM PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 27458 | OSTEOT FEMUR IMED LNGTH DEV | SURGERY - MUSKULOSKELETAL SYST | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 55869 | LAP SRG PRST8CT BI PL LMPHAD | SURGERY - MALE GENITAL SYSTEM | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9814 | ECHOGNC CATHR NONOPIOID DEV | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81354 | CYTOG ALYS CHRML ABNOR OGM | PATH & LAB-MOLECULAR PATHOLOGY | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4406 | XWRAP FENESTRA PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4398 | SUMMIT AC PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2026 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 1011T | PBM THERAPY OF ORAL CAVITY | CATEGORY III | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0994T | EVASC DLVR A-WAL STBL RX PRQ | CATEGORY III | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D6196 | REMOVAL INDIRECT REST IMPL RET ABUT | HCPCS - DENTAL | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 52597 | TRURL RBTC WTRJT RESCJ PRST8 | SURGERY - URINARY SYSTEM | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64567 | PERQ ELEC NRV FIELD STIMJ CN | SURGERY - NERVOUS SYSTEM | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D9224 | ADM GA ADVN AWY FIRST 15 MIN INC | HCPCS - DENTAL | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D5948 | RSXN PROS MAX FX PROS PRTL EDNT AR | HCPCS - DENTAL | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D5940 | RESECTION PROS MAX PRTL REMOVABLE | HCPCS - DENTAL | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D9245 | ADMINISTRATION MODERATE SED ENTERAL | HCPCS - DENTAL | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4417 | ALEXIGUARD DL-T PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 55868 | LAP SRG PRST8CT LYMPH NOD BX | SURGERY - MALE GENITAL SYSTEM | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9813 | PRF INFS CTH NONOPIOID DEV | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9256 | INJ NIPOCALIMAB-AAHU 3 MG | HCPCS - CHEMO DRUGS | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C1608 | PROSTHESIS DUAL MOB CMC1 | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4413 | CYGNUS SOLO PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4405 | XWRAP FENESTRA PLUS SQ CM | HCPCS - TEMP CODES | YES | 01/01/2026 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | J1737 | INJ MELOXICAM AZURITY 1MG | HCPCS - DRUGS ( NOT ORAL) | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 1002T | AIR DISPLACMNT PLETHYSMOGRAP | CATEGORY III | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0993T | N-INVAS ASSMT CAR RSK W/CT | CATEGORY III | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0613U | ONC UC DNA MTHYLTN&MUT 6BMRK | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0609U | ONC PROSTATE IA TOT&FREE PSA | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0605U | ALL&IMMUNOLOGY HAT TPSAB1 | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0601U | NFCT DS PJI ALYS 11 BMRKS IA | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 01931 | ANES IVNT RAD NTRHPT/PRT CRC | ANESTH - RADIOLOGICAL PROCEDUR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01842 | ANES ART FARM WRST&HND EMBLC | ANESTH - FOREARM, WRIST AND HA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01832 | ANES ARTHR/NDSC TOT WRST RPL | ANESTH - FOREARM, WRIST AND HA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35656 | BPG FEMORAL-POPLITEAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21154 | RCNSTJ MDFC LEFORT III W/O I | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21615 | EXCISION 1ST &/CERVICAL RIB | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24500 | CLTX HUMRL SHFT FX W/O MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | M1176 | NO HZ REC VAC 10/20/17 THRU MSR PRD | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 23170 | SEQUESTRECTOMY CLAVICLE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 00470 | ANES PARTIAL RIB RESCJ NOS | ANESTH - THORAX (CHEST WALL AN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24600 | TX CLSD ELBOW DISLC W/O ANES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9790 | MST RE BP GT 130/80 MM HG/BR NOT DOC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 23044 | ARTHRT AC SC JT EXP/RMVL FB | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93571 | IV DOP VEL&/PRESS C FLO 1ST | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92975 | DISSOLVE CLOT HEART VESSEL | MEDICINE - CARDIOVASCULAR | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00450 | ANES PX CLAV&SCAPULA NOS | ANESTH - THORAX (CHEST WALL AN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01490 | ANES LWR LEG CST APP RMV/RPR | ANESTH - LOWER LEG (BELOW KNEE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00932 | ANES MALE GENT COMPL AMP PNS | ANESTH - PERINEUM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00840 | ANES IPER PX LOWER ABD NOS | ANESTH - LOWER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00635 | ANES DX/THER LUMBAR PNXR | ANESTH - SPINE AND SPINAL CORD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00632 | ANES PX LUMBAR SYMPATHECTOMY | ANESTH - SPINE AND SPINAL CORD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D9239 | ADMINI OF MS IV FIRST 15 MIN INC | HCPCS-DENTAL-Anesthesia | NO | 05/01/2022 | 05/31/2022 | carve out | | |
| ABH of Illinois-Medicaid | 27005 | TENOTOMY HIP FLEXOR OPEN | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83018 | HEAVY METAL QUAN EACH NES | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 77385 | NTSTY MODUL RAD TX DLVR SMPL | RADIOLOGY - RADIATION ONCOLOGY | EXPIRED | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J0288 | INJ AMPHOTERICIN B CHOLESTRYL 10 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 56420 | I&D BARTHOLINS GLAND ABSCESS | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55706 | BX PRST8 NDL SAT SAMPLING | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00830 | ANES HERNIA RPR LWR ABD NOS | ANESTH - LOWER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01638 | ANES OPN/ARTHR TOT SHO RPLCM | ANESTH - SHOULDER AND AXILLA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01630 | ANES OPN/ARTHR PX SHO JT NOS | ANESTH - SHOULDER AND AXILLA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01622 | ANES DX ARTHR PX SHOULDER JT | ANESTH - SHOULDER AND AXILLA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0135U | HERED GYN CA MRNA PNL 12 GEN | PATH & LAB - CHEMISTRY | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 01202 | ANES ARTHROSCOPIC PX HIP JT | ANESTH - UPPER LEG (EXCEPT KNE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00921 | ANES PX MALE GENITALIA VASEC | ANESTH - PERINEUM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78268 | UREA BREATH TEST C-14 ALYS | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75957 | XRAY ENDOVASC THOR AO REPR | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0512 | RHC/FQHC PS COCM 60 M/GT C TM-CAL MO | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28475 | CLTX METATARSAL FX W/MNPJ EA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 28455 | TX TARSAL B1 FX W/MNPJ EACH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29879 | ARTHRS KNE SRG ABRASJ ARTHRP | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92944 | PRQ CARD REVASC CHRONIC ADDL | MEDICINE - CARDIOVASCULAR | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92934 | PRQ CARD STENT/ATH/ANGIO | MEDICINE - CARDIOVASCULAR | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92924 | PRQ TRLUML C ATHRC 1 ART&/BR | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87197 | SERUM BACTERICIDAL TITER | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87184 | SC STD DISK METHOD PER PLATE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87188 | SC STD MACROBROTH DIL METH | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D5876 | ADD MTL SUBSTR TO AC CMPL D PER AR | Denture-Other | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 11954 | SUBQ NJX FIL MATRLGT 10.0 CC | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 11740 | EVACUATION SUBUNGUAL HMTMA | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J9165 | INJ DIETHYLSTILBESTROL 250 MG | HCPCS - CHEMO DRUGS | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J3400 | INJ TRIFLUPROMAZINE HCL TO 20 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J3365 | INJ IV UROKINASE 250000 IU VIAL | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5946 | RSXN PROS MAX FX PROS EDENT ARCH | HCPCS - DENTAL | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D5938 | RESECTION PROS MAXILLARY CMPLT REM | HCPCS - DENTAL | YES | 01/01/2026 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | D5930 | MAXILLARY GUID PROS NO GUIDE FLANGE | HCPCS - DENTAL | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0013 | ESKETAMINE NASAL SPRAY | HCPCS - DRUGS ( NOT ORAL) | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 87627 | JT SPC PTHGN&RX RSIST GEN26+ | PATH & LAB-MICROBIOLOGY | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4415 | ALEXIGUARD ST-L PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9811 | ELEC AMB PMP NONOPIOID DEV | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4411 | AMNIOMATRIXF4X PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4403 | XWRAP DUAL PLUS PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 87182 | SC STD CARBAPENEMASE NZM DET | PATH & LAB-MICROBIOLOGY | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 1012T | MTRZ AB NTRNO TRPH SCL/TR MW | CATEGORY III | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 1000T | AUTOL MUSC CELL THERAPY ADMN | CATEGORY III | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0999T | AUTOL MUSC CELL THERAPY HRVG | CATEGORY III | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0991T | CYSTO LO-NRG LITHTRP&MCRSPHR | CATEGORY III | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 77438 | SURF RAD THR ORTHVLTGT 150 -500 | RADIOLOGY - RADIATION ONCOLOGY | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J3387 | INJ ELIVALDOGENE AUTOTEMECEL | HCPCS - DRUGS ( NOT ORAL) | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64654 | 1ST OPN IMPLT BAT MODULJ SYS | SURGERY - NERVOUS SYSTEM | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 70473 | CT CERE PRFU ALY C+WO CT/CTA | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 01/01/2026 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 0612U | ONC LVR ALYS GT 1000 MR CFDNA | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0608U | REPRDTVE MED EMA RTPCR 10BCT | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0604U | ALL&IMMUNOLOGY CRAE 4BK PEP | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0600U | NFCT DS WND INFCTJ 65ORGS&30 | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 62330 | DCMPRN PRQ RMV LIG FLV 1LMBR | SURGERY - NERVOUS SYSTEM | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D5945 | RSXN PROS MD REM PROS PAR EDNT AR | HCPCS - DENTAL | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4414 | SIMPLICHOR PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9810 | COLD THERAPY NON-OPIOID DEV | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4410 | AMCHOMATRIXDL PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4402 | XWRAP 2.0 PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0998T | PRECUNEUS MAG STIMJ TX DLVR | CATEGORY III | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0990T | TRNCRV INST BIOD HYDRGL MTRL | CATEGORY III | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 77437 | SURF RADJ THER SUPFCLT EQU 150KV | RADIOLOGY - RADIATION ONCOLOGY | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 70472 | CT CERE PRFU ALYS C +W/CT/CTA | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 52443 | CYSTO 1ST TRURL PRST8 COMIS | SURGERY - URINARY SYSTEM | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 20975 | ESTIM AID BONE HEALG INVASIV | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 20520 | RMVL FB MUSC/TDN SIMPLE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24566 | PRQ SKEL FIX EPCNDYLR HUM FX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24640 | CLTX RDL HEAD SUBLXTJ NRSEMD | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23020 | CAPSULAR CONTRACTURE RELEASE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29875 | ARTHRS KNEE SURG SYNVCT LMTD | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29873 | ARTHRS KNEE SURG W/LAT RLS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29880 | ARTHRS KNE SRG MNISECTMY M&L | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28470 | CLTX METATARSAL FX WO MNP EA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D5866 | OD PRTL MANDIBULAR NAT TOOTH BORNE | Denture-Other | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5863 | OD CMPLT MAXILLARY NAT TOOTH BORNE | Denture-Other | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9784 | GR PROC END SLV GP EGD & IL T INS | HCPCS - C CODES-OUTPATIENT PP | EXPIRED | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 17108 | DSTR CUT VSC PRLF LESGT 50SQCM | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 15860 | IV NJX TST VASC FLO FLAP/GRF | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44900 | I&D APPENDIX ABSCESS OPEN | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42725 | I&D ABSC PHRNGL XTRNL APPR | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2504 | INJECTION PEGADEMASE BOVINE 25 IU | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 94668 | MNPJ CHEST WALL SBSQ | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01780 | ANES PX VN UPR ARM&ELBW NOS | ANESTH - UPPER ARM AND ELBOW | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00529 | ANES CLSD CH MEDIAST&THRC W/ | ANESTH - INTRATHORACIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00400 | ANES INTEGUMENTARY SYS NOS | ANESTH - THORAX (CHEST WALL AN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00350 | ANES PX MAJOR VSL NECK NOS | ANESTH - NECK | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 98975 | RTM 1ST SET-UP&PT EDUCAJ EQP | MEDICINE-NON-FACE-TO-FACE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 01930 | ANES THER IVNTL RAD VEN NOS | ANESTH - RADIOLOGICAL PROCEDUR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00832 | ANES HERNIA REPAIR VNT&INCAL | ANESTH - LOWER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26499 | CORRECTION CLAW FINGER OTHER | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35637 | BPG AORTOILIAC | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00144 | ANES PX EYE CORNEAL TRNSPL | ANESTH - HEAD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01462 | ANES CLSD PX LOWER L/A/F | ANESTH - LOWER LEG (BELOW KNEE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01404 | ANES OPN/ARTHRS DISRTCJ KNEE | ANESTH - KNEE AND POPLITEAL AR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76810 | OB US GT /EQU 14 WKS ADDL FETUS | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 01/01/1980 | 02/28/2021 | | | |
| ABH of Illinois-Medicaid | 27030 | ARTHROTOMY HIP W/DRAINAGE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94729 | DIFFUSING CAPACITY | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 92594 | ELECTRO HEARNG AID TEST ONE | MEDICINE - SPECIAL OTORHINOLAR | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00630 | ANES PX LUMBAR REGION NOS | ANESTH - SPINE AND SPINAL CORD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11765 | WEDGE EXCISION SKN NAIL FOLD | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77401 | RADIATION TX DELIVERY SUPFC | RADIOLOGY - RADIATION ONCOLOGY | EXPIRED | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 01260 | ANES ALL PX VEINS UPPER LEG | ANESTH - UPPER LEG (EXCEPT KNE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G6009 | RT DEL 2 S AR 3/GT PT 1 AR:11 -19 MEV | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | G6006 | RT D 1 TX AR PT/PL OPP PT:20 MEV/GT | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 00567 | ANES DIRECT CABG W/PUMP | ANESTH - INTRATHORACIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00352 | ANES PX MAJ VSL NCK SMPL LIG | ANESTH - NECK | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52400 | CYSTO CGEN POST URTL VALVES | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01844 | ANES VASC SHUNT/SHUNT REVJ | ANESTH - FOREARM, WRIST AND HA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01680 | ANES SHO CAST APPL RMVL/RPR | ANESTH - SHOULDER AND AXILLA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01440 | ANES PX ART KNEE&POP NOS | ANESTH - KNEE AND POPLITEAL AR | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 25040 | ARTHRT RDCRPL/MIDCARPL JT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25028 | I&D F/ARM&/WRST DP ABSC/HMTM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24470 | HEMIEPIPHYSEAL ARREST | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24430 | RPR NON/MAL HUMERUS WO GRAFT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24410 | MLT OSTEOT RLGNM IMED RD HUM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24515 | OPTX HUMRL SHFT FX PLATE/SCR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D5944 | RSXN PROS MAX REM PROS PAR EDNT AR | HCPCS - DENTAL | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4433 | 361 HCT/P SKIN SUBS NOS | HCPCS - TEMP CODES | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9817 | CRYPNM CMPRS NONOPIOID DEV | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 27713 | OSTEOT TIBIA IMED LNGTH DEV | SURGERY - MUSKULOSKELETAL SYST | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4409 | AMNIOMATRIXF3X PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4401 | ABSOLV3 PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 1008T | REM MNTR S-SCL EEG SYS SETUP | CATEGORY III | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 75577 | QUAN&CHAR C ATHROSCLRTC PLAQ | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 1020T | RAMAN SPECTROSCOPY 1+SKN LES | CATEGORY III | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0997T | PRECUNEUS MAG STIMJ TX PLNG | CATEGORY III | YES | 01/01/2026 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 77436 | SURF RADJ THER TX PLANNING | RADIOLOGY - RADIATION ONCOLOGY | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 70471 | CTA H&N C+ W/NONCONTRAST IMG | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 47384 | ABLTJ IRE LIVER 1+ TUM PERQ | SURGERY - DIGESTIVE SYSTEM | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0611U | ONC LVR ALYS GT 1000 MR CFDNA | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0607U | REPRDTVE MED EMA RTPCR 31BCT | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0603U | RX ASY PRSMV 77RX/METABLT UR | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 43889 | GSTR RSTCV PX TRNSORL ESG | SURGERY - DIGESTIVE SYSTEM | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D5942 | RSXN PROS MAX REM PROS EDENT ARCH | HCPCS - DENTAL | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D9247 | ADM MS NON-IV PAR EA SUB 15 MIN INC | HCPCS - DENTAL | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4431 | PMA SKIN SUBSTITUTE NOS | HCPCS - TEMP CODES | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9815 | PERISTLC PMP NONOPIOID DEV | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4407 | XWRAP TRIBUS PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4399 | SUMMIT FX PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 1025T | ALT ELEC FLD DOS&DLV SIM MDL | CATEGORY III | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 1001T | AUTOL MUSC CELL THERAPY NJX | CATEGORY III | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0995T | EVASC DLVR A-WAL STBL RX OPN | CATEGORY III | YES | 01/01/2026 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 81524 | ONC CNS TUM DNA MTHYL 10,000 | PATH & LAB-MULTIANALYTE ASSAYS | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0610U | NFCT DS ANTMCR SC PHENOTYPIC | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0606U | HEM RED CLL MEMB DO RBC OGE | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0602U | ENDOCRIN DM INS GEN MTHYLTN | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2026 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 28456 | PRQ SKEL FIX TARSL FX W/MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29705 | RMVL/BIVLV FULL ARM/LEG CAST | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29358 | APPL LONG LEG CAST BRACE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29085 | APPL CAST HAND&LWR FOREARM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0551U | TP PTAU217 ULT DGT PRTN DETJ | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 78290 | INTESTINE IMAGING | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92943 | PRQ TRLUML REVSC CH OCC ANT | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92593 | HEARING AID CHECK BINAURAL | MEDICINE - SPECIAL OTORHINOLAR | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96933 | RCM I&R ONLY 1ST LESION | MEDICINE - SPECIAL DERMATOLOGI | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 00120 | ANES PX EAR W/BX NOS | ANESTH - HEAD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00700 | ANES PX UPR ANT ABD WALL NOS | ANESTH - UPPER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0631T | TC VIS LIT HYPERSPECTRAL IMG | CATEGORY III CODES | EXPIRED | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 92973 | PRQ TRLUML C MCHN ASP THRMBC | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92925 | PRQ CARD ANGIO/ATHRECT ADDL | MEDICINE - CARDIOVASCULAR | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96936 | RCM I&R ONLY EA ADDL LESION | MEDICINE - SPECIAL DERMATOLOGI | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 91122 | ANORECTAL MANOMETRY | MEDICINE - GASTROENTEROLOGY | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77386 | NTSTY MODUL RAD TX DLVR CPLX | RADIOLOGY - RADIATION ONCOLOGY | EXPIRED | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 00170 | ANES INTRAORAL PX NOS | ANESTH - HEAD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J9098 | INJECTION CYTARABINE LIPOSOME 10 MG | HCPCS - CHEMO DRUGS | EXPIRED | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 46060 | I&D ISCHIORECTAL/NTRMRL ABSC | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9797 | PT NOT ON HIGH INTENSITY STATIN TX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 37500 | ENDOSCOPY LIGATE PERF VEINS | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 37235 | TIB/PER REVASC STNT & ATHER | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37225 | FEM/POPL REVAS W/ATHER | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37221 | ILIAC REVASC W/STENT | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0132U | HERED OVA CA RLTD DO PNL 17 | PATH & LAB - CHEMISTRY | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 01442 | ANES PX ART KNEE&POP TEAEC | ANESTH - KNEE AND POPLITEAL AR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00942 | ANES VAG PX CLPTMY VGNC CLPR | ANESTH - PERINEUM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00873 | ANES LITHOTRP ESW WO WTR BTH | ANESTH - LOWER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00820 | ANES PX LWR POST ABDL WALL | ANESTH - LOWER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q2017 | INJECTION TENIPOSIDE 50 MG | HCPCS - TEMP CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 01922 | ANES N-INVAS IMG/RADJ THER | ANESTH - RADIOLOGICAL PROCEDUR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52647 | LASER SURGERY OF PROSTATE | SURGERY - URINARY SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01860 | ANES FOREARM WRIST/HAND CAST | ANESTH - FOREARM, WRIST AND HA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01782 | ANES VN UPR ARM&ELBW PHLBRPY | ANESTH - UPPER ARM AND ELBOW | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20501 | NJX SINUS TRACT DIAGNOSTIC | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01500 | ANES PX ART LOWER LEG NOS | ANESTH - LOWER LEG (BELOW KNEE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01220 | ANES CLSD PX UPPER 2/3 FEMUR | ANESTH - UPPER LEG (EXCEPT KNE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00865 | ANES XTRPRT LWR ABD PRST8ECT | ANESTH - LOWER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00848 | ANES IPER PX PEL EXENTRATION | ANESTH - LOWER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C5274 | APP SG T-A-LGT /EQU 100 CM;EA ADD 100 CM | 2010 Code Set | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C5273 | APPL SG T-A- LGT /EQU 100 CM;1ST 100 CM | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 24516 | TX HUMRL SHAFT FX IMED IMPLT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21159 | RCNST MDFC LFRTIII ADVM WO I | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 75842 | VEIN X-RAY ADRENAL GLANDS | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23220 | RADICAL RESCJ TUMOR PROX HUM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23182 | PRTL EXCISION BONE SCAPULA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0394T | HDR ELCTRNC SKN SURF BRCHYTX | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 0271T | REV/REMVL CRTD SNS DEV GEN | CATEGORY III CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9305 | INJ NIPOCALIMAB-AAHU 3 MG | HCPCS - C CODES-OUTPATIENT PP | EXPIRED | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4274 | ESANO AC, PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0599T | R-T FLUOR WOUND IMG EA ADDL | CATEGORY III CODES | NON-COV | 06/30/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 29870 | ARTHRS KNEE DX W/WO SYN BX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28465 | OPTX TARSAL BONE FX EACH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 10040 | EXTRACTION | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D5934 | MANDIBULAR GUID PROS W/GUIDE FLANGE | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D0418 | ANALYSIS SALIVA SAMPLE LABORATORY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 94453 | HAST W/SUPPL OXYGEN TITRJ | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94452 | HAST W/I&R PHYS/QHP | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 17107 | DSTR CUT VSC PRLF LES10-50SQ | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 00534 | ANES INSERTION/RPLCMT CVDFB | ANESTH - INTRATHORACIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00214 | ANES ICR PX BURR HOLES | ANESTH - HEAD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00103 | ANES RCNSTV PX EYELID | ANESTH - HEAD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94644 | CONT INHLJ TX 1ST HOUR | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93572 | IV DOP VEL&/PRESS C FLO EA | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00454 | ANES PX CLAV&SCAPULA BX CLAV | ANESTH - THORAX (CHEST WALL AN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00162 | ANES PX NOSE&SINUS RAD SURG | ANESTH - HEAD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00148 | ANES PX EYE OPHTHALMOSCOPY | ANESTH - HEAD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J8650 | NABILONE ORAL 1 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1945 | INJECTION LEPIRUDIN 50 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1267 | INJECTION DORIPENEM 10 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 43847 | GSTR RSTCV PX SM INT RCNSTJ | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 43840 | GSTRRPHY SUTR DUOL/GSTR ULCR | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 01392 | ANES OPN PX UPR TIB FIB&/PAT | ANESTH - KNEE AND POPLITEAL AR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01173 | ANES OPN RPR FX DISRPJ PLVS | ANESTH - PELVIS (EXCEPT HIP) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00872 | ANES LITHOTRP ESW WATER BATH | ANESTH - LOWER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00866 | ANES XTRPRT LW ABD ADRNLCTMY | ANESTH - LOWER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00836 | ANES HRNA RPRLT 37WK BRTHLT 50 | ANESTH - LOWER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24685 | OPTX ULNAR FX PROX END W/FIX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24666 | OPTX RADIAL HEAD/NCK FX RPLC | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24535 | CLTX SPRCNDYLR HUMERAL FX W/ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24530 | CLTX SPRCNDYLR HUMERAL FX WO | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23180 | PRTL EXCISION BONE CLAVICLE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01714 | ANES NRV MSC UPR A&E TNPLSTY | ANESTH - UPPER ARM AND ELBOW | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20552 | NJX 1/MLT TRIGGER POINT 1/2 | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 37222 | ILIAC REVASC ADD-ON | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00842 | ANES IPER PX AMNIOCENTESIS | ANESTH - LOWER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01634 | ANES OPEN/ARTHRS SHO DISRTCJ | ANESTH - SHOULDER AND AXILLA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01432 | ANES PX VN KNEE&POP AV FSTL | ANESTH - KNEE AND POPLITEAL AR | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 01130 | ANES BODY CAST APPL/REVJ | ANESTH - PELVIS (EXCEPT HIP) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00864 | ANES XTRPRT LWR ABD TOT CSTC | ANESTH - LOWER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C5278 | APP SG F/N/HF/GGT /EQU 100;ADD 100/1PCT CH | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 24565 | CLTX HUM EPCNDYLR FX W/MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23031 | I&D SHOULDER INFECTED BURSA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23078 | RAD RESCJ TUM SHOULDER 5CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01732 | ANES DX ARTHRS PX ELBOW JT | ANESTH - UPPER ARM AND ELBOW | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11772 | EXC PILONIDAL CYST COMP | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0275T | PERQ LAMOT/LAM LUMBAR | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 01742 | ANES OPN/ARTHRS ELBW OSTEOT | ANESTH - UPPER ARM AND ELBOW | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01926 | ANES IVNTL RAD ICR ICAR/AORT | ANESTH - RADIOLOGICAL PROCEDUR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01740 | ANES OPN/ARTHRS PX ELBW NOS | ANESTH - UPPER ARM AND ELBOW | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35632 | BPG ILIO-CELIAC | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21175 | RCNST BFRNT SP ORB RM&LW FHD | SURGERY - MUSCULOSKELETAL SYST | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 01990 | PHYSIOL SUPPORT HRVG ORGANS | ANESTH - OTHER PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 33881 | EVASC RPR TA NDGFT XCOV LSA | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 35616 | BPG SUBCLAVIAN-AXILLARY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0172 | INJECTION, ADUCANUMAB-AVWA 2 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 01/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 29584 | APPL MLTLAY CMPRN SYS UP ARM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29044 | APPL BDY CST SHO TO HIP 1THI | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29040 | APPL BDY CST SHO TO HIP HEAD | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01712 | ANES PX NRV MSC UPR A&E TNOT | ANESTH - UPPER ARM AND ELBOW | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77014 | CT SCAN FOR THERAPY GUIDE | RADIOLOGY-IMAGING GUIDANCE | EXPIRED | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 29126 | APPL SHORT ARM SPLINT DYN | SURGERY - MUSCULOSKELETAL SYST | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 29893 | ENDOSCOPIC PLANTR FASCIOTOMY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29877 | ARTHRS KNEE SURG DBRDMT/SHVG | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29065 | APPL CST SHO TO HAND LNG ARM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29049 | APPL CAST FIGURE-OF-EIGHT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2513 | INJ PENTASTARCH 10PCT SOL 100 ML | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9306 | TELISOTUZUMAB VEDOTIN-TLLV | HCPCS - C CODES-OUTPATIENT PP | EXPIRED | 10/01/2025 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 23210 | RADICAL RESCJ TUMOR SCAPULA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 63020 | LAMOT DCMPRN NRV RT 1 CERV | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 94450 | BREATHING RESPONSE HYPOXIA | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0598T | R-T FLUOR WOUND IMG 1ST SITE | CATEGORY III CODES | NON-COV | 06/30/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 01140 | ANES NTRPLVABDMNL AMPUTATION | ANESTH - PELVIS (EXCEPT HIP) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00868 | ANES XTRPRTL PX RNL TRANSPL | ANESTH - LOWER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00844 | ANES IPER PX ABDMNPRNL RESCJ | ANESTH - LOWER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00802 | ANES PX LWR ABDL WAL PANNIC | ANESTH - LOWER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00211 | ANES ICR PX CRNEC/CRNOT HMTM | ANESTH - HEAD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00104 | ANES ELECTROCONVULSIVE THER | ANESTH - HEAD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23190 | OSTECTOMY SCAPULA PARTIAL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94774 | PED HOME APNEA MNTR EVNT REC | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94662 | NEG PRESS VENTILATION CNP | MEDICINE - PULMONARY | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92920 | PRQ TRLUML C ANGIOP 1ART&/BR | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0131U | HERED BRST CA RLTD DO PNL 13 | PATH & LAB - CHEMISTRY | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 01474 | ANES GASTROCNEMIUS RECESSION | ANESTH - LOWER LEG (BELOW KNEE | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 00522 | ANES CLSD CH PX NDL BX PLEUR | ANESTH - INTRATHORACIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7513 | DACLIZUMAB PARENTERAL 25 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 12/31/2078 | Regulatory | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 87187 | SC STD MICRODIL/AGAR MLC | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24538 | PRQ SKEL FIX SPRCNDLR HUM FX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01472 | ANES RPR RPT ACHILLES TENDON | ANESTH - LOWER LEG (BELOW KNEE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00216 | ANES ICR PX VASCULAR PX | ANESTH - HEAD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q4273 | ESANO AAA, PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C5277 | APP SG F/N/HF/GGT /EQU 100;1ST 100/1PCT CH | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 24620 | CLTX MONTEGGIA FX DISLC ELBW | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24577 | CLTX HUMRL CNDYLR FX W/MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24400 | OSTEOT HUMERUS W/WO INT FIXJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23107 | ARTHRT GLENHUMRL JT W/EXPL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46040 | I&D ISCHIORCT&/PERIRCT ABSC | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01360 | ANES OPEN PX LOWER 1/3 FEMUR | ANESTH - KNEE AND POPLITEAL AR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94681 | O2 UPTK CO2 OUTP PCT O2 XTRC | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01170 | ANES OPN PX SYMPH PUB/SI JT | ANESTH - PELVIS (EXCEPT HIP) | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 24800 | ARTHRODESIS ELBW JOINT LOCAL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24560 | CLTX HUM EPCNDYLR FX WO MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24505 | CLTX HUMRL SHFT FX W/MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80047 | BASIC METABLC PNL IONIZED CA | PATH & LAB - ORGAN OR DISEASE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78291 | PERTL-VEN SHUNT PATENCY TEST | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78282 | GI PROTEIN LOSS | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46080 | SPHNCTROTMY ANAL DIV SPHNCTR | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46045 | I&D ABSC TRANAL UNDER ANES | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7310 | GANCICLOVIR 4.5 MG LONG-ACT IMPLANT | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 12/31/2078 | Regulatory | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 29886 | ARTHRS KNEE SURG DRLG OD LES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0511 | RHC/FQHC G C MGMT 20 M/GT C T-CAL MO | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D1707 | JANSSEN COVID-19 VACCINE ADMIN | HCPCS - DENTAL | EXPIRED | 01/01/2021 | 01/01/2021 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9089 | BUPIVAC COLLAGEN MATRIX IMPLNT 1 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 75956 | XRAY ENDOVASC THOR AO REPR | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23174 | SQSTRCTMY HUMRL HEAD SRG NCK | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20551 | NJX 1 TENDON ORIGIN/INSJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 29700 | RMVL/BIVLV GAUNTLET BOOT/CST | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29425 | APPL SHORT LEG CAST WALKING | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D9223 | ADMIN OF DS/GA EA SUBQ 15 MIN INC | HCPCS-DENTAL-UNKNOWN | NO | 05/01/2022 | 05/31/2022 | carve out | | |
| ABH of Illinois-Medicaid | 87185 | SC STD ENZYME DETCJ PER NZM | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87181 | SC STD AGAR DILUTION PER AGT | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23184 | PRTL EXCISION BONE PROX HUM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21143 | RCNSTJ MDFACE LEFORT I 3/GT PC | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 93016 | CV STRESS TEST SUPVJ ONLY | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00910 | ANES TRANSURETHRAL PX NOS | ANESTH - PERINEUM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00860 | ANES XTRPRTL PX LWR ABD NOS | ANESTH - LOWER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G6007 | RT DEL 2 SEP 3/GT PT 1 TX AR:TO 5 MEV | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 76805 | OB US GT /EQU 14 WKS SNGL FETUS | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 01/01/1980 | 02/28/2021 | | | |
| ABH of Illinois-Medicaid | D1352 | PREV RSN REST MOD HIGH CARIES RISK | HCPCS-DENTAL-Sealants | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G6016 | CMP-B BM MD TX DEL I PLND TX P TX S | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G6014 | RT D 3/GT S TX AR CSTM BLK;20 MEV/GT | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 00528 | ANES CLSD CH MEDIAST&THRC WO | ANESTH - INTRATHORACIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00402 | ANES INTEG SYS RCNSTV BREAST | ANESTH - THORAX (CHEST WALL AN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00320 | ANES ALL PX NECK NOS 1YR/GT | ANESTH - NECK | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00702 | ANES UPR ANT ABD WALL LVR BX | ANESTH - UPPER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01756 | ANES OPN/ARTHRS ELBW RAD PX | ANESTH - UPPER ARM AND ELBOW | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0350 | INJECTION ANISTREPLASE PER 30 UNITS | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9604 | PATIENT SURVEY RSLT NOT AVAILABLE | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 01820 | ANES CLSD PX RDS U/W/H BONES | ANESTH - FOREARM, WRIST AND HA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01210 | ANES OPEN PX HIP JOINT NOS | ANESTH - UPPER LEG (EXCEPT KNE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 63030 | LAMOT DCMPRN NRV RT 1 LMBR | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 94610 | INTRAPULM SURFACTANT ADMN | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99479 | SBSQ IC LBW INF 1,500-2,500 | E & M - NEONATAL CRITICAL CARE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0663T | SCALP COOL PLMT MNTR RMVL | CATEGORY III CODES | EXPIRED | 07/01/2021 | 07/01/2021 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 01380 | ANES ALL CLSD PX KNEE JOINT | ANESTH - KNEE AND POPLITEAL AR | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 01274 | ANES PX ART FEM ART EMBLC | ANESTH - UPPER LEG (EXCEPT KNE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11950 | SUBQ NJX FILLING MATRL 1CC/LT | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 11750 | EXCISION NAIL&NAIL MATRIX | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00880 | ANES MAJ LWR ABD VESSEL NOS | ANESTH - LOWER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33886 | DELAYED PLMT DSTL XTN PROSTH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24802 | ARTHRD ELBOW JT AUTOG GRAFT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43880 | CLOSURE GASTROCOLIC FISTULA | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43860 | REVJ GSTR/JJ ANAST W/O VGTMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J3320 | INJ SPCTNOMYCN DHYDROCHLORD TO 2 GM | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80048 | BASIC METABOLIC PNL TOTAL CA | PATH & LAB - ORGAN OR DISEASE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D5935 | MANDIBULAR GUID PROS W/O GD FLANGE | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | 29131 | APPL FINGER SPLINT DYNAMIC | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1444 | INJECTION FPC POWDER 0.1 MG IRON | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0795 | INJ CORTICORELN OVINE TRIFLUT 1 MCG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 21151 | RCNSTJ MDFC LEFRTII W/B1 GRF | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q0174 | THIETHYLPERAZINE MALEATE 10 MG ORAL | HCPCS - TEMP CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 28436 | PRQ SKEL FIX TALUS FX W/MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D9243 | ADMIN OF MS IV EA SUBSQ 15 MIN INC | HCPCS-DENTAL-UNKNOWN | YES | 11/20/2020 | 12/31/2078 | carve out | | |
| ABH of Illinois-Medicaid | 23077 | RAD RESCJ TUM SHOULDERLT 5 CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20527 | NJX NZM PALMAR FASCIAL CORD | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0619T | CYSTO W/PRST8 COMMISSUROTOMY | CATEGORY III CODES | EXPIRED | 06/30/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0601T | ABLTJ IRE 1+TUMORS OPEN | CATEGORY III CODES | NON-COV | 06/30/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 20979 | LW NTSTY US STIMJ BONE HEALG | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 92928 | PRQ TCAT PLMT NTRAC ST 1 LES | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G6005 | RT D 1 TX AR PT/PL OPP PT:11 -19 MEV | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 37231 | TIB/PER REVASC STENT & ATHER | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37226 | FEM/POPL REVASC W/STENT | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0274T | PRQ LAMOT/LAM DCMPR CRV/THRC | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00210 | ANES INTRACRANIAL PX NOS | ANESTH - HEAD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00192 | ANES PX FCL B1/SKL RAD SURG | ANESTH - HEAD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00936 | ANES RAD AMP PNS INGUN&ILAC | ANESTH - PERINEUM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 00930 | ANES PX MALE GENT ORCHIOPEXY | ANESTH - PERINEUM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0205 | INJECTION ALGLUCERASE PER 10 UNITS | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9796 | PT CUR ON HIGH INTENSITY STATIN TX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 01925 | ANES IVNTL RAD ARTL CRTD/C | ANESTH - RADIOLOGICAL PROCEDUR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01390 | ANES CLS PX UPR TIB FIB&/PAT | ANESTH - KNEE AND POPLITEAL AR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J3305 | INJ TRIMETREXATE GLUCORONATE 25 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J3310 | INJECTION PERPHENAZINE UP TO 5 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 61630 | BALO ANGIOPLASTY ICR PERQ | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24576 | CLTX HUMRL CNDYLR FX WO MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24495 | DECOMPRESSION FASCT FOREARM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24655 | CLTX RDL HEAD/NCK FX W/MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24582 | PRQ SKEL FIX HUMRL CNDYLR FX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D5865 | OD CMPLT MANDIBULAR NAT TOOTH BORNE | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 43886 | GSTR RSTCV PX OPN REVJ PORT | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 43848 | REVJ OPEN GSTR RSTCV PX | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | J9151 | INJ DAUNORUBICIN CITRATE LIP 10 MG | HCPCS - CHEMO DRUGS | EXPIRED | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | C5271 | APPL SG T- A- L 100 CM;1ST 25 CM/LT | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 61624 | TCAT PERM OCCLS/EMBOLJ CNS | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29888 | ARTHRS AID ACL RPR/AGMNTJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29445 | APPL RIGID TOT CNTC LEG CAST | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29075 | APPL CST ELBW FNGR SHORT ARM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28406 | PRQ SKEL FIX CLCNL FX W/MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28435 | CLTX TALUS FRACTURE W/MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D1705 | ASTRAZENECA COVID-19 VAC ADM - FD | HCPCS - DENTAL | EXPIRED | 01/01/2021 | 01/01/2021 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0550U | ONC PRST8 ELISA TOT&FREE PSA | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1330 | INJ ERGONOVINE MALEATE UP TO 0.2 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 29450 | APPLICATION CLUBFOOT CAST | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29010 | APPL RISSER JACKET BODY ONLY | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0509U | TRNSPLJ MED DD-CFDNALT 12 SNPS | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D1706 | ASTRAZENECA COV-19 VAC ADM - 2ND D | HCPCS - DENTAL | EXPIRED | 01/01/2021 | 01/01/2021 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 75959 | XRAY PLACE DIST EXT THOR AO | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23035 | INCISION BONE CORTEX SHO | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21610 | COSTOTRANSVERSECTOMY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21180 | RCNSTJ FOREHEAD W/AUTOGRAFT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21172 | RCNST SUPR-LAT ORB RM&LW FHD | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01991 | ANES DX/THER NRV BLK&INJ OTH | ANESTH - OTHER PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37234 | REVSC OPN/PRQ TIB/PERO STENT | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37220 | ILIAC REVASC | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35647 | BPG AORTOFEMORAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00926 | ANES MALE GENT RAD ORCH ING | ANESTH - PERINEUM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92592 | HEARING AID CHECK MONAURAL | MEDICINE - SPECIAL OTORHINOLAR | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01522 | ANES PX VN LWR LEG VEN THRMB | ANESTH - LOWER LEG (BELOW KNEE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01320 | ANES ALL PX NRV MSC KNE&/POP | ANESTH - KNEE AND POPLITEAL AR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G6010 | RT DEL 2 SEP AR 3/GT PT 1 AR:20 MEV/GT | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 00300 | ANES ALL PX INTEG H/N/PTRUNK | ANESTH - NECK | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 00218 | ANES ICR PX IN SITTING POS | ANESTH - HEAD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01272 | ANES PX ART FEMORAL ART LIG | ANESTH - UPPER LEG (EXCEPT KNE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00920 | ANES PX MALE GENITALIA NOS | ANESTH - PERINEUM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35642 | BPG CAROTID-VERTEBRAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D0417 | COLL & PREP OF SALIVA SMP LAB ANLYS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J3355 | INJECTION UROFOLLITROPIN 75 IU | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1457 | INJECTION GALLIUM NITRATE 1 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 94726 | PLETHYSMOGRAPHY LUNG VOLUMES | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q4106 | DERMAGRAFT PER SQ CM | HCPCS - TEMP CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99458 | RPM TX MGMT EA ADDL 20 MIN | E & M-SPECIAL E/M SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 00212 | ANES ICR PX SUBDURAL TAPS | ANESTH - HEAD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00730 | ANES PX UPPER PST ABDL WALL | ANESTH - UPPER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37229 | TIB/PER REVASC W/ATHER | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35661 | BPG FEMORAL-FEMORAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0268T | IMPLT/RPL CRTD SNS DEV GEN | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 00542 | ANES THRCM PX DECORTICATION | ANESTH - INTRATHORACIC | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 00410 | ANES INTEG SYS CONV ARRHYT | ANESTH - THORAX (CHEST WALL AN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92590 | HEARING AID XM&SLCTN MONAURL | MEDICINE - SPECIAL OTORHINOLAR | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G6011 | RT D 3/GT S TX AR CSTM BLK;TO 5 MEV | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 00918 | ANES TRURL PX URTRL CAL RMVL | ANESTH - PERINEUM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33880 | EVASC RPR TA NDGFT COV LSA | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11770 | EXC PILONIDAL CYST SIMPLE | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7505 | MUROMONAB-CD3 PARENTERAL 5 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 94660 | CPAP INITIATION&MGMT | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0266T | IMPLT/RPL CRTD SNS DEV TOTAL | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 93015 | CV STRESS TEST SUPVJ I&R | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92921 | PRQ CARDIAC ANGIO ADDL ART | MEDICINE - CARDIOVASCULAR | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G6008 | RT DEL 2 SEP AR 3/GT PT 1 AR:6-10 MEV | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 00539 | ANES TRACHEOBRONCHIAL RCNSTJ | ANESTH - INTRATHORACIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00222 | ANES ICR PX ECOAG ICR NRV | ANESTH - HEAD | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 11952 | SUBQ NJX FIL MATRL 5.1-10CC | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 52442 | CYSTO INS TRNSPRSTC IMPLT EA | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42720 | I&D ABSC PHRNGL NTRAORL APPR | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43882 | REV/RMVL GSTR NSTIM ELTRD | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 43843 | GSTR RSTCV OTH/THN V-BAND | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C1741 | ANCHOR/SCREW BONE ABSORB METALLIC | HCPCS - C CODES-OUTPATIENT PP | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 24615 | OPTX AQT/CHRNC ELBOW DISLC | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24498 | PROPH TX W/WO MTHYLMTHCRYLT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 17110 | DESTRUCTION B9 LES UP TO 14 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2910 | INJECTION AUROTHIOGLUCOSE TO 50 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 92977 | DISSOLVE CLOT HEART VESSEL | MEDICINE - CARDIOVASCULAR | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90480 | ADMN SARSCOV2 VAC 1/ONLY CMP | MEDICINE - VACCINES, TOXOIDS | NO | 09/11/2023 | 09/11/2023 | | | |
| ABH of Illinois-Medicaid | 00142 | ANES PX ON EYE LENS SURGERY | ANESTH - HEAD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00532 | ANES ACCESS CTR VENOUS CRCJ | ANESTH - INTRATHORACIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0267T | IMPLT/RPL CRTD SNS DEV LEAD | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 01840 | ANES ART F/ARM WRST&HND NOS | ANESTH - FOREARM, WRIST AND HA | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 01772 | ANES ART UPR ARM&ELBW EMBLC | ANESTH - UPPER ARM AND ELBOW | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0625T | AUTO QUAN C PLAQ CPTR ALYS | CATEGORY III CODES | EXPIRED | 01/01/2021 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 37233 | TIBPER REVASC W/ATHER ADD-ON | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35636 | BPG SPLENORENAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20500 | NJX SINUS TRACT THERAPEUTIC | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0600T | ABLT IRE 1+ O/T LV/PRST8 PRQ | CATEGORY III CODES | NON-COV | 06/30/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 35665 | BPG ILIOFEMORAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33884 | ENDOVASC PROSTH TAA ADD-ON | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20553 | NJX 1/MLT TRIGGER POINTS 3/GT | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | J1572 | FLEBOGAMMA INJECTION | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 94762 | N-INVAS EAR/PLS OXIMTRY CONT | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00934 | ANES RAD AMP PENIS INGUN LYM | ANESTH - PERINEUM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00924 | ANES MALE GENT UNDSCND TSTIS | ANESTH - PERINEUM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00922 | ANES PX MALE GENT SEM VES | ANESTH - PERINEUM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00882 | ANES MAJ LWR ADB VSL IVC LIG | ANESTH - LOWER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 64722 | DECOMPRESSION UNSPEC NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61626 | TCAT PERM OCCLS/EMBOL NONCNS | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G6001 | U/S GUID PLCMT RADIATION TX FIELDS | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | D6080 | IMPL MNT F AR FX HYB PROS REM&REINS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5867 | REPLC OF REPLC PR NAT TH BRNE PROS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 27445 | REVISION OF KNEE JOINT | SURGERY - MUSCULOSKELETAL SYST | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27027 | DCMPRN FASCT PEL COMPARTMENT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96934 | RCM IMG ACQUISJ&I&R EA ADDL | MEDICINE - SPECIAL DERMATOLOGI | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0395 | INJECTION ARBUTAMINE HCL 1 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 01430 | ANES PX VEINS KNEE&POP NOS | ANESTH - KNEE AND POPLITEAL AR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01656 | ANES ART SHO&AX AX-FEM BPG | ANESTH - SHOULDER AND AXILLA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01652 | ANES ART SHO&AX AX-BRCH ARSM | ANESTH - SHOULDER AND AXILLA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01610 | ANES ALL PX NRV MUSC SHO&AX | ANESTH - SHOULDER AND AXILLA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00800 | ANES PX LWR ANT ABDL WAL NOS | ANESTH - LOWER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00580 | ANES HEART/LUNG TRANSPLANT | ANESTH - INTRATHORACIC | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 62287 | DCMPRN PQ NUC PUL 1/MLT LMBR | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 61623 | EVASC TEMP BALO ARTL OCC H/N | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00190 | ANES PX FACIAL B1/SKULL NOS | ANESTH - HEAD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24435 | RPR NON/MAL HUM WITH AGRFT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93018 | CV STRESS TEST I&R ONLY | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93017 | CV STRESS TEST TRACING ONLY | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24650 | CLTX RDL HEAD/NCK FX WO MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00540 | ANES THORACOTOMY PX NOS | ANESTH - INTRATHORACIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00520 | ANES CLOSED CHEST PX NOS | ANESTH - INTRATHORACIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00172 | ANES NTRORAL PX RPR CLFT PAL | ANESTH - HEAD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00164 | ANES PX NOSE&SINS BX SFT TIS | ANESTH - HEAD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24587 | OPTX PARTCLR FX&/DSLC ELBW W | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24605 | TX CLSD ELBOW DISLC REQ ANES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24420 | OSTEOPLASTY HUMERUS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0042T | CT PERFUSION W/CONTRAST CBF | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 00322 | ANES ALL PX NCK NDL BX THYR | ANESTH - NECK | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 01710 | ANES PX NRV MUSC UPR A&E NOS | ANESTH - UPPER ARM AND ELBOW | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01234 | ANES OPN UPR 2/3 FEM RAD RES | ANESTH - UPPER LEG (EXCEPT KNE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00916 | ANES TRURL PX RESCJ BLEEDING | ANESTH - PERINEUM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00862 | ANES XTRPRTL LWR ABD RNL PX | ANESTH - LOWER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55700 | BIOPSY OF PROSTATE | SURGERY - MALE GENITAL SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52441 | CYSTO INSJ TRNSPRSTC 1 IMPLT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01520 | ANES PX VEINS LOWER LEG NOS | ANESTH - LOWER LEG (BELOW KNEE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01502 | ANES PX ART LOWER LEG EMBLC | ANESTH - LOWER LEG (BELOW KNEE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01340 | ANES CLSD PX LOWER 1/3 FEMUR | ANESTH - KNEE AND POPLITEAL AR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 17111 | DESTRUCTION B9 LESIONS 15/GT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 98978 | RTM DEV SPLY CBT 16-30 D | MEDICINE-NON-FACE-TO-FACE | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 98981 | RTM TX MGMT EA ADDL 20 MIN | MEDICINE-NON-FACE-TO-FACE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J3364 | INJECTION UROKINASE 5000 IU VIAL | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0662T | SCALP COOL 1ST MEAS&CALBRJ | CATEGORY III CODES | EXPIRED | 07/01/2021 | 07/01/2021 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 29355 | APPL LONG LEG CAST WALKER | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28476 | PRQ SKEL FIX METAR FX W/MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 01770 | ANES PX ART UPR ARM&ELBW NOS | ANESTH - UPPER ARM AND ELBOW | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q5109 | INJ INFLIXIMAB-QBTX BIOSIMILR 10 MG | HCPCS - TEMP CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 37230 | TIB/PER REVASC W/STENT | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35623 | BPG AXILLARY-POP/-TIBIAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0380 | INJ METARAMINOL BITARTRATE 10 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0190 | INJECTION BIPERIDEN LACTAT PER 5 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D1712 | JANSSEN COVID-19 VAC ADM-BSTR DOSE | HCPCS - DENTAL | EXPIRED | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 77402 | RADIATION TX DELIVERY LVL 1 | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 23195 | RESECTION HUMERAL HEAD | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23030 | I&D SHOULDER DEEP ABSC/HMTMA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21155 | RCNSTJ MDFC LEFORT III W/I | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21150 | RCNSTJ MDFC LEFRTII ANT NTRU | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 20525 | RMVL FB MUSC/TDN DEEP/COMP | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1655 | INJECTION TINZAPARIN SODIUM 1000 IU | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0365 | INJECTION APROTININ 10000 KIU | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 29515 | APPLICATION SHORT LEG SPLINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29058 | APPL CAST PLASTER VELPEAU | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29125 | APPL SHORT ARM SPLINT STATIC | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0272T | INTERROGATE CRTD SNS DEV | CATEGORY III CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 01916 | ANES DX ARTERIOGRAPHY/VNGRPH | ANESTH - RADIOLOGICAL PROCEDUR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96935 | RCM IMG ACQUISJ ONLY EA ADDL | MEDICINE - SPECIAL DERMATOLOGI | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J8562 | FLUDARABINE PHOSPHATE ORAL 10 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0544U | NEFRO TRNSP MNTR 48VRNT DPCR | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 87186 | SC STD MICRODIL/AGAR DIL | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0215 | INJECTION ALEFACEPT 0.5 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 23100 | ARTHROTOMY GLENHUMRL JT W/BX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24575 | OPTX HUMERAL EPCNDYLR FX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78264 | GASTRIC EMPTYING IMG STUDY | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78265 | GSTR EMPTG IMG SM BWL TRNST | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 16035 | ESCHAROTOMY 1ST INCISION | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7322 | HYA/DER HYMOVS/HYMOVS 1 IA INJ 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 29884 | ARTHRS KNEE SURG LYSIS ADS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29440 | ADDING WALKER TO PREV CAST | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29105 | APPLICATION LONG ARM SPLINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29891 | ARTHR ANK OSTCHN DF TAL&/TIB | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29130 | APPL FINGER SPLINT STATIC | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21146 | RCNSTJ MDFC LEFORT I 2 W/GRF | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21142 | RCNSTJ MIDFACE LEFORT I 2PCS | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D9230 | ADMINISTRATION OF NITROUS OXIDE | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | 29885 | ARTHRS KNE SRG DRLG OST DISS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28485 | OPTX METATARSAL FX EACH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1443 | INJ FEPP CIT SOL TRIFERIC 0.1 MG FE | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 75958 | XRAY PLACE PROX EXT THOR AO | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J9270 | INJECTION PLICAMYCIN 2.5 MG | HCPCS - CHEMO DRUGS | EXPIRED | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | A2025 | MIRO3D PER CC | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 94760 | N-INVAS EAR/PLS OXIMETRY 1 | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | Q4100 | SKIN SUBSTITUTE NOT OTHERWISE SPECI | HCPCS - TEMP CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 99454 | REM MNTR PHYSIOL PARAM 16-30 | E & M - SPECIAL E/M SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 37228 | TIB/PER REVASC W/TLA | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37227 | FEM/POPL REVASC STNT & ATHER | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00541 | ANES THRCM PX 1 LUNG VNTJ | ANESTH - INTRATHORACIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00600 | ANES PX CRV SPINE&CORD NOS | ANESTH - SPINE AND SPINAL CORD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00140 | ANES PROCEDURES ON EYE NOS | ANESTH - HEAD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01150 | ANES RAD PX TUMOR OF PELVIS | ANESTH - PELVIS (EXCEPT HIP) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0720T | PRQ ELC NRV STIM CN WO IMPLT | CATEGORY III CODES | EXPIRED | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 01160 | ANES CLSD PX SYMPH PUB/SI JT | ANESTH - PELVIS (EXCEPT HIP) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00902 | ANES ANORECTAL PX | ANESTH - PERINEUM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G6003 | RT D 2 TX AR PT/PL OPP PT:TO 5 MEV | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 0421T | WATERJET PROSTATE ABLTJ CMPL | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 94690 | O2 UPTK REST INDIRECT | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94680 | O2 UPTK RST&XERS DIR SIMPLE | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 01400 | ANES OPN/ARTHRS KNEE JT NOS | ANESTH - KNEE AND POPLITEAL AR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35663 | BPG ILIOILIAC | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00500 | ANES ALL PX ON ESOPHAGUS | ANESTH - INTRATHORACIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00147 | ANES PX ON EYE IRIDECTOMY | ANESTH - HEAD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11771 | EXC PILONIDAL CYST XTNSV | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00938 | ANES INSJ PENILE PROSTHESIS | ANESTH - PERINEUM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94775 | PED HOME APNEA MNTR ATT ONLY | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 92595 | ELECTRO HEARNG AID TST BOTH | MEDICINE - SPECIAL OTORHINOLAR | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99480 | SBSQ IC INF PBW 2,501-5,000 | E & M - NEONATAL CRITICAL CARE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54015 | I&D PENIS DEEP | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01620 | ANES CLSD PX SHOULDER JOINT | ANESTH - SHOULDER AND AXILLA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01250 | ANES ALL PX NRV MUSC UPR LEG | ANESTH - UPPER LEG (EXCEPT KNE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35633 | BPG ILIO-MESENTERIC | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00215 | ANES ICR PX CRNOP/ELVTN FX | ANESTH - HEAD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00145 | ANES PX EYE VITREORTNL SURG | ANESTH - HEAD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2076 | INTK ACT INF BY ADM STD EB ASSMT | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 35626 | BPG AOR-SUBCLA/INNOM/CAROTID | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00550 | ANES FOR STERNAL DEBRIDEMENT | ANESTH - INTRATHORACIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00524 | ANES CLSD CH PX PNEUMOCENTS | ANESTH - INTRATHORACIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00102 | ANES PX PLSTC RPR CLEFT LIP | ANESTH - HEAD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 98976 | RTM DEV SPLY RESP SYS 16-30D | MEDICINE-NON-FACE-TO-FACE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 52450 | TRANSURETHRAL INC PROSTATE | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01464 | ANES ARTHRS PX ANKLE&/FOOT | ANESTH - LOWER LEG (BELOW KNEE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92937 | PRQ TRLUML REVSC CAB GRF 1 | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D9248 | NON-INTRAVENOUS CONSCIOUS SEDATION | HCPCS - DENTAL | EXPIRED | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | 29365 | APPL CYLINDER CAST | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29720 | REPAIR SPICA BODY CST/JACKET | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J3280 | INJ THIETHYLPRAZINE MALEAT TO 10 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 87230 | TOXIN/ANTITOXIN ASY TISS CUL | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0508U | TRNSPLJ MED DD-CFDNA 40 SNPS | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9212 | INJ INTRFERN ALFACON-1 RECOMB 1 MCG | HCPCS - CHEMO DRUGS | EXPIRED | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 35646 | BPG AORTOBIFEMORAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35612 | BPG SUBCLAVIAN-SUBCLAVIAN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94776 | PED HOME APNEA MNTR DL&ALYS | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 00176 | ANES INTRAORAL PX RAD SURG | ANESTH - HEAD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00474 | ANES PRTL RIB RESCJ RAD PX | ANESTH - THORAX (CHEST WALL AN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00174 | ANES NTRORL EXC RTRPHRNG TUM | ANESTH - HEAD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00100 | ANES PX SALIVARY GLAND W/BX | ANESTH - HEAD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00846 | ANES IPER PX RAD HYSTRECTOMY | ANESTH - LOWER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0273T | INTERROGATE CRTD SNS W/PGRMG | CATEGORY III CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 92591 | HEARING AID XM&SLCTN BINAURL | MEDICINE - SPECIAL OTORHINOLAR | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99478 | SBSQ IC VLBW INFLT 1,500 GM | E & M - NEONATAL CRITICAL CARE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99457 | RPM TX MGMT 1ST 20 MIN | E & M - SPECIAL E/M SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 00620 | ANES PX THRC SPINE&CORD NOS | ANESTH - SPINE AND SPINAL CORD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00326 | ANES ALL PX LARYNX&TRACHLT 1YR | ANESTH - NECK | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01215 | ANES OPN REVJ TOT HIP ARTHRP | ANESTH - UPPER LEG (EXCEPT KNE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A4100 | NONSHEET FORM SKIN SUB AS DEVC NOS | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 01402 | ANES OPN/ARTH TOT KNE ARTHRP | ANESTH - KNEE AND POPLITEAL AR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35671 | BPG POP-TIBL/-PRNL ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00562 | ANES PX HRT W/PUMP AGE 1YR + | ANESTH - INTRATHORACIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01214 | ANES OPEN PX TOT HIP ARTHRP | ANESTH - UPPER LEG (EXCEPT KNE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94727 | GAS DIL/WSHOT DETER LNG VOL | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96931 | RCM IMG ACQUISJ&I&R 1ST LES | MEDICINE - SPECIAL DERMATOLOGI | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 01996 | DLY HOSP MGMT EDRL RX ADMIN | ANESTH - OTHER PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01650 | ANES ART SHO&AX NOS | ANESTH - SHOULDER AND AXILLA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00626 | ANES THRC SPINE W/1 LNG VENT | ANESTH - SPINE AND SPINAL CORD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00530 | ANES PERM TRANSVNS PM INSJ | ANESTH - INTRATHORACIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00406 | ANES INTEG SYS RAD BRST DSJ | ANESTH - THORAX (CHEST WALL AN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00944 | ANES VAG PX VAG HYSTERECTOMY | ANESTH - PERINEUM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29305 | APPL HIP SPICA CAST 1 LEG | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29876 | ARTHRS KNEE SURG SYNVCT MAJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28450 | TX TARSAL B1 FX W/O MNPJ EA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27033 | ARTHRT HIP EXPL/RMV LOOSE/FB | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 27001 | TENOTOMY ADDUCTOR HIP OPEN | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24635 | OPTX MONTEGGIA FX DISLC ELBW | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23040 | ARTHRT GH JT EXPL/DRG/RMV FB | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21616 | EXC 1ST&/CRV RIB W/SYMPTH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21179 | RCNSTJ FOREHEAD WITH GRAFTS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90882 | ENVRN IVNTJ MED MGMT PSYC PT | MEDICINE - PSYCHIATRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C5272 | APPL SG T-A-L A 100 CM;EA ADD 25 CM | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 29540 | STRAPPING ANKLE &/FOOT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29035 | APPL BODY CAST SHO TO HIPS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29882 | ARTHRS KNE SRG MNISC RPR M/L | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27003 | TNOT ADDUCTR SUBQ OPN NEURCT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 60000 | I&D THYROGLSSL DUX CST INFCT | SURGERY - ENDOCRINE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21147 | RCNSTJ MDFC LEFORT I 3/GT GRF | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G0071 | PMT CMNCT TECH-B SRVC;RHC/FQHC ONLY | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77407 | RADIATION TX DELIVERY LVL 2 | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 33883 | DELAYED PLMT PROX XTN PROSTH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64727 | INTERNAL NEUROLYSIS | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11730 | AVULSION NAIL PLATE SIMPLE 1 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21620 | OSTECTOMY STERNUM PARTIAL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20550 | NJX 1 TENDON SHEATH/LIGAMENT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0624T | AUTO QUAN C PLAQ DATA PREP | CATEGORY III CODES | EXPIRED | 01/01/2021 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 23105 | ARTHROTOMY GLENOHUMERAL JT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20950 | MNTR INTRSTITIAL FLUID PRESS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43870 | CLOSURE GASTROSTOMY SURGICAL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43865 | REVJ GSTR/JJ ANAST W/VGTMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43846 | GSTR RSTCV PX SHRT ROUX-EN-Y | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2995 | INJ STREPTOKINASE PER 250000 IU | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0710 | INJ CEPHAPIRIN SODIUM TO 1 GM | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1445 | INJ FERRIC PYROPHO CITR 0.1 MG IRON | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 29887 | ARTHRS KNEE SRG DRLG OD FIXJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29710 | RMVL/BIVLV SHO/HIP SPICA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 29015 | APPL RISSR JACKET BDY W/HEAD | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 29874 | ARTHRS KNEE SURG RMV LOOS/FB | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29871 | ARTHRS KNEE SURG FOR INFCTJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28420 | OPTX CALCANEAL FX W/BONE GRF | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28405 | CLTX CALCANEAL FX W/MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27468 | SHORTEN/LENGTHEN THIGHS | SURGERY - MUSCULOSKELETAL SYST | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24670 | CLTX ULNAR FX PROX W/O MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23200 | RADICAL RESCJ TUMOR CLAVICLE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C9751 | BRONCH RIGID/FLEX TRANSBRON ABL LES | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 21160 | RCNST MDFC LFRTIII ADVM W/I | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 17106 | DSTR CUT VSC PRLF LESLT 10SQCM | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 24586 | OPTX PARTCLR FX&/DISLC ELBOW | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C5276 | APP SG F-S-N-HF-G 100 CM;EA A 25 CM | 2010 Code Set | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 29883 | ARTHRS KNE SRG MNISC RPR M&L | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29325 | APPL HIP SPICA CAST1&1/2 | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28446 | OPN OSTEOCHONDRL AGRFT TALUS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 28445 | OPTX TALUS FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24665 | OPTX RADIAL HEAD/NECK FX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24545 | OPTX HUM FX WO NTRCNDYLR XTN | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23172 | SEQUESTRECTOMY SCAPULA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21181 | RCNST CNTRG B9 TUM CRNL XTRC | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78266 | GSTR EMPT IMG SM BWL&COLON | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25031 | I&D FOREARM&/WRIST BURSA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77412 | RADIATION TX DELIVERY LVL 3 | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9019 | INJ ASPARAGINASE ERWINAZE 1000 IU | HCPCS - CHEMO DRUGS | EXPIRED | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 01730 | ANES CLSD PX HUMERUS&ELBOW | ANESTH - UPPER ARM AND ELBOW | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35621 | BPG AXILLARY-FEMORAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00604 | ANES PX CRV SPN&CORD SITTING | ANESTH - SPINE AND SPINAL CORD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54700 | I&D EPDIDYMS TSTIS&/SCROT SP | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01932 | ANES TH IVNT RAD NTRTHRC/JUG | ANESTH - RADIOLOGICAL PROCEDUR | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 01744 | ANES OPN/ARTHRS ELBW RPR HUM | ANESTH - UPPER ARM AND ELBOW | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00908 | ANES PERINEAL PROSTATECTOMY | ANESTH - PERINEUM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35650 | BPG AXILLARY-AXILLARY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27025 | FASCIOTOMY HIP/THIGH ANY TYP | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G6012 | RT D 3/GT S TX AR CSTM BLK;6-10 MEV | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 91120 | RECTAL SENSATION TEST | MEDICINE - GASTROENTEROLOGY | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00160 | ANES PX NOSE&SINUS NOS | ANESTH - HEAD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92938 | PRQ REVASC BYP GRAFT ADDL | MEDICINE - CARDIOVASCULAR | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35654 | BPG AXILLARY-FEMORAL-FEMORAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0270T | REV/REMVL CRTD SNS DEV LEAD | CATEGORY III CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 01850 | ANES VEIN F/ARM WRST&HND NOS | ANESTH - FOREARM, WRIST AND HA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00851 | ANES IPER PX TUBAL LIGATION | ANESTH - LOWER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27036 | CAPSULECTOMY/CAPSULOTOMY HIP | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00546 | ANES THRCM PX PULM RESCJ | ANESTH - INTRATHORACIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00914 | ANES TRURL PX RESCJ PRST8 | ANESTH - PERINEUM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 00870 | ANES XTRPRTL CYSTOLITHOTOMY | ANESTH - LOWER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37232 | TIB/PER REVASC ADD-ON | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52402 | CYSTO TRURL RESCJ EJACUL DUX | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01654 | ANES ART SHO&AX BYPASS GRF | ANESTH - SHOULDER AND AXILLA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J9020 | INJECTION ASPARAGINASE 10000 UNITS | HCPCS - CHEMO DRUGS | EXPIRED | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 0269T | REV/REMVL CRTD SNS DEV TOTAL | CATEGORY III CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 01924 | ANES THER IVNTL RAD ARTL NOS | ANESTH - RADIOLOGICAL PROCEDUR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35645 | BPG SUBCLAVIAN-VERTEBRAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35634 | BPG ILIORENAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01933 | ANES THER IVNTL RAD PX ICR | ANESTH - RADIOLOGICAL PROCEDUR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35631 | BPG AOR-CELIAC-MSN-RENAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0889 | DAPRODUSTAT ORAL 1 MG ESRD ON DLYS | HCPCS - MED-SURG SUPPLIES | EXPIRED | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0715 | INJ CEFTIZOXIME SODIUM PER 500 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0200 | INJ ALATROFLOXACIN MESYLATE 100 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | G6004 | RT D 1 TX AR PT/PL OPP PT: 6-10 MEV | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 42700 | I&D ABSCESS PERITONSILLAR | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01270 | ANES PX ARTERIES UPR LEG NOS | ANESTH - UPPER LEG (EXCEPT KNE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43881 | IMPL/RPLCMT GSTR NSTIM ELTRD | SURGERY - DIGESTIVE SYSTEM | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 01444 | ANES PX ART KNEE&POP EXC&GRF | ANESTH - KNEE AND POPLITEAL AR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00950 | ANES VAG PX CULDOSCOPY | ANESTH - PERINEUM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00928 | ANES MALE GENT RAD ORCH ABD | ANESTH - PERINEUM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00560 | ANES PX HEART W/O PUMP OXTJ | ANESTH - INTRATHORACIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00124 | ANES PX EAR OTOSCOPY | ANESTH - HEAD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9832 | AJCC STG BC DXEQU I&D T-STG BC DXEQU T1C | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 94664 | DEMO&/EVAL PT USE INHALER | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46050 | I&D PERIANAL ABSCESS SUPFC | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46083 | INC THROMBOSED HROID XTRNL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43887 | GSTR RSTCV PX OPN RMVL PORT | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 43842 | GSTR RSTCV PX V-BANDED GSTP | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 01470 | ANES PX NRV MSC LW L/A/F NOS | ANESTH - LOWER LEG (BELOW KNEE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00670 | ANES XTNSV SP&SPI CORD PX | ANESTH - SPINE AND SPINAL CORD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00563 | ANES PX HEART W/PMP CRC ARST | ANESTH - INTRATHORACIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01484 | ANES OPN LW L/A/F OSTE/OSTPL | ANESTH - LOWER LEG (BELOW KNEE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01230 | ANES OPN UPPER 2/3 FEMUR NOS | ANESTH - UPPER LEG (EXCEPT KNE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01200 | ANES ALL CLOSED PX HIP JOINT | ANESTH - UPPER LEG (EXCEPT KNE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0095U | EE 2 PRTN BMRK MBP ELISA EST | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 00566 | ANES DIRECT CABG W/O PUMP | ANESTH - INTRATHORACIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00548 | ANES THRCM PX TRACH&BRONCHI | ANESTH - INTRATHORACIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00220 | ANES ICR PX CSF SHUNTING PX | ANESTH - HEAD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0626T | AUTO QUAN C PLAQ I&R | CATEGORY III CODES | EXPIRED | 01/01/2021 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 29435 | APPL PATLLR TDN BEARING CAST | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29055 | APPL CAST SHOULDER SPICA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29889 | ARTHRS AID PCL RPR/AGMNTJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27278 | ARTHRD SI JT PLMT IARTIC DEV | SURGERY-MUSCULOSKELETAL SYST | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 27000 | TENOTOMY ADDUCTOR HIP PERQ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 23000 | RMVL SBDLTD CLCREOUS DEP OPN | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11732 | AVLSN NAIL PLATE SIMPLE EACH | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C5275 | APP SG F-N-HF-G 100 CM;1ST 25 CM/LT | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 92933 | PRQ TRLML C ATHRC ST ANGIOP1 | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92929 | PRQ CARD STENT W/ANGIO ADDL | MEDICINE - CARDIOVASCULAR | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29892 | ARTHRS AID RPR OD LES/TIB FX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29000 | APPL HALO TYPE BODY CAST | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27279 | ARTHRD SI JT PLMT TARTCLR DV | SURGERY - MUSKULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 25035 | INC DP BONE CRTX F/ARM&/WRST | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24675 | CLTX ULNAR FX PROX W/MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24546 | OPTX HUM FX W/NTRCNDYLR XTN | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64726 | DCMPRN PLANTAR DIGITAL NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0623T | AUTO QUANTIFICATION C PLAQUE | CATEGORY III CODES | EXPIRED | 01/01/2021 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 00912 | ANES TRURL PX RESCJ BLDR TUM | ANESTH - PERINEUM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78267 | UREA BREATH TST C-14 ACQUISJ | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D9222 | ADMIN OF DS/GA FST 15 MINUTE INC | HCPCS-DENTAL-Anesthesia | NO | 05/01/2022 | 05/31/2022 | carve out | | |

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| ABH of Illinois-Medicaid | D5864 | OD PRTL MAXILLARY NAT TOOTH BORNE | Denture-Other | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 29046 | APPL BDY CST SHO TO HIP B TH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87190 | SC STD MYOBACTERIA PROP METH | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2940 | INJECTION SOMATREM 1 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 94777 | PED HOME APNEA MNTR RVW I&R | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35666 | BPG FEM-ANT TIB PST TIB/PRNL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35601 | BPG COM CRTD-IPSI INT CRTD | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00404 | ANES INTEG SYS RAD/MODF BRST | ANESTH - THORAX (CHEST WALL AN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | M1174 | PT RCVD HZ R VAC 10/20/17-MSR PRD | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 94761 | N-INVAS EAR/PLS OXIMETRY MLT | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92941 | PRQ TRLML REVSC TOT OCCL AMI | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00640 | ANES SPINE MANIPULATION | ANESTH - SPINE AND SPINAL CORD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 63035 | LAMOT DCMPRN NRV RT EA ADDL | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 94772 | CIRCADIAN RESPIR PATTERN REC | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94645 | CONT INHLJ TX EACH ADDL HOUR | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96932 | RCM IMG ACQUISJ ONLY 1ST LES | MEDICINE - SPECIAL DERMATOLOGI | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 35638 | BPG AORTOBI-ILIAC | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00625 | ANES THRC SPINE WO 1LNG VENT | ANESTH - SPINE AND SPINAL CORD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00126 | ANES PX EAR TYMPANOTOMY | ANESTH - HEAD | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11951 | SUBQ NJX FIL MATRL 1.1-5.0CC | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G6017 | INTRA-F LOC&TRCK TRGT/PT M EA F TX | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | G6015 | INTENS MOD TX DEL 1/MX FLDS TX SESS | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | G6013 | RT D 3/GT S TX AR CSTM BLK;11-19 MEV | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 87905 | IA NZMTC ACTV OTH/THN VIRUS | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20974 | ESTIM AID BONE HEALG N-INVAS | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7286 | BIOPSY OF ORAL TISSUE SOFT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5982 | SURGICAL STENT FOR SOFT TISSUE HEAL | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | S0080 | INJ PENTAMIDINE ISETHIONATE 300 MG | HCPCS - TEMP NATIONAL CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | S0013 | ESKETAMINE NASAL SPRAY 1 MG | HCPCS - TEMP NATIONAL CODES | EXPIRED | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1620 | INJ GONADORELN HYDROCHLORID 100 MCG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1710 | INJ HYDROCORTISON SOD PHOS TO 50 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 43888 | GSTR RSTCV PX OPN RMVL&RPLC | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 37224 | FEM/POPL REVAS W/TLA | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01636 | ANES OPEN/ARTHR NTRTHRC AMP | ANESTH - SHOULDER AND AXILLA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01480 | ANES OPEN PX LOWER L/A/F NOS | ANESTH - LOWER LEG (BELOW KNEE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01382 | ANES DX ARTHRS PX KNEE JT | ANESTH - KNEE AND POPLITEAL AR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00948 | ANES VAG PX CRV CERCLAGE | ANESTH - PERINEUM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00940 | ANES VAGINAL PX NOS | ANESTH - PERINEUM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00904 | ANES RADICAL PERINEAL PX | ANESTH - PERINEUM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24579 | OPTX HUMRL CNDYLR FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21141 | RCNSTJ MIDFACE LEFORT I 1PC | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0361U | NEURFLMNT LT CHN DIG IA QUAN | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 01992 | ANES DX/THER NRV BLK&INJ PRN | ANESTH - OTHER PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01920 | ANES CARDIAC CATHETERIZATION | ANESTH - RADIOLOGICAL PROCEDUR | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 01810 | ANES PX NRV MUSC F/ARM WRST | ANESTH - FOREARM, WRIST AND HA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01758 | ANES OPN/ARTHRS ELBW EXC CST | ANESTH - UPPER ARM AND ELBOW | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21145 | RCNSTJ MDFC LEFORT I 1 W/GRF | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 01852 | ANES PX VN F/ARM PHLBRRHAPHY | ANESTH - FOREARM, WRIST AND HA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01760 | ANES OPN/ARTHR ELB TOT RPLCT | ANESTH - UPPER ARM AND ELBOW | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q9969 | TC-99M NON-HEU COST ADD-ON STDY DS | HCPCS - TEMP CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 01112 | ANES BONE MARROW ASPIR&/BX | ANESTH - PELVIS (EXCEPT HIP) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23106 | ARTHROTOMY STRNCLAV JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01829 | ANES DX ARTHROSCOPIC PX WRST | ANESTH - FOREARM, WRIST AND HA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01830 | ANES ARTHR/NDSC WRST/HND NOS | ANESTH - FOREARM, WRIST AND HA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A9517 | I-131 SODIM IODIDE CAPS TX MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 12/14/2025 | | | |
| ABH of Illinois-Medicaid | S5162 | EMERG RESPONSE SYS; PURCHASE ONLY | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | Regulatory Compliance | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5161 | EMERG RESPONSE SYS; SRVC FEE-MONTH | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | S5160 | EMERG RESPONSE SYSTEM; INSTL&TST | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | S9482 | FAMILY STABILIZATN SRVC PER 15 MIN | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/30/2022 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | H2019 | THERAPEUTIC BEHAVIORAL SRVC 15 MIN | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/30/2022 | Regulatory Compliance | | |

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| ABH of Illinois-Medicaid | 96133 | NRPSYC TST EVAL PHYS/QHP EA | MEDICINE - HEALTH AND BEHAVIOR | NO | 11/20/2020 | 12/31/2025 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 96132 | NRPSYC TST EVAL PHYS/QHP 1ST | MEDICINE - HEALTH AND BEHAVIOR | NO | 11/20/2020 | 12/31/2025 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 96146 | PSYCL/NRPSYC TST AUTO RESULT | MEDICINE - HEALTH AND BEHAVIOR | NO | 11/20/2020 | 12/31/2025 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 96139 | PSYCL/NRPSYC TST TECH EA | MEDICINE - HEALTH AND BEHAVIOR | NO | 11/20/2020 | 12/31/2025 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 96138 | PSYCL/NRPSYC TECH 1ST | MEDICINE - HEALTH AND BEHAVIOR | NO | 11/20/2020 | 12/31/2025 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 96137 | PSYCL/NRPSYC TST PHY/QHP EA | MEDICINE - HEALTH AND BEHAVIOR | NO | 11/20/2020 | 12/31/2025 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 96136 | PSYCL/NRPSYC TST PHY/QHP 1ST | MEDICINE - HEALTH AND BEHAVIOR | NO | 11/20/2020 | 12/31/2025 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 96131 | PSYCL TST EVAL PHYS/QHP EA | MEDICINE - HEALTH AND BEHAVIOR | NO | 11/20/2020 | 12/31/2025 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 96130 | PSYCL TST EVAL PHYS/QHP 1ST | MEDICINE - HEALTH AND BEHAVIOR | NO | 11/20/2020 | 12/31/2025 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | J1326 | INJECTION ZOLBETUXIMAB CLZB 2 MG | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2025 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9174 | INJECTION DOCETAXEL BEIZRAY 1MG | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2025 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9275 | INJECTION COSIBELIMAB IPDL 2 MG | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2025 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

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| ABH of Illinois-Medicaid | J9276 | INJECTION ZANIDATAMAB HRII 2 MG | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2025 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9289 | INJ NIVOLUMAB 2 MG HYALURONIDASE | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2025 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9341 | INJECTION THIOTEPA TEPYLUTE 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2025 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9342 | INJECTION THIOTEPA NOS 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2025 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9382 | INJECTION ZENOCUTUZUMAB ZBCO 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2025 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | Q2058 | OBECBTGE AUTOL UP TO 400 MIL CD19 | HCPCS - TEMP CODES | YES | 07/01/2025 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 90631 | H5 VACCINE PANDEMIC IM USE | MEDICINE - VACCINES, TOXOIDS | NON-COV | 05/09/2025 | 05/09/2025 | | | |
| ABH of Illinois-Medicaid | 90382 | RSV MONOC ANTB SEASN .7ML IM | MEDICINE - VACCINES, TOXOIDS | YES | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5100 | INJ USTEKINUMAB KFCE YESINTEK 1 MG | HCPCS - TEMP CODES | YES | 07/01/2025 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | Q5099 | INJ USTEKINUMAB STBA STEQEYMA 1 MG | HCPCS - TEMP CODES | YES | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5098 | INJ USTEKINUMAB SRLF IMULDOSA 1 MG | HCPCS - TEMP CODES | YES | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7356 | INJ FOSCARB 0.25 FOSLEVODOPA 5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7172 | INJECTION MARSTACIM HNCQ 0.5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J3375 | INJ VANCOMYCIN XELLIA 10MG NT J3373 | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2025 | 07/01/2025 | | | |
| ABH of Illinois-Medicaid | J3374 | INJ VANCOMYCIN MYLAN 10MG NT J3373 | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2025 | 07/01/2025 | | | |
| ABH of Illinois-Medicaid | J3373 | INJECTION VANCOMYCIN HCL 10 MG | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2025 | 07/01/2025 | | | |
| ABH of Illinois-Medicaid | J2313 | INJECTION NALOXONE ZIMHI 0.01MG | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2025 | 07/01/2025 | | | |
| ABH of Illinois-Medicaid | J2312 | INJECTION NALOXONE HCL NOS 0.01MG | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2025 | 07/01/2025 | | | |
| ABH of Illinois-Medicaid | J0169 | INJ EPINEPHRINE ADRENALIN NT J0165 | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2025 | 07/01/2025 | | | |
| ABH of Illinois-Medicaid | J0168 | EPINEPHRINE INTL MED NOT EQ J0165 | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2025 | 07/01/2025 | | | |
| ABH of Illinois-Medicaid | J0167 | INJ EPINEPHRINE HOSPIRA NT EQ J0165 | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2025 | 07/01/2025 | | | |
| ABH of Illinois-Medicaid | J0165 | INJECTION EPINEPHRINE NOS 0.1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2025 | 07/01/2025 | | | |
| ABH of Illinois-Medicaid | S9445 | PT ED NOC NON-MD PROV IND SESSION | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 10/08/2025 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | S9444 | PARENTING CLASSES NON-MD PER SESS | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 10/08/2025 | Regulatory Compliance | | |

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| ABH of Illinois-Medicaid | Q5159 | INJ DENOSUMAB-DSSB 1 MG | HCPCS - TEMP CODES | YES | 10/01/2025 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | Q5158 | INJ DENOSUMAB-BNHT 1 MG | HCPCS - TEMP CODES | YES | 10/01/2025 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | Q5157 | INJ DENOSUMAB-BMWO 1 MG | HCPCS - TEMP CODES | YES | 10/01/2025 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9011 | DATOPOTAMAB DERUXTECAN 1 MG | HCPCS - CHEMO DRUGS | YES | 10/01/2025 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J0614 | INJ TREOSULFAN 50 MG | HCPCS - DRUGS (NOT ORAL) | YES | 10/01/2025 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | Q0235 | INJ MONOCLON ANTIBODY 1 MG | HCPCS - TEMP CODES | NO | 10/01/2025 | 10/01/2025 | | | |
| ABH of Illinois-Medicaid | M0236 | INTRAV INF MON ANTI SEC DO | HCPCS - MEDICAL SERVICES | NO | 10/01/2025 | 10/01/2025 | | | |
| ABH of Illinois-Medicaid | M0235 | INTRAV INF MON ANTI FIR DO | HCPCS - MEDICAL SERVICES | NO | 10/01/2025 | 10/01/2025 | | | |
| ABH of Illinois-Medicaid | L6039 | PASSIVE CUSTOM DIGIT/THUMB | HCPCS - PROSTHETIC PROCED | NO | 10/01/2025 | 10/01/2025 | | | |
| ABH of Illinois-Medicaid | L6038 | MULTIAX ROTATION ATTACHMENT | HCPCS - PROSTHETIC PROCED | NO | 10/01/2025 | 10/01/2025 | | | |

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| ABH of Illinois-Medicaid | L6036 | PROSTHETIC THUMB MECHANICAL | HCPCS - PROSTHETIC PROCED | NO | 10/01/2025 | 10/01/2025 | | | |
| ABH of Illinois-Medicaid | L6035 | PROSTHETIC DIGIT MECHANICAL | HCPCS - PROSTHETIC PROCED | NO | 10/01/2025 | 10/01/2025 | | | |
| ABH of Illinois-Medicaid | L6034 | PART HAND FINGER DISTAL AMP | HCPCS - PROSTHETIC PROCED | NO | 10/01/2025 | 10/01/2025 | | | |
| ABH of Illinois-Medicaid | L5657 | ADD LOW EXT MAN AUT VOL ANY | HCPCS - PROSTHETIC PROCED | NO | 10/01/2025 | 10/01/2025 | | | |
| ABH of Illinois-Medicaid | L1007 | SCOLIOSIS ORTH S-C CUSTOM | HCPCS - Orthotic Devices & Pro | NO | 10/01/2025 | 10/01/2025 | | | |
| ABH of Illinois-Medicaid | J3290 | INJ TRANEXAMIC ACID 5 MG | HCPCS - DRUGS (NOT ORAL) | NO | 10/01/2025 | 10/01/2025 | | | |
| ABH of Illinois-Medicaid | J2291 | INJ NAFCILLIN BAXTER 20MG | HCPCS - DRUGS (NOT ORAL) | NO | 10/01/2025 | 10/01/2025 | | | |
| ABH of Illinois-Medicaid | J2151 | INJ MANNITOL 250 MG | HCPCS - DRUGS (NOT ORAL) | NO | 10/01/2025 | 10/01/2025 | | | |
| ABH of Illinois-Medicaid | J1834 | INJ ISONIAZID 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 10/01/2025 | 10/01/2025 | | | |
| ABH of Illinois-Medicaid | J1807 | INJ ETHACRYNATE SOD 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 10/01/2025 | 10/01/2025 | | | |
| ABH of Illinois-Medicaid | J1612 | INJ GLUCAGON GVOKE 0.01 MG | HCPCS - DRUGS (NOT ORAL) | NO | 10/01/2025 | 10/01/2025 | | | |
| ABH of Illinois-Medicaid | J1370 | INJ ESOMEPRAZOLE SOD 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 10/01/2025 | 10/01/2025 | | | |
| ABH of Illinois-Medicaid | J0759 | INJ CLEVIDEPINE 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 10/01/2025 | 10/01/2025 | | | |
| ABH of Illinois-Medicaid | J0582 | BIVALIRUDIN ENDO 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 10/01/2025 | 10/01/2025 | | | |
| ABH of Illinois-Medicaid | J0525 | INJ CEFOTETAN DISODIUM 10 MG | HCPCS - DRUGS (NOT ORAL) | NO | 10/01/2025 | 10/01/2025 | | | |
| ABH of Illinois-Medicaid | J0462 | ATROPINE SULF NTE 0.01 MG | HCPCS - DRUGS (NOT ORAL) | NO | 10/01/2025 | 10/01/2025 | | | |

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| ABH of Illinois-Medicaid | J0458 | AZTREONAM/AVIBACTAM 10 MG | HCPCS - DRUGS (NOT ORAL) | NO | 10/01/2025 | 10/01/2025 | | | |
| ABH of Illinois-Medicaid | J0164 | EPINEPHRINE IN NACL BAXTER | HCPCS - DRUGS (NOT ORAL) | NO | 10/01/2025 | 10/01/2025 | | | |
| ABH of Illinois-Medicaid | J0163 | EPINEPHRINE IN NACL ENDO | HCPCS - DRUGS (NOT ORAL) | NO | 10/01/2025 | 10/01/2025 | | | |
| ABH of Illinois-Medicaid | E0659 | SEG PNEUM COMP HEAD NECK CHE | HCPCS - DME | NO | 10/01/2025 | 10/01/2025 | | | |
| ABH of Illinois-Medicaid | E0658 | SEG PNEUM COMP 2 ARM CHEST | HCPCS - DME | NO | 10/01/2025 | 10/01/2025 | | | |
| ABH of Illinois-Medicaid | E0150 | COMBO WALKER-TRANSPORT CHAIR | HCPCS - DME | NO | 10/01/2025 | 10/01/2025 | | | |
| ABH of Illinois-Medicaid | C8006 | INST PLEU-PERIT SHNT W PUMP | HCPCS - C CODES-OUTPATIENT PP | NO | 10/01/2025 | 10/01/2025 | | | |
| ABH of Illinois-Medicaid | C1742 | PRESSURE SENS SYST CONT IM | HCPCS - C CODES-OUTPATIENT PP | NO | 10/01/2025 | 10/01/2025 | | | |
| ABH of Illinois-Medicaid | A9616 | GALLIUM GOZELLIX 1 MILLICURI | HCPCS - Radiopharmaceuticals & | NO | 10/01/2025 | 10/01/2025 | | | |
| ABH of Illinois-Medicaid | A9612 | INJ FLUORESCEIN 1 MG | HCPCS - Radiopharmaceuticals & | NO | 10/01/2025 | 10/01/2025 | | | |
| ABH of Illinois-Medicaid | A4288 | REPLACEMENT BREASTPUMP VALVE | HCPCS - MED-SURG SUPPLIES | NO | 10/01/2025 | 10/01/2025 | | | |
| ABH of Illinois-Medicaid | M0238 | INTRAV INF TOCI SECOND DOS | HCPCS - MEDICAL SERVICES | NO | 01/24/2025 | 01/24/2025 | | | |
| ABH of Illinois-Medicaid | M0237 | INTRAV INF TOCI FIRST DOSE | HCPCS - MEDICAL SERVICES | NO | 01/24/2025 | 01/24/2025 | | | |
| ABH of Illinois-Medicaid | T1032 | SVCS PRFRM DOULA B WKR PER 15 MIN | HCPCS - STATE MEDICAID AGENCY | NO | 10/01/2022 | 10/01/2022 | | | |
| ABH of Illinois-Medicaid | Q4397 | SUMMIT AAA PER SQ CM | HCPCS - TEMP CODES | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4393 | SURGRAFT AC PER SQ CM | HCPCS - TEMP CODES | YES | 10/01/2025 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | Q4389 | NEOTHELIUM 4L+ PER SQ CM | HCPCS - TEMP CODES | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4385 | APOLLO FT PER SQ CM | HCPCS - TEMP CODES | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5154 | INJ OMLYCLO 5 MG | HCPCS - TEMP CODES | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J3402 | INJ REMESTEMCEL-L-RKND/TD | HCPCS - DRUGS (NOT ORAL) | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0675 | INJ CARBOPROST 0.1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0599U | ONC PNCRTC CA MULT IA SERUM | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0597U | ONC BREAST RNA XPRSN 329GENS | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0595U | NFCT DS TFP VCTRBRN&ZOONOTIC | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0583U | RARE DS RPD WHLGEN CMPTR DNA | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A2038 | MARIGEN PACTO PER SQ CM | HCPCS - MED-SURG SUPPLIES | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0579U | NFRO DBTC CKD ELISA APOA4 | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0577U | ONC OVR SERUM ALYS 39 GPS | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0575U | TRNSPLJ MED LAR RTPCR 4GENES | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G0470 | FQHC VISIT MENTAL HEATH ESTAB PT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1982 | CATH PRESSUREVALVE-OCCLU | HCPCS-C CODES-OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | C9174 | INJ DATOPOTAMAB DERUXTECAN 1 MG | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 07/01/2025 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 0450U | ONC MM LC-MS/MS MONOC P-PRTN | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9088 | INSTL BUPIV &MELOXICAM 1 MG/0.03 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7300 | INTRA COPP CONTRA PARAGARD | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C9248 | INJECTION CLEVIDIPINE BUTYRATE 1 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L5783 | ADD LOW EXT MEC LIMB VOL LAM | HCPCS - PROSTHETIC PROCED | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1961 | INJ LENACAPAVIR HIV TX 1MG | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G0468 | FQHC VISIT IPPE OR AWV | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7174 | INJECTION FITUSIRAN 0.04 MG | HCPCS - DRUGS (NOT ORAL) | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4395 | ACELAGRAFT PER SQ CM | HCPCS - TEMP CODES | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4391 | AMNIOPLAST DOUBLE PER SQ CM | HCPCS - TEMP CODES | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4387 | NEOTHELIUM FT PER SQ CM | HCPCS - TEMP CODES | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4383 | AXOLOTL GRAFT ULT PER SQ CM | HCPCS - TEMP CODES | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5156 | INJ TOCILIZUMAB-ANOH 1 MG | HCPCS - TEMP CODES | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0738 | HIV PREP INJ LENACAPAVIR | HCPCS - DRUGS (NOT ORAL) | YES | 10/01/2025 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | J0668 | INSTILL BUPIVAC AND MELOXIC | HCPCS - DRUGS (NOT ORAL) | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0598U | GI IBS IGG ANTB 18FOOD ITEMS | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0596U | NEURO ALZDS PLSM 3DSTNCT ISP | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A2036 | COHEALYX COL DML MX PR SQ CM | HCPCS - MED-SURG SUPPLIES | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0581U | TRNSPL MED ANTB NOHLA 39TRGT | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0578U | ONC CUTAN MLN RNA QPCR 10GEN | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0576U | TRNSPLJ MED LAR QUAN DDCFDNA | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9072 | INJ CYCLOPHOS FRINDOVYX 5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | S0074 | INJECTION CEFOTETAN DISODIUM 500 MG | HCPCS - TEMP NATIONAL CODES | EXPIRED | 01/01/2020 | 12/04/2020 | | | |
| ABH of Illinois-Medicaid | G0469 | FQHC VISIT MENTAL HEALTH NEW PT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q9983 | FLORBETABEN F18 DX P DO TO 8.1 MCI | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L7406 | ADD UPP EXT MEC LIMB VOL LAM | HCPCS - PROSTHETIC PROCED | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G0466 | FQHC VISIT NEW PATIENT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2503 | INJECTION PEGAPTANIB SODIUM 0.3 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9586 | FLORBETAPR F18 DX STDY DO TO 10 MCI | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 05/14/2025 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | L6028 | PART HAND FINGER METACAR AMP | HCPCS - PROSTHETIC PROCED | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9175 | INJECTION TREOSULFAN 50 MG | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 07/01/2025 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | G4007 | GENERAL SURGERY MIPS SPECIALTY SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2150 | INJECTION MANNITOL 25PCT IN 50 ML | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 01/01/2020 | 12/04/2020 | | | |
| ABH of Illinois-Medicaid | E0765 | NERVE STIMULATOR FOR TX N&V | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A9601 | FLORTAUCIPIR F18 INJ 1 MCI | HCPCS-ADMIN MISC & INVEST | NO | 07/01/2022 | 05/14/2025 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0986 | MAN W/C POWR ASSIST SYST | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C1739 | MARKER UNIQ DETECT W/PRBE | HCPCS-C CODES-OUTPATIENT PP | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | A9608 | FLOTUFOLASTAT F18 DIAG 1 MCI | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0570 | BUPRENORPHINE IMPLANT 74.2 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0451U | ONC MM LC-MS/MS PEP ION QUAN | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0752 | HIV PREP ORAL LENACAPAVIR | HCPCS - DRUGS (NOT ORAL) | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4396 | NATALIN PER SQ CM | HCPCS - TEMP CODES | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4392 | GRAFIX DUO PER SQ CM | HCPCS - TEMP CODES | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4388 | NEOTHELIUM 4L PER SQ CM | HCPCS - TEMP CODES | YES | 10/01/2025 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | Q4384 | AXOLOTL DUAL ULT PER SQ CM | HCPCS - TEMP CODES | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0594U | NFCT DS SEPSIS PNCRTC SPC | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0592U | ONC HL NEO DNA TGS 417 GENES | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0590U | NFCT DS BCT&FNGL DNA 44 ORGS | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0588U | NFCT DS BCT/VIR 32GENES MRNA | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0586U | ONC MRNA GEN XPRSN 216 GENES | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0584U | NEURO CSF PRION PRTN QUAL | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A2037 | G4DERM PLUS PER ML | HCPCS - MED-SURG SUPPLIES | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0580U | BBRGDRFERI ANTB DETC 24RPRTN | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7173 | INJ CONCIZUMAB-MTCI 0.5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1809 | INJ FOSDENOPTERIN 0.1MG | HCPCS - DRUGS (NOT ORAL) | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C1740 | LT VENT PACING SYST SEQUEN | HCPCS - C CODES-OUTPATIENT PP | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4394 | SURGRAFT ACA PER SQ CM | HCPCS - TEMP CODES | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4390 | ASCENDION PER SQ CM | HCPCS - TEMP CODES | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4386 | ACESSO TRIFACA PER SQ CM | HCPCS - TEMP CODES | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q0237 | INJ TOCILIZUMAB-ANOH HOSPI | HCPCS - TEMP CODES | YES | 01/24/2025 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | Q5155 | INJ AFLIBERCEPT-JBVF 1 MG | HCPCS - TEMP CODES | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J3403 | REVAKINAGENE PER IMPLANT | HCPCS - DRUGS (NOT ORAL) | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0681 | INJ CEFTOBIPOLE MEDOCARL 3MG | HCPCS - DRUGS (NOT ORAL) | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0593U | NFCT DS GU PTHGN DNA 46TRGT | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0591U | ONC PRST8 CA 3PRTNS PLSM SRM | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0589U | PFAS24CMPND HI-PERF LC-MS/MS | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0587U | THER RX MNTR 60-150RX&METABL | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0585U | TGSAP SO NEO CFDNA 521 GENES | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0582U | RARE DS RPD WHLGEN DNA VRNTS | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A2039 | INNOVAMATRIX FD PER SQ CM | HCPCS - MED-SURG SUPPLIES | YES | 10/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9073 | BREXUCABTAGNE AUTOLCL TO 200 M AUTO | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9069 | INJ BELANTAMB MAFODONTN-BLMF 0.5 MG | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9070 | INJECTION TAFASITAMAB-CXIX 2 MG | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9072 | INJECTION IMMUNE GLOBULIN 500 MG | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9078 | INJECTION TRILACICLIB 1 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | C9080 | INJ MELPHALAN FLUFENAMIDE HCL 1 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 01/01/2078 | | | |

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| ABH of Illinois-Medicaid | C9081 | IDECABT VICLLT EQU 460MIL BCMA CAR+TC LK | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | C9082 | INJECTION DOSTARLIMAB GXLY 100 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | C9083 | INJECTION AMIVANTAMAB VMJW 10 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | C9084 | INJ LONCASTUXIM TESIRIN LPYL 0.1 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | C9091 | INJ SIROLIMUS PROTEIN-BND PTCL 1 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9142 | INJ BEVACIZUMAB-MALY BS 10 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 10/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9146 | INJ MRVETUXIMB SORAVTANSN-GYNX 1 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 04/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9148 | INJECTION TECLISTAMAB-CQYV 0.5 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 04/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9147 | INJECTION TREMELIMUMAB-ACTL 1 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 04/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D7960 | FRENULECTOMY SEP PROC NOT INCIDENTL | HCPCS - DENTAL | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2505 | INJECTION PEGFILGRASTIM 6 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 93530 | RT HEART CATH CONGENITAL | MEDICINE - CARDIOVASCULAR | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 93533 | R & L HEART CATH CONGENITAL | MEDICINE - CARDIOVASCULAR | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9044 | INJECTION BORTEZOMIB NOS 0.1 MG | HCPCS - CHEMO DRUGS | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9315 | INJECTION ROMIDEPSIN 1 MG | HCPCS - CHEMO DRUGS | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 93532 | R & L HEART CATH CONGENITAL | MEDICINE - CARDIOVASCULAR | EXPIRED | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 72275 | EPIDUROGRAPHY | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D4320 | PROVISIONAL SPLINTING-INTRACORONAL | HCPCS-DENTAL-Perio - Adjunct | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 93531 | R & L HEART CATH CONGENITAL | MEDICINE - CARDIOVASCULAR | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D4321 | PROVISIONAL SPLINTING EXTRACORONAL | HCPCS-DENTAL-Perio - Adjunct | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | S0166 | INJECTION OLANZAPINE 2.5 MG | HCPCS - TEMP NATIONAL CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0504T | COR FFR DATA REVIEW I&R | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0502T | COR FFR DATA PREP & TRANSMIS | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0501T | COR FFR DERIVED COR CTA DATA | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9160 | INJ DENILEUKIN DIFTITOX 300 MCG | HCPCS - CHEMO DRUGS | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0503T | COR FFR ALYS GNRJ FFR MDL | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9155 | INJECTION EPCORITAMAB-BYSP 0.16 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9070 | CYCLOPHOSPHAMIDE 100 MG | HCPCS - CHEMO DRUGS | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9250 | METHOTREXATE SODIUM 5 MG | HCPCS - CHEMO DRUGS | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9163 | INJECTION TALQUETAMAB-TGVS 0.25 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 01/01/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9165 | INJECTION ELRANATAMAB-BCMM 1 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 01/01/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J9371 | INJ VINCRISTINE SULF LIPOSOME 1 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | J9258 | PACLITAXEL TEVA | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J8521 | CAPECITABINE ORAL 500 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J8520 | CAPECITABINE ORAL 150 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5131 | INJECTION ADALIMUMAB-AACF BS 20 MG | HCPCS - TEMP CODES | EXPIRED | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J9259 | PACLITAXEL AMERICAN REGENT | HCPCS - CHEMO DRUGS | EXPIRED | 07/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2796 | INJECTION ROMIPLOSTIM 10 MCG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9171 | INJ PEGULICIANINE 1 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9172 | INJ BEQVEZ PER TX DOSE | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9795 | STEREOTACT BDY RAD THR TX FRC 1LT LES | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9169 | INJ NOGAPENDEKIN PMLN 1 MCG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9059 | INJ BENDAMUSTINE HCL BAXTER 1 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 07/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9058 | INJ BENDAMUSTINE HCL APOTEX 1 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 07/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9170 | INJ TARLATAMAB-DLLE 1 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9037 | INJ BELANTAMB MAFODOTIN-BLMF 0.5 MG | HCPCS - CHEMO DRUGS | EXPIRED | 04/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J9247 | INJECTION MELPHALAN FLUFENAMIDE 1MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J9340 | INJECTION THIOTEPA 15 MG | HCPCS - CHEMO DRUGS | EXPIRED | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | C9302 | INJ ZANIDATAMAB 2 MG | HCPCS-C CODES-OUTPATIENT P | EXPIRED | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9303 | INJ ZOLBETUXIMAB 1 MG | HCPCS-C CODES-OUTPATIENT P | EXPIRED | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 62292 | INJECTION CHEMONUCLEOLYSIS LMBR | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22515 | PERQ VERTEBRAL AUGMENTATION | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22514 | PERQ VERTEBRAL AUGMENTATION | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22513 | PERQ VERTEBRAL AUGMENTATION | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22512 | VERTEBROPLASTY ADDL INJECT | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22511 | PERQ LUMBOSACRAL INJECTION | SURGERY - MUSKULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22510 | PERQ CERVICOTHORACIC INJECT | SURGERY - MUSKULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0201T | PERQ SACRAL AUGMT BILAT INJ | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0200T | PERQ SACRAL AUGMT UNILAT INJ | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q5153 | INJ AFLIBERCEPT YSZY OPUVIZ 1 MG | HCPCS - TEMP CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4382 | ADVOGRAFT DUAL PER SQ CM | HCPCS - TEMP CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4380 | ADVOGRAFT ONE PER SQ CM | HCPCS - TEMP CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4379 | AMNIODEFEND FT MATRIX PER SQ CM | HCPCS - TEMP CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4378 | RENEW FT MATRIX PER SQ CM | HCPCS - TEMP CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | Q4377 | TRIGRAFT FT PER SQ CM | HCPCS - TEMP CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4376 | DUOGRAFT AA PER SQ CM | HCPCS - TEMP CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4375 | DUOGRAFT AC PER SQ CM | HCPCS - TEMP CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4373 | MEMBRANE WRP LT PER SQ CM | HCPCS - TEMP CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4372 | AMCHOPLAST EXCL PER SQ CM | HCPCS - TEMP CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4371 | NEOGUARD PER SQ CM | HCPCS - TEMP CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4370 | AEROGUARD PER SQ CM | HCPCS - TEMP CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4369 | AMNIOPLAST 3 PER SQ CM | HCPCS - TEMP CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4368 | AMCHOTHICK PER SQ CM | HCPCS - TEMP CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9220 | INJ INDIGOTINDISULFONATE SOD 1MG | HCPCS - DRUGS (NOT ORAL) | NON-COV | 07/01/2025 | 07/01/2025 | | | |
| ABH of Illinois-Medicaid | J3391 | INJ ATIDARSAGENE AUTOTEMCEL PER TX | HCPCS - DRUGS (NOT ORAL) | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1163 | INJECTION DILTIAZEM HCL 0.5 MG | HCPCS - DRUGS (NOT ORAL) | NON-COV | 07/01/2025 | 07/01/2025 | | | |
| ABH of Illinois-Medicaid | J0618 | INJECTION CALCIUM CHLORIDE 2 MG | HCPCS - DRUGS (NOT ORAL) | NON-COV | 07/01/2025 | 07/01/2025 | | | |
| ABH of Illinois-Medicaid | J0616 | INJECT METOPROLOL TARTRATE 1 MG | HCPCS - DRUGS (NOT ORAL) | NON-COV | 07/01/2025 | 07/01/2025 | | | |
| ABH of Illinois-Medicaid | J0166 | INJ EPINEPHRINE BPI NT EQ J0165 0.1 | HCPCS - DRUGS (NOT ORAL) | NON-COV | 07/01/2025 | 07/01/2025 | | | |
| ABH of Illinois-Medicaid | 91323 | SARSCOV2 VAC 10 MCG/0.2ML IM | MEDICINE - VACCINES, TOXOIDS | NON-COV | 07/01/2025 | 07/01/2025 | | | |

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| ABH of Illinois-Medicaid | 90635 | H5N1 VACC DRV CLL CUL ADJ IM | MEDICINE - VACCINES, TOXOIDS | NON-COV | 07/01/2025 | 07/01/2025 | | | |
| ABH of Illinois-Medicaid | 90613 | INF&SARSCOV2 VACC 40/0.4 IM | MEDICINE - VACCINES, TOXOIDS | NON-COV | 07/01/2025 | 07/01/2025 | | | |
| ABH of Illinois-Medicaid | 90612 | INF&SARSCOV2 VACC 31.7/.32IM | MEDICINE - VACCINES, TOXOIDS | NON-COV | 07/01/2025 | 07/01/2025 | | | |
| ABH of Illinois-Medicaid | 0987T | IV IMG ICR CERE VSL OCT EA | CATEGORY III CODES | NON-COV | 07/01/2025 | 07/01/2025 | | | |
| ABH of Illinois-Medicaid | 0986T | V IMG ICR CERE VSL OCT 1ST | CATEGORY III CODES | NON-COV | 07/01/2025 | 07/01/2025 | | | |
| ABH of Illinois-Medicaid | 0985T | IV IMG XTRC CERE VSL OCT EA | CATEGORY III CODES | NON-COV | 07/01/2025 | 07/01/2025 | | | |
| ABH of Illinois-Medicaid | 0984T | IV IMG XTRC CERE VSL OCT 1ST | CATEGORY III CODES | NON-COV | 07/01/2025 | 07/01/2025 | | | |
| ABH of Illinois-Medicaid | 0983T | REM MNTR IMPL IVC SNR PHYS | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0982T | REM MNTR IMPL IVC SNR SET-UP | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0981T | TCAT IMPL WRLS IVC SNR | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0980T | SBMCSL CRYLYS THER TNG&TNSL | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0979T | SBMCSL CRYLYS THER SFT PALT | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0978T | SUBMUCOSAL CRYOLYSIS THERAPY | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0977T | UPR GI BLD DETCJ SNR CAPSULE | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0976T | SLCTV NZMTC DBRDMT S/N/HF EA | CATEGORY III CODES | NON-COV | 07/01/2025 | 07/01/2025 | | | |
| ABH of Illinois-Medicaid | 0975T | SLCTV NZMTC DBRDMT S/N/HF 1 | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 0974T | SLCTV NZMTC DBRDMT T/A/L EA | CATEGORY III CODES | NON-COV | 07/01/2025 | 07/01/2025 | | | |
| ABH of Illinois-Medicaid | 0973T | SLCTV NZMTC DBRDMT T/A/L 1ST | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0972T | ASSTV ALG CLSFCTN BURN HLG | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0971T | ABLT MAL BRST TUM PQ LSR UNI | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0970T | ABLT B9 BRST TUM PERQ LSR EA | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0969T | REMOVAL EPICRANIAL NSTIM SYS | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0968T | INSJ/RPLCMT EPCRNL NSTIM SYS | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0967T | TRANAL INS TMP CLRC ANST DEV | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0966T | I&CST PRP JW XPN DL ARCH FXD | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0965T | I&CST PRP JW XPN DL ARCH NON | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0964T | I&CUST PREP JAW XPNSJ 1ARCH | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0963T | ANOSC SBMCSL NJX BULKING AGT | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0962T | ASSTV ALG ALYS ACOUS&ECG REC | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0961T | SHORTWAVE IFR RADIATION IMG | CATEGORY III CODES | NON-COV | 07/01/2025 | 07/01/2025 | | | |
| ABH of Illinois-Medicaid | 0960T | RPL S-SCLP ELTR RA RCVR&TLMT | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0959T | RMV/RPLC MAGNET COIL ASSEM | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 0958T | RMV S-SCLP ELTR RA RCVR&TLMT | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0957T | REV S-SCLP ELTR RA RCVR&TLMT | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0956T | PRT CRN CH CR&TUN ELT S-SCLP | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0955T | TOT IMPL AMEI REMOVAL | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0954T | TOT IMPL AMEI RPLC SND PROC | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0953T | TOT IMPL AMEI REV/RPLC W/O | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0952T | TOT IMPL AMEI REV/RPLC MSTDC | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0951T | TOT IMPL AMEI 1ST PLMT | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0950T | ABLTJ B9 PRST8 TISSUE HIFU | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0949T | REM INTERROG DEV CCM TECH | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0948T | REM INTERROG DEV CCM PHYS | CATEGORY III CODES | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0574U | MTB CFP-10 SERUM/PLSM LC-MS | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0573U | ONC PANCREAS 3BMRK PCLF ALG | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0572U | ONC PRST8 HTTL QFISH WHL BLD | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0571U | ONC SOL TUM DNA80&RNA10G NGS | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0570U | NEUROL TBI ALYS GFAP&UCH-L1 | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2025 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 0569U | ONC SOL TUM NGS TMMGT 20000DMR | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0568U | NEUROL DEMENTIA BAMYL PTAU | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0567U | RARE DS WHL GEN SEQ SRS&LRS | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0566U | ONC LNG QPCR-BSD ALYS 13DMRS | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0565U | ONC HCC NGS DETC 6626EPIGALT | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0564U | NFCT DS PTHGN-SNA 10VIR&4BCT | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0563U | NFCT DS PTHGN-SNA 11VIR&4BCT | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0562U | ONC SOL TUM TGSA 33GENS SNVS | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0561U | ONC MRD GSA CFDNA SUBSEQUENT | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0560U | ONC MRD GSA CFDNA BASELINE | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0559U | ONC BRS QUAN ELISA BF9AG SRM | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0558U | ONC CLRCT ELISA BF7 AG SERUM | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0557U | NFCT DS BV DNA MRK VAG FLUID | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0556U | NFCT DS P-S DNA&RNA 12 TRGTS | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0555U | REPR MED PGA EMBRYONIC TE QC | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0554U | REPR MED PGA 24CHRM TE BX QC | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2025 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 0553U | REPR MED PGA EMBRY TE STRUX | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0552U | REPR MED PGA GDO TE BX LOCUS | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L8688 | IMPL NEUROSTIM 2 ARRAY NON-RECHARGE | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 07/14/2025 | | | |
| ABH of Illinois-Medicaid | L8687 | IMPL NEUROSTIM 2 ARRAY RECHARGEABLE | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 07/14/2025 | | | |
| ABH of Illinois-Medicaid | L8686 | IMPL NEUROSTIM 1 ARRAY NON-RECHARGE | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 07/14/2025 | | | |
| ABH of Illinois-Medicaid | L8685 | IMPL NEUROSTIM 1 ARRAY RECHARGEABLE | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 07/14/2025 | | | |
| ABH of Illinois-Medicaid | L8683 | RF TRNSMT W/IMPL NEUROSTIM RF RECV | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 07/14/2025 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L8682 | IMPL NEUROSTIMULATOR RADIOFREQ RECV | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 07/14/2025 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L8681 | PT PROG IMPL NEUROSTM PLSE GEN REPL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 07/14/2025 | | | |
| ABH of Illinois-Medicaid | L8680 | IMPL NEUROSTIMULATOR ELECTRODE EA | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 07/14/2025 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1820 | GEN NEUROSTIM RECHRG BATT&CHARG SYS | HCPCS - C CODES - OUTPATIENT PP | NON-COV | 11/20/2020 | 07/14/2025 | | | |
| ABH of Illinois-Medicaid | C1816 | RECV &OR TRANSMITTER NEUROSTIM | HCPCS - C CODES - OUTPATIENT PP | NON-COV | 11/20/2020 | 07/14/2025 | | | |
| ABH of Illinois-Medicaid | C1787 | PATIENT PROGRAMMER NEUROSTIMULATOR | HCPCS - C CODES - OUTPATIENT PP | NON-COV | 11/20/2020 | 07/14/2025 | | | |
| ABH of Illinois-Medicaid | C1767 | GENERATOR NEUROSTIM NONRECHARGEABLE | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 07/14/2025 | | Non-Cov for professional | |
| ABH of Illinois-Medicaid | 95972 | ALYS CPLX SP/PN NPGT W/PRGRM | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 07/14/2025 | | | |
| ABH of Illinois-Medicaid | 95971 | ALYS SMPL SP/PN NPGT W/PRGRM | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 07/14/2025 | | | |

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| ABH of Illinois-Medicaid | 72285 | DISCOGRAPHY CERV/THOR SPINE | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 07/14/2025 | | | |
| ABH of Illinois-Medicaid | 62291 | NJX PX DISCOGRAPHY CRV/THRC | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 07/14/2025 | | | |
| ABH of Illinois-Medicaid | 0071T | US LEIOMYOMATA ABLATE LT 200 | CATEGORY III CODES | NON-COV | 05/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0100T | PROSTH RETINA RECEIVE&GEN | CATEGORY III CODES | NON-COV | 05/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81327 | SEPT9 GEN PRMTR MTHYLTN ALYS | PATH & LAB - CYTOGENETIC STUDI | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81349 | CYTOG ALYS CHRML ABNR LW-PS | PATH & LAB - CHEMISTRY | NON-COV | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81413 | CAR ION CHNNLPATH INC 10 GNS | PATH & LAB - MICROBIOLOGY | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81414 | CAR ION CHNNLPATH INC 2 GNS | PATH & LAB - MICROBIOLOGY | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81418 | RX METAB GEN SEQ ALYS PNL 6 | PATH & LAB - MICROBIOLOGY | NON-COV | 01/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81431 | HEARING LOSS DUP/DEL ANALYS | PATH & LAB - MICROBIOLOGY | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81439 | HRDTRY CARDMYPY GENE PANEL | PATH & LAB - MICROBIOLOGY | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81442 | NOONAN SPECTRUM DISORDERS | PATH & LAB - MICROBIOLOGY | NON-COV | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | G0157 | SRVC PT ASSIST HH/HOSPICE EA 15 MIN | HCPCS - PROC/PROF SERVICES (TE | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G0158 | SRVC OT ASSIST HH/HOSPICE EA 15 MIN | HCPCS - PROC/PROF SERVICES (TE | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | S9129 | OCCUPATIONAL THERAPY HOME PER DIEM | HCPCS - TEMP NATIONAL CODES | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | S9131 | PHYSICAL THERAPY; HOME PER DIEM | HCPCS - TEMP NATIONAL CODES | NON-COV | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 81434 | HERED RTA DO GEN SEQ 15 | PATH & LAB - MICROBIOLOGY | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | M0248 | IV INF SOTROVIMB INF&PA MON H/RES; | HCPCS - MEDICAL SERVICES | EXPIRED | 05/26/2021 | 05/26/2021 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9304 | INJ MARSTACIMAB 0.5 MG | HCPCS-C CODES-OUTPATIENT P | EXPIRED | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9301 | OBECABTAGENE CAR POS T | HCPCS-C CODES-OUTPATIENT P | EXPIRED | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0240U | NFCT DS VIR RESP RNA 3 TRGT | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 10/06/2020 | 10/06/2020 | | | |
| ABH of Illinois-Medicaid | G9038 | CO-MANAGEMENT SERVICES | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 07/01/2024 | 07/01/2024 | | | |
| ABH of Illinois-Medicaid | J3371 | INJ VANCOMYCIN HCL MYLAN | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | J3372 | INJ VANCOMYCIN HCL XELLIA | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | C9300 | INDIGOTINDISULFONATE 1 MG | HCPCS-C CODES-OUTPATIENT P | EXPIRED | 04/01/2025 | 04/01/2025 | | | |
| ABH of Illinois-Medicaid | 0373U | IADNA RSP TR NFCT 17 8 13&16 | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0171 | INJ ADRENALIN EPINEPHRINE 0.1 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2311 | INJECT NALOXONE HYDROCHLO ZIMHI 1MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 0370U | IADNA SURG WND PTHGN 34&21 | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0369U | IADNA GI PTHGN 31 ORG&21 ARG | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0285U | ONC DS PROG&RSPSE MNTR RADJ | HCPCS - PATH & LAB | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J3370 | INJECTION VANCOMYCIN HCL 500 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | J2310 | INJECTION NALOXONE HCL PER 1 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q9998 | INJ USTEKINUMAB-AEKN BS 1MG | HCPCS - TEMP CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G9037 | INTRPRO REQ FR REC PHYS/QHCP | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 07/01/2024 | 07/01/2024 | | | |
| ABH of Illinois-Medicaid | C9173 | INJ NYPOZI 1 MCG | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0374U | IADNA GU PTHGN 21 ORG&21ARG | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0241U | NFCT DS VIR RESP RNA 4 TRGT | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 10/06/2020 | 10/06/2020 | | | |
| ABH of Illinois-Medicaid | J1954 | INJ LEUPROLIDE ACET LUTR DPT 7.5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2023 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J0173 | INJ EPINEPHRINE BELCHER | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | J9292 | INJ PEMETREXED DIPOTASSIUM 10MG | HCPCS - CHEMO DRUGS | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 90620 | MENB-4C VACCINE IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L7368 | LITHIUM ION BATT CHARGER REPL ONLY | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L7009 | ELEC HOOK SWITCH/MYOELC CNTRL ADULT | HCPCS - PROSTHETIC PROCED | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L7008 | ELEC HAND SWITCH/MYOELEC CNTRL PED | HCPCS - PROSTHETIC PROCED | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L7007 | ELEC HND SWTCH/MYOELEC CNTRL ADULT | HCPCS - PROSTHETIC PROCED | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L6935 | BELW ELBOW OTTO BOCK/EQU MYOELEC CNTRL | HCPCS - PROSTHETIC PROCED | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | L6883 | REPL SOCKET BE/WD MOLDED TO PT MDL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6882 | MICRPROCSS CNTRL ADD UP LIMB PROSTH | HCPCS - PROSTHETIC PROCED | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L6704 | TERMINAL DEVC SPORT/REC/WORK ATTACH | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6026 | TRANSCARPL/MC/PART HAND DISART PROS | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5990 | ADD LW EXTRM PROSTH USE ADJ HEEL HT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5988 | ADD LW LMB PRSTH VERTCL SHOCK RDUC | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5987 | ALL LW EXTRM PROSTH SHANK FOOT SYS | HCPCS - PROSTHETIC PROCED | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L5980 | ALL LOW EXTREM PROSTH FLX-FOOT SYS | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5979 | ALL LW XTRM PRSTH MX-AXL ANK 1 PECE | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5975 | ALL LW EXTRM PROSTH COMB 1 AXIS ANK | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5973 | ENDO ANK FOOT MICROPROCSS CNTRL PWR | HCPCS - PROSTHETIC PROCED | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | L5968 | ADD LW LIMB PROSTH MX-AXIAL ANKLE | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5964 | ADD ENDO AK FLXBL PROTVE OUTR COVER | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5930 | ADD ENDO HI ACTV KNEE CNTRL FRAME | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5859 | ADD LW EXT PROS KN-SHN PROG FLX/EXT | HCPCS - PROSTHETIC PROCED | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L5858 | ADD LW EXT PROS KNEE SHN SYS STANCE | HCPCS - PROSTHETIC PROCED | YES | 11/20/2020 | 12/31/2078 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | L5857 | ADD LOW EXT PROS KN-SHN SWING ONLY | HCPCS - PROSTHETIC PROCED | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L5856 | ADD LOW EXT PROS KN-SHN SWING&STNCE | HCPCS - PROSTHETIC PROCED | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L5848 | ADD ENDOSKEL KNEE-SHIN FLUID EXT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5845 | ADD ENDOSKL KNEE-SHIN STANC FLX ADJ | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5826 | ADD ENDO KNEE-SHIN MIN HI ACTV FRME | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5814 | ADD ENDO KNEE-SHN HYDRAUL MECH LOCK | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5782 | ADD LW LIMB PROS LIMB MGMT HVY DUTY | HCPCS - PROSTHETIC PROCED | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L5781 | ADD LW LIMB PROS LIMB MGMT SYS | HCPCS - PROSTHETIC PROCED | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L5728 | ADD EXO KNEE-SHIN FL SWING&STANCE | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5703 | ANK SYMES MLD PT MDL SACH FT REPL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5661 | ADD LW EXT INSRT MXIDUROMETER SYMES | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5614 | ADD LW EXT AK-DSRTC W/PNEUMAT CNTRL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5613 | ADD LW EXT AK-DSRTC W/HYDRAUL CNTRL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3766 | EWHFO 1/GT NONTORSION JNTS CSTM FAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3765 | EWHFO RIGID W/O JOINTS CUSTOM FAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3764 | EWHO 1/GT NONTORSION JNTS CSTM FAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 98012 | SYNCH AUDIO-ONLY EST SF 10 | E & M - OTHER E/M SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 98002 | SYNCH AUDIO-VIDEO NEW MOD 45 | E & M - OTHER E/M SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 98010 | SYNCH AUDIO-ONLY NEW MOD 45 | E & M - OTHER E/M SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 98013 | SYNCH AUDIO-ONLY EST LOW 20 | E & M - OTHER E/M SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 98016 | BRIEF COMUNICAJ TECH-BSD SVC | E & M - OTHER E/M SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 98005 | SYNCH AUDIO-VIDEO EST LOW 20 | E & M - OTHER E/M SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 98007 | SYNCH AUDIO-VIDEO EST HI 40 | E & M - OTHER E/M SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 98008 | SYNCH AUDIO-ONLY NEW SF 15 | E & M - OTHER E/M SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 98003 | SYNCH AUDIO-VIDEO NEW HI 60 | E & M - OTHER E/M SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 98006 | SYNCH AUDIO-VIDEO EST MOD 30 | E & M - OTHER E/M SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 98004 | SYNCH AUDIO-VIDEO EST SF 10 | E & M - OTHER E/M SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 98001 | SYNCH AUDIO-VIDEO NEW LOW 30 | E & M - OTHER E/M SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 98015 | SYNCH AUDIO-ONLY EST HIGH 40 | E & M - OTHER E/M SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 98014 | SYNCH AUDIO-ONLY EST MOD 30 | E & M - OTHER E/M SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 98009 | SYNCH AUDIO-ONLY NEW LOW 30 | E & M - OTHER E/M SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 98000 | SYNCH AUDIO-VIDEO NEW SF 15 | E & M - OTHER E/M SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |

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| ABH of Illinois-Medicaid | 98011 | SYNCH AUDIO-ONLY NEW HIGH 60 | E & M - OTHER E/M SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 98960 | EDU&TRN PT SELF-MGMT NQHP 1 | MEDICINE - SELF MANAGEMENT TRA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90869 | TCRAN MAGN STIM REDETEMINE | MEDICINE - PSYCHIATRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 90868 | TCRANIAL MAGN STIM TX DELI | MEDICINE - PSYCHIATRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 97014 | ELECTRIC STIMULATION THERAPY | MEDICINE - PHYSICAL MEDICINE A | NO | 11/20/2020 | 02/28/2025 | Other | Only billable on institutional claims as on professional they are cross walked to 97161, 97162, 97163 or 97110 which are all PA no | |
| ABH of Illinois-Medicaid | 90589 | CHIKUNGUNYA VACCINE LIVE IM | MEDICINE - VACCINES, TOXOIDS | NON-COV | 01/01/2024 | 05/14/2025 | | | |
| ABH of Illinois-Medicaid | A9800 | GALLIUM GA-68 GOZETOTIDE DX 1 MCI | HCPCS - MED-SURG SUPPLIES | NO | 10/01/2022 | 05/14/2025 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9602 | FLUORODOPA F-18 DIAGNOSTIC PER MCI | HCPCS - MED-SURG SUPPLIES | NO | 10/01/2022 | 05/14/2025 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9596 | GA GA-68 GOZETOTD DX ILLUCCIX 1 MCI | HCPCS-ADMIN MISC & INVEST | NO | 07/01/2022 | 05/14/2025 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9595 | PIFLUFOLASTAT F-18 DIAGNOSTIC 1 MCI | HCPCS-ADMIN MISC & INVEST | NO | 01/01/2022 | 05/14/2025 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 77092 | TBS I&R FX RSK QHP | RADIOLOGY - RADIOLOGIC GUIDANC | NO | 01/01/2022 | 05/14/2025 | | | |
| ABH of Illinois-Medicaid | 77091 | TBS TECHL CALCULATION ONLY | RADIOLOGY - RADIOLOGIC GUIDANC | NO | 01/01/2022 | 05/14/2025 | | | |
| ABH of Illinois-Medicaid | 77090 | TBS TECHL PREP&TRANSMIS DATA | RADIOLOGY - RADIOLOGIC GUIDANC | NO | 01/01/2022 | 05/14/2025 | | | |
| ABH of Illinois-Medicaid | 77089 | TBS DXA CAL W/I&R FX RISK | RADIOLOGY - RADIOLOGIC GUIDANC | NO | 01/01/2022 | 05/14/2025 | | | |
| ABH of Illinois-Medicaid | A9591 | FLUOROESTRADIOL F 18 DIAG 1 MCI | HCPCS-ADMIN MISC & INVEST | NO | 01/01/2021 | 05/14/2025 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T1001 | NURSING ASSESSMENT/EVALUATION | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 05/14/2025 | | | |

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| ABH of Illinois-Medicaid | S8085 | F-18 FDG IMAG 2-HD COINCDENC DETCT | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 05/14/2025 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7614 | LEVALBUTEROL INHAL NON-CPU 0.5 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 05/14/2025 | | | |
| ABH of Illinois-Medicaid | 99602 | HOME NFS VISIT EACH ADDL HR | MEDICINE - HOME INFUSION PROCE | NO | 11/20/2020 | 05/14/2025 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99601 | HOME NFS VISIT LT 2 HRS | MEDICINE - HOME INFUSION PROCE | NO | 11/20/2020 | 05/14/2025 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99483 | ASSMT & CARE PLN PT COG IMP | E & M - CARE PLAN OVERSIGHT | NO | 11/20/2020 | 05/14/2025 | | | |
| ABH of Illinois-Medicaid | 90587 | DENGUE VACC QUAD 3 DOSE SUBQ | MEDICINE - VACCINES, TOXOIDS | NON-COV | 11/20/2020 | 05/14/2025 | | Non-Covered due to non-FDA approved | |
| ABH of Illinois-Medicaid | C9067 | GALLIUM GA-68 DOTATOC DIAG 0.01 MCI | HCPCS-C CODES-OUTPATIENT PP | NON-COV | 10/01/2020 | 05/14/2025 | | | |
| ABH of Illinois-Medicaid | J7355 | INJ TRAVOPROST INTRA IMPLANT 1 MCG | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2024 | 07/01/2024 | | | |
| ABH of Illinois-Medicaid | J2471 | INJ PANTOPRAZOLE HIKMA 40MG | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2024 | 07/01/2024 | | | |
| ABH of Illinois-Medicaid | J2470 | INJECTION PANTOPRAZOLE SODIUM 40 MG | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2024 | 07/01/2024 | | | |
| ABH of Illinois-Medicaid | J2373 | INJ IMMPHENTIV 20 MCG | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2024 | 07/01/2024 | | | |
| ABH of Illinois-Medicaid | J2183 | INJ MEROPENEM | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2024 | 07/01/2024 | | | |
| ABH of Illinois-Medicaid | J1598 | INJ GLYCOPYRROLATE FRES KABI | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2024 | 07/01/2024 | | | |
| ABH of Illinois-Medicaid | J1597 | INJ GLYCOPYRROLATE GLYRX-PF | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2024 | 07/01/2024 | | | |
| ABH of Illinois-Medicaid | J0911 | INST TAURO 1.35MG/HEP 100U | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2024 | 07/01/2024 | | | |
| ABH of Illinois-Medicaid | J0687 | INJ CEFAZOLIN | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2024 | 07/01/2024 | | | |

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| ABH of Illinois-Medicaid | J0211 | INJ NITHIODOTE 3MG/125MG | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2024 | 07/01/2024 | | | |
| ABH of Illinois-Medicaid | G0531 | FCLTY-BASED RESPITE 24 HR U | HCPCS - PROC/PROF SERVICES (TE | NO | 07/01/2024 | 07/01/2024 | | | |
| ABH of Illinois-Medicaid | G0530 | ADULT DAYCARE CENTER 8 HR U | HCPCS - PROC/PROF SERVICES (TE | NO | 07/01/2024 | 07/01/2024 | | | |
| ABH of Illinois-Medicaid | G0529 | IN HOME RESPITE CARE 4 HR U | HCPCS - PROC/PROF SERVICES (TE | NO | 07/01/2024 | 07/01/2024 | | | |
| ABH of Illinois-Medicaid | G0528 | MGT EST PT DEM MOD-HI CMPLX | HCPCS - PROC/PROF SERVICES (TE | NO | 07/01/2024 | 07/01/2024 | | | |
| ABH of Illinois-Medicaid | G0527 | MGT EST PT DMENTIA LOW CMPLX | HCPCS - PROC/PROF SERVICES (TE | NO | 07/01/2024 | 07/01/2024 | | | |
| ABH of Illinois-Medicaid | G0526 | EST PT-CG DYAD DEM HIG CMPLX | HCPCS - PROC/PROF SERVICES (TE | NO | 07/01/2024 | 07/01/2024 | | | |
| ABH of Illinois-Medicaid | G0525 | EST PT-CG DYAD DEM MOD CMPLX | HCPCS - PROC/PROF SERVICES (TE | NO | 07/01/2024 | 07/01/2024 | | | |
| ABH of Illinois-Medicaid | G0524 | EST PT-CG DYAD DEM LOW CMPLX | HCPCS - PROC/PROF SERVICES (TE | NO | 07/01/2024 | 07/01/2024 | | | |
| ABH of Illinois-Medicaid | G0523 | MGT NW PT DEM MOD-HIGH CMPLX | HCPCS - PROC/PROF SERVICES (TE | NO | 07/01/2024 | 07/01/2024 | | | |
| ABH of Illinois-Medicaid | G0522 | MGT NW PT DEMENTIA LOW CMPLX | HCPCS - PROC/PROF SERVICES (TE | NO | 07/01/2024 | 07/01/2024 | | | |
| ABH of Illinois-Medicaid | G0521 | NEW PT-CG DYAD DEM HIG CMPLX | HCPCS - PROC/PROF SERVICES (TE | NO | 07/01/2024 | 07/01/2024 | | | |
| ABH of Illinois-Medicaid | G0520 | NEW PT-CG DYAD DEM MOD CMPLX | HCPCS - PROC/PROF SERVICES (TE | NO | 07/01/2024 | 07/01/2024 | | | |
| ABH of Illinois-Medicaid | G0519 | NEW PT-CG DYAD DEM LOW CMPLX | HCPCS - PROC/PROF SERVICES (TE | NO | 07/01/2024 | 07/01/2024 | | | |
| ABH of Illinois-Medicaid | C1606 | ADAPTER US TO ENDOSCOPE | HCPCS - C CODES - OUTPATIENT PP | NO | 07/01/2024 | 07/01/2024 | | | |
| ABH of Illinois-Medicaid | A9506 | TC-99M GRAPHITE CRUCIBLE | HCPCS - ADMIN MISC & INVEST | NO | 07/01/2024 | 07/01/2024 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0899T | N-INVAS DETER AQMBF AUG CMR | CATEGORY III CODES | NO | 07/01/2024 | 07/01/2024 | | | |
| ABH of Illinois-Medicaid | 0887T | END-TIDAL CTRL INHALED ANES | CATEGORY III CODES | NO | 07/01/2024 | 07/01/2024 | | | |
| ABH of Illinois-Medicaid | 90638 | VACC QIRV MRNA 60MCG/.5ML IM | MEDICINE - VACCINES, TOXOIDS | NO | 07/01/2024 | 07/01/2024 | | | |
| ABH of Illinois-Medicaid | 90637 | VACC QIRV MRNA 30MCG/.5ML IM | MEDICINE - VACCINES, TOXOIDS | NO | 07/01/2024 | 07/01/2024 | | | |
| ABH of Illinois-Medicaid | 90684 | PCV21 VACCINE IM | MEDICINE - VACCINES, TOXOIDS | NO | 06/17/2024 | 06/17/2024 | | | |
| ABH of Illinois-Medicaid | S4024 | AIR POLYMER FOAM PER STUDY | HCPCS - TEMP NATIONAL CODES | NO | 04/01/2025 | 04/01/2025 | | | |
| ABH of Illinois-Medicaid | L6037 | POSTOP DSG CAST CHG HANDFING | HCPCS - PROSTHETIC PROCED | NO | 04/01/2025 | 04/01/2025 | | | |
| ABH of Illinois-Medicaid | L6031 | REP INTERFACE HANDFNG MOLDED | HCPCS - PROSTHETIC PROCED | NO | 04/01/2025 | 04/01/2025 | | | |
| ABH of Illinois-Medicaid | L1952 | AFO SPIRAL PREFAB OTS | HCPCS - ORTHOTIC PROCEDURES | NO | 04/01/2025 | 04/01/2025 | | | |
| ABH of Illinois-Medicaid | L1933 | AFO RIG ANT TIB TCF/EQU OTS | HCPCS - ORTHOTIC PROCEDURES | NO | 04/01/2025 | 04/01/2025 | | | |
| ABH of Illinois-Medicaid | L0720 | CTLSO A P L CONTROL CUSTOM | HCPCS - ORTHOTIC PROCEDURES | NO | 04/01/2025 | 04/01/2025 | | | |
| ABH of Illinois-Medicaid | J7521 | TACROLIM GRANULES ORAL SUSP | HCPCS - DRUGS (NOT ORAL) | NO | 04/01/2025 | 04/01/2025 | | | |
| ABH of Illinois-Medicaid | J2865 | INJ SULFAMETH/TRIM 5 MG/1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 04/01/2025 | 04/01/2025 | | | |
| ABH of Illinois-Medicaid | J2804 | INJ RIFAMPIN 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 04/01/2025 | 04/01/2025 | | | |
| ABH of Illinois-Medicaid | J1938 | INJ FUROSEMIDE 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 04/01/2025 | 04/01/2025 | | | |
| ABH of Illinois-Medicaid | J1808 | INJ FOLIC ACID 0.1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 04/01/2025 | 04/01/2025 | | | |

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| ABH of Illinois-Medicaid | J1308 | INJ FAMOTIDINE 0.25 MG | HCPCS - DRUGS (NOT ORAL) | NO | 04/01/2025 | 04/01/2025 | | | |
| ABH of Illinois-Medicaid | J1271 | INJ DOXYCYCLINE HYCLATE 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 04/01/2025 | 04/01/2025 | | | |
| ABH of Illinois-Medicaid | J0281 | INJ AMINOCAPROIC ACID 1 GRAM | HCPCS - DRUGS (NOT ORAL) | NO | 04/01/2025 | 04/01/2025 | | | |
| ABH of Illinois-Medicaid | G0567 | SCREENING HEP C DETECT | HCPCS-PROC/PROF SERVICES (TE | NO | 04/01/2025 | 04/01/2025 | | | |
| ABH of Illinois-Medicaid | A9611 | FLURPIRIDAZ F18 DIAG 1 MCI | HCPCS - ADMIN MISC & INVEST | NO | 04/01/2025 | 04/01/2025 | | | |
| ABH of Illinois-Medicaid | A9154 | ARTIFICIAL SALIVA 1 ML | HCPCS - ADMIN MISC & INVEST | NO | 04/01/2025 | 04/01/2025 | | | |
| ABH of Illinois-Medicaid | A6611 | GRAD COM WRAP W STRAP AK CUS | HCPCS - MED-SURG SUPPLIES | NO | 04/01/2025 | 04/01/2025 | | | |
| ABH of Illinois-Medicaid | A6519 | GRAD COM GARM NOC NIGHT USE | HCPCS - MED-SURG SUPPLIES | NO | 04/01/2025 | 04/01/2025 | | | |
| ABH of Illinois-Medicaid | A6518 | GRAD COM WRAP W STRAP ARM CU | HCPCS - MED-SURG SUPPLIES | NO | 04/01/2025 | 04/01/2025 | | | |
| ABH of Illinois-Medicaid | A6517 | GRAD COM WRAP W STRAP BN CUS | HCPCS - MED-SURG SUPPLIES | NO | 04/01/2025 | 04/01/2025 | | | |
| ABH of Illinois-Medicaid | A6516 | GRAD COM WRAP W STRAP FOO CU | HCPCS - MED-SURG SUPPLIES | NO | 04/01/2025 | 04/01/2025 | | | |
| ABH of Illinois-Medicaid | A6515 | GRAD COM WRAP W STR FU LE CU | HCPCS - MED-SURG SUPPLIES | NO | 04/01/2025 | 04/01/2025 | | | |
| ABH of Illinois-Medicaid | Q5148 | INJ NYPOSI 1 MCG | HCPCS - TEMP CODES | YES | 04/01/2025 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | Q2057 | AFAMITRESGENE AUTOLEUCEL | HCPCS - TEMP CODES | YES | 04/01/2025 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

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| ABH of Illinois-Medicaid | J9161 | INJ DENILEUK DIFTI CXDL 1MCG | HCPCS - CHEMO DRUGS | YES | 04/01/2025 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9054 | INJ BORTEZOMIB BORUZU 0.1 MG | HCPCS - CHEMO DRUGS | YES | 04/01/2025 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9024 | INJ ATEZOLIZUMB 5MG HYA-TQJS | HCPCS - DRUGS (NOT ORAL) | YES | 04/01/2025 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | D2956 | REMOVAL OF IND RESTOR ON NATL TOOTH | HCPCS - DENTAL | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | Q0155 | DRONABINOL SYNDROS 0.1 MG | HCPCS - TEMP CODES | YES | 01/01/2025 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | Q4364 | AM BUR XP MEM XPL HY P SQ CM | HCPCS - TEMP CODES | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4360 | AMCHOPLAST FD PER SQ CM | HCPCS - TEMP CODES | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5149 | INJ AFLIBERCEPT ABZV 1 MG | HCPCS - TEMP CODES | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1832 | SPS FINGER DEVICE | HCPCS - DME | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0534U | ONC PRST8 MIRNA SNP 32 VRNT | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0532U | RARE DS WHLGEN&MITOCHDRL DNA | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2025 | 12/31/2078 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | J2428 | INJ ERZOFRI 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C8005 | PEF BRONCH ABLT 3D NAV EBUS | HCPCS-C CODES-OUTPATIENT P | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1032 | WHEELCHAIR JOYSTICK DRIVE | HCPCS - DME | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A2035 | CORPL P THERAC P ALLAC P MG | HCPCS - MED-SURG SUPPLIES | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A2031 | MIRODRY PER SQ CM | HCPCS - MED-SURG SUPPLIES | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0549U | ONC URTHL DNA MTHYLTD RT PCR | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0547U | NEURFLMNT LT CHN CLEIA PLSM | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0545U | ACHR ANTB ID IMFLUOR LIVECLL | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q9999 | INJ USTEKINUMAB AAUZ 1 MG | HCPCS - TEMP CODES | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4358 | XWRAP DUAL PER SQ CM | HCPCS - TEMP CODES | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4354 | PALINGEN DUAL LAYER SQ CM | HCPCS - TEMP CODES | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L6700 | UE ADD EXT POWER MYOEL | HCPCS - PROSTHETIC PROCED | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A6585 | GRAD COM WRAP W STRAPS AK | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9793 | PRE 3D MDL W/CCTA AND/OR MRI | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G1024 | CLIN DEC SUP MCH RADRITE DEF MC APP | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G1007 | CDSM AIM DEFINED MEDICARE AUC PROG | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | E1818 | SPS/PASS FOREARM DEVICE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | M0223 | IV INJ BEBTLOVMB INJ&PA MON H/RES; | HCPCS - MEDICAL SERVICES | EXPIRED | 02/11/2022 | 02/11/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4459 | TRANSANAL IRRIGATION ANY | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A9155 | ARTFICIAL SALIVA 30 ML | HCPCS - ADMIN MISC & INVEST | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1810 | INJ DROPRIDL&FENTNYL CITRAT TO 2ML | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G1016 | CLINICAL DECN SUPP MECH SPD OF CARE | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G1003 | CDSM MEDICALIS DEFINED MCR AUC PROG | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G1002 | CDSM MEDCURRENT DFIND MCR AUC PROG | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0028 | INJECTION FAMOTIDINE 20 MG | HCPCS - TEMP NATIONAL CODES | EXPIRED | 01/01/2020 | 12/04/2020 | | | |
| ABH of Illinois-Medicaid | M0222 | IV INJ BEBTELOVIMAB INC INJ&PA MON | HCPCS - MEDICAL SERVICES | EXPIRED | 02/11/2022 | 02/11/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4367 | AMNIOCORE SL PER SQ CM | HCPCS - TEMP CODES | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4363 | AM BUR MEM HYDRO PER SQ CM | HCPCS - TEMP CODES | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4359 | CHORIPLY PER SQ CM | HCPCS - TEMP CODES | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5152 | INJ ECULIZUMAB AEEB 2 MG | HCPCS - TEMP CODES | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0539U | ONC SOL TUMOR CFCTDNA 152GEN | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0537U | ONC CLRCT CA CFDNA GT 2500 DMR | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2025 | 12/31/2078 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0535U | PFAS LC-MS/MS PLSM/SRM QUAN | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C8004 | SIM ANG W/PRS CATH RAD EMB | HCPCS-C CODES-OUTPATIENT P | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1023 | WHEELCHR TRANSIT SECUREMENT | HCPCS - DME | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A2034 | FOUND DRS SOLO PER SQ CM | HCPCS - MED-SURG SUPPLIES | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A2030 | MIRO3D FIBERS PER MG | HCPCS - MED-SURG SUPPLIES | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G0183 | SOFTWARE MEAS OF CARDIAC VOL | HCPCS-PROC/PROF SERVICES (TE | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0543U | ONC SOL TUM NGS DNA 517 GENS | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0541U | CV DS HDL RCT CEC LC-MS/MS 5 | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4357 | XWRAP PLUS PER SQ CM | HCPCS - TEMP CODES | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L6030 | EXTERNAL FRAME PART HANDFING | HCPCS - PROSTHETIC PROCED | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L5827 | ENDO KNEE SHIN SINGLE AXIS | HCPCS - PROSTHETIC PROCED | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5139 | INJ ECULIZUMAB-AEEB 10 MG | HCPCS - TEMP CODES | EXPIRED | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L8010 | BREAST PROSTHESIS MASTECTOMY SLEEVE | HCPCS - PROSTHETIC PROCED | EXPIRED | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6586 | GRAD COM WRAP W STRAP FU LEG | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9977 | DILATED MACULAR EX NOT PERF RSN NOS | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G1014 | CD SUP MCH INVENIQA SMNTC ANSW MED | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | L1971 | AFO W/ANKLE JOINT PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | C1769 | GUIDEWIRE | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1389 | PT RSN NO EXM | HCPCS - MEDICAL SERVICES | EXPIRED | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | J1094 | INJECTION DEXAMETHASONE ACTAT 1 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 01/01/2020 | 12/04/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9976 | DOC PT RSN NOT PRFRM DIL MACULAR EX | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L1951 | AFO SPIRAL PREFAB CUSTOM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q4366 | DL AMNIO BUR X MEM PER SQ CM | HCPCS - TEMP CODES | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4362 | CYGNUS DISK PER SQ CM | HCPCS - TEMP CODES | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9038 | INJ AXATILIMAB CSFR 0.1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5151 | INJ ECULIZUMAB AAGH 2 MG | HCPCS - TEMP CODES | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5147 | INJ AFLIBERCEPT AYYH 1 MG | HCPCS - TEMP CODES | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0540U | TRNSPLJ MED QUAN DD-CFDNA | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0533U | RX METAB ADVRS GNOTYPE 16GENS | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0531U | NFCT DS AFB&INV FNG 673ORGS | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1034 | WHEELCHAIR TRUNK HIP SUPPORT | HCPCS - DME | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1022 | WHEELCHR TRANSPORT SECUR | HCPCS - DME | YES | 04/01/2025 | 12/31/2078 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | A2033 | MYRIAD MORCELLS 4 MG | HCPCS - MED-SURG SUPPLIES | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0548U | GFAP CLEIA PLASMA | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0546U | LDNS LRP4 ANTB IMFLR LIVECLL | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4356 | ABIO MEM ABIO HYD PER SQ CM | HCPCS - TEMP CODES | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2351 | INJ OCRELIZUMAB 1 MG HYA-OCSQ | HCPCS - DRUGS (NOT ORAL) | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1299 | INJ ECULIZUMAB 2 MG | HCPCS - DRUGS (NOT ORAL) | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1072 | INJ, TESTOSTERONE AZMIRO | HCPCS - DRUGS (NOT ORAL) | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0201 | PENILE CONTRACTUR DEVIC MANU | HCPCS - DME | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L6033 | PART HANDFING ACRYLIC | HCPCS - PROSTHETIC PROCED | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L6029 | TEST INTERFACE PART HANDFING | HCPCS - PROSTHETIC PROCED | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A6549 | GRAD COM GARM NOC DAY USE | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | G1023 | CDS MECH PERSIVIA CLIN DECN SUP | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 10/01/2020 | 10/01/2020 | | | |
| ABH of Illinois-Medicaid | G1012 | CLINICAL DECISION SUPP MECH AGILEMD | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M0243 | IVI/SCI CASIRIVIMAB & IMDEVIMAB | HCPCS - MEDICAL SERVICES | EXPIRED | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M0241 | IVI/SCI CASIRIV&IMDEVIMB& P/AD H/RS | HCPCS - MEDICAL SERVICES | EXPIRED | 07/30/2021 | 07/30/2021 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M0221 | INJ TIXAGVMB&CILGVMB INJ&PA MON HO; | HCPCS - MEDICAL SERVICES | EXPIRED | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | E1811 | SPS/PASS KNEE DEVICE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1841 | SPS/PASS SHOULDER DEVICE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1801 | SPS/PASS ELBOW DEVICE | HCPCS - DME | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | G0564 | 365 D IMPLANT GLUCOSE SENSOR | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G1019 | CLINICAL DECN SUPP MECH LOGICNETS | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0017 | INJECTION AMINOCAPROIC ACID 5 GRAMS | HCPCS - TEMP NATIONAL CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6698 | ADD UP EX PROSTHES LOCK MECH | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6692 | SILICON GEL INSERT W/WO LOCK | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | K0015 | DTACHABLE NONADJ HT ARMREST REPL EA | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q0243 | INJ CASIRIVIMAB & IMDEVIMAB 2400 MG | HCPCS - TEMP CODES | EXPIRED | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1940 | INJECTION FUROSEMIDE UP TO 20 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 01/01/2020 | 12/04/2020 | | | |
| ABH of Illinois-Medicaid | E1028 | W/C MANUAL SWINGAWAY | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | M0245 | IV INF BAMLANIVIMAB & ETESEVIMAB | HCPCS - MEDICAL SERVICES | EXPIRED | 02/08/2021 | 02/08/2021 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6588 | GRAD COM WRAP W STRAP ARM | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6583 | GRAD COM WRAP W STRAPS BK | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | C9734 | FOCUSED U/S ABL/TX INT OTH THAN UL | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0565 | REM/INS GLU SNSR 365 DIF SIT | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | S0039 | INJ SULFMETHOXAZL&TRIMETHOPRM 10 ML | HCPCS - TEMP NATIONAL CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A4453 | REC CATH ANY TRANSANAL EACH | HCPCS - MED-SURG SUPPLIES | NO | 10/01/2021 | 10/01/2021 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G1022 | CDS MECH INTRMTN CLIN DECN SUP MECH | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 10/01/2020 | 10/01/2020 | | | |
| ABH of Illinois-Medicaid | G1015 | CLIN DECN SUPP MECH RELIANT MED GRP | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G1010 | CDSM STANSON DEFINED MCR AUC PROG | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G1011 | CDSM QUAL TOOL NOS DEFINED MCR AUC | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6587 | GRAD COM WRAP W STRAPS FOOT | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q0240 | INJ CASIRIVIMAB & IMDEVIMAB 600 MG | HCPCS - TEMP CODES | EXPIRED | 07/30/2021 | 07/30/2021 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q0222 | INJECTION BEBTELOVIMAB 175 MG | HCPCS - TEMP CODES | EXPIRED | 02/11/2022 | 02/11/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M0240 | IVI/SCI CASIRIV & IMDEVIMB & P/ADM | HCPCS - MEDICAL SERVICES | EXPIRED | 07/30/2021 | 07/30/2021 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G1021 | CDS MECH EHEALTHLINE CDS MECH | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 10/01/2020 | 10/01/2020 | | | |
| ABH of Illinois-Medicaid | Q0221 | INJ TIXAGVMB&CILGVMB ADT&PED 600 MG | HCPCS - TEMP CODES | EXPIRED | 02/24/2022 | 02/24/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9919 | SCREENING PERF & POS & PROV REC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G1001 | CDS MECH EVICORE DFIND MCR AUC PROG | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | E1816 | SPS/PASS ANKLE DEVICE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | M0246 | IV INF BAMLANIVIMAB & ETESEVIMAB; | HCPCS - MEDICAL SERVICES | EXPIRED | 05/06/2021 | 05/06/2021 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q0245 | INJ BAMLANIVIMB & ETESEVIMB 2100 MG | HCPCS - TEMP CODES | EXPIRED | 02/08/2021 | 02/08/2021 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9920 | SCREENING PERFORMED AND NEGATIVE | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G1017 | CLINICAL DECN SUPP MECH HEALTHHELP | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G1004 | CDSM NDSC DEFINED MEDICARE AUC PROG | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G1013 | CLN DECN SUP MCH EVDNCECAR IMAG ADV | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S4988 | PENILE CONTRACTUR DEVICE MANUAL | HCPCS - TEMP CODES | EXPIRED | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4365 | AMNIO BUR DL MEM PER SQ CM | HCPCS - TEMP CODES | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4361 | EPIXPRESS PER SQ CM | HCPCS - TEMP CODES | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5150 | INJ AFLIBERCEPTMRBB 1 MG | HCPCS - TEMP CODES | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G0566 | 3D BN IMG ALGOR DRVD FR MRI | HCPCS-PROC/PROF SERVICES (TE | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0538U | ONC SOL TUM NGTS FFPE 600GEN | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0536U | RBCAG FTL RHD PCR ALYS EXON4 | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1033 | WHEELCHAIR HARDWARE HEADREST | HCPCS - DME | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A2032 | MYRIAD MATRIX PER SQ CM | HCPCS - MED-SURG SUPPLIES | YES | 04/01/2025 | 12/31/2078 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0542U | NEFRO RENAL TRNSPL UR NMR 84 | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4355 | ABIO XPL ABIO XPL HY P SQ CM | HCPCS - TEMP CODES | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L6032 | PART HANDFNG ULTRALITE TCF/EQU | HCPCS - PROSTHETIC PROCED | YES | 04/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L1932 | AFO RIG ANT TIB TCF/EQU CUSTOM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G1018 | CLINICAL DECISION SUPP MECH INFINX | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G1008 | CDSM CRANBERRY PEAK DEFINED MCR AUC | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0032 | INJECTION NAFCILLIN SODIUM 2 GRAMS | HCPCS - TEMP NATIONAL CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | M0244 | IVI/SCI CASIRIVIMB&IMDEVIMB H/RES; | HCPCS - MEDICAL SERVICES | EXPIRED | 05/06/2021 | 05/06/2021 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4231 | CORPLEX P PER CC | HCPCS - TEMP CODES | EXPIRED | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1300 | INJECTION ECULIZUMAB 10 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q0247 | INJECTION SOTROVIMAB 500 MG | HCPCS - TEMP CODES | EXPIRED | 05/26/2021 | 05/26/2021 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q0244 | INJ CASIRIVIMAB & IMDEVIMAB 1200 MG | HCPCS - TEMP CODES | EXPIRED | 06/03/2021 | 06/03/2021 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q0220 | INJ TIXAGVMB&CILGVMB ADT&PED 300 MG | HCPCS - MEDICAL SERVICES | EXPIRED | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J9073 | INJ CYCLOPHOS DR REDDYS 5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J1890 | INJ CEPHALOTHIN SODIUM TO 1 GM | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | G1020 | CDS MECH CURBSIDE CLIN AUGMENTED WF | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 10/01/2020 | 10/01/2020 | | | |
| ABH of Illinois-Medicaid | M0247 | IV INF SOTROVIMAB INC INF & PA MON | HCPCS - MEDICAL SERVICES | EXPIRED | 05/26/2021 | 05/26/2021 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0153 | SRVC SPCH&LANG PATH HH/HOSPIC EA 15 | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 12/31/2023 | Cost Containment | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0152 | SRVC OT HOM HLTH/HOSPICE EA 15 MIN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 12/31/2023 | Cost Containment | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0151 | SRVC PT HOM HLTH/HOSPICE EA 15 MIN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 12/31/2023 | Cost Containment | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 93325 | DOPPLER ECHO COLOR FLOW MAPG | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 02/28/2025 | | | |
| ABH of Illinois-Medicaid | 62370 | ANL SP INF PMP W/MDREPRG&FIL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 02/28/2025 | | | |
| ABH of Illinois-Medicaid | 62368 | ANALYZE SP INF PUMP W/REPROG | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 02/28/2025 | | | |
| ABH of Illinois-Medicaid | 62367 | ANALYZE SPINE INFUS PUMP | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 02/28/2025 | | | |
| ABH of Illinois-Medicaid | H2015 | COMP CMTY SUPPORT SRVC PER 15 MIN | HCPCS - ALCOHOL/DRUG ABUSE | YES | 02/10/2025 | 12/31/2078 | Other | No authorization required for the first 360 units per member per provider | |
| ABH of Illinois-Medicaid | 92548 | CDP-SOT 6 COND W/I&R | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 02/28/2025 | Other | Only billable on institutional claims as on professional they are cross walked to 97161, 97162, 97163 or 97110 which are all PA no | |
| ABH of Illinois-Medicaid | 92640 | AUD BRAINSTEM IMPLT PROGRAMG | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 02/28/2025 | Other | | |
| ABH of Illinois-Medicaid | S9128 | SPEECH THERAPY IN THE HOME PER DIEM | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 02/28/2025 | Other | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0161 | SRVC SLP HH EST/DEL SLP TX MP 15 MN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 02/28/2025 | Other | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0160 | SRVC OT HH EST/DEL OT MP EA 15 MIN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 02/28/2025 | Other | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0159 | SRVC PT HH EST/DEL PT MP EA 15 MINS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 02/28/2025 | Other | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 92002 | INTRM OPH EXAM NEW PATIENT | MEDICINE - OPHTHALMOLOGY | NO | 11/20/2020 | 02/28/2025 | | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 81437 | HERED NEUROEND TUM-RLT DO 5+ | PATH & LAB - MICROBIOLOGY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 81432 | HRDTRY BRST CA-RLATD DO 5+ | PATH & LAB - MICROBIOLOGY | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 81422 | FETAL CHRMOML MICRODELTJ | PATH & LAB - MICROBIOLOGY | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9914 | ADMINISTRATION OF DERMAL FILLERS | HCPCS - DENTAL | NON-COV | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | D6193 | REPLACEMENT OF AN IMPLANT SCREW | HCPCS - DENTAL | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | D6180 | IMPL MNT FL AR FXD HYB PROS NOT REM | HCPCS - DENTAL | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 96041 | GENETIC COUNSELING SVC EA 30 | MEDICINE - GENETIC COUNSELING | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 93898 | VEN-ARTL SHUNT DET MBUBB NJX | MEDICINE - NON-INVASIVE VASCUL | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 93897 | EMBOLI DETCJ WO IV MBUBB NJX | MEDICINE - NON-INVASIVE VASCUL | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 93896 | VSRCTV STD TCD ICR ART COMPL | MEDICINE - NON-INVASIVE VASCUL | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 87626 | HPV SEP HI-RSK TYP&POOL RSLT | PATH & LAB - IMMUNOLOGY | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 87564 | MTB RIFAMPIN RST AMP PRB TQ | PATH & LAB - IMMUNOLOGY | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 86581 | STRPTCS PNEUM ANTB SEROT IA | PATH & LAB - IMMUNOLOGY | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 81515 | NFCT DS BV&VAGINITIS DNA ALG | PATH & LAB-MULTIANALYTE ASSAYS | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 76019 | MR SAFETY IMPLT POS&/IMMOBLJ | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 01/01/2025 | 01/01/2025 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 76018 | MR SAFETY IMPLANT ELEC PREPJ | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 76017 | MR SFTY MED PHYSICS XM CSTMZ | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 76016 | MR SAFETY DETER PHYS/QHP | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 76015 | MR SFTY MPLT&/FB ASMT STF EA | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 76014 | MR SFTY IMPLT&/FB ASMT STF 1 | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 60661 | ABLTJ 1/+THYR NDUL ADDL PRQ | SURGERY - ENDOCRINE SYSTEM | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 53866 | CATHJ RMVL DEV ISCHMC RMDLG | SURGERY - URINARY SYSTEM | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 53865 | CYSTO INSJ DEV ISCHMC RMDLG | SURGERY - URINARY SYSTEM | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 49190 | OPN EXC/DSTR NTRA-ABD GT 30 CM | SURGERY - DIGESTIVE SYSTEM | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 49189 | OPN EXC/DST NTRA-ABD 20.1-30 | SURGERY - DIGESTIVE SYSTEM | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 49188 | OPN EXC/DST NTRA-ABD 10.1-20 | SURGERY - DIGESTIVE SYSTEM | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 49187 | OPN EXC/DSTR NTRA-ABD 5.1-10 | SURGERY - DIGESTIVE SYSTEM | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 49186 | OPN EXC/DSTR NTRA-ABD 5 CM/LT | SURGERY - DIGESTIVE SYSTEM | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 25448 | ARTHRP NTRCRPL/CRP/MTCRP SSP | SURGERY - MUSCULOSKELETAL SYST | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 15018 | APP SKN CLL SSP F/N/G/HF EA | SURGERY - INTEGUMENTARY SYSTEM | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 15017 | APP SKN CLL SSP F/N/G/HF 1ST | SURGERY - INTEGUMENTARY SYSTEM | NO | 01/01/2025 | 01/01/2025 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 15016 | APP SKN CL SSP AGRF T/A/L EA | SURGERY - INTEGUMENTARY SYSTEM | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 15015 | APP SKN CL SSP AGRFT T/A/L 1 | SURGERY - INTEGUMENTARY SYSTEM | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 15014 | PREPJ SKN CLL SSP AGRFT EA | SURGERY - INTEGUMENTARY SYSTEM | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 15013 | PREPJ SKN CLL SSP AGRFT 1ST | SURGERY - INTEGUMENTARY SYSTEM | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 15012 | HRV SKN CLL SSP AGRFT EA ADD | SURGERY - INTEGUMENTARY SYSTEM | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 15011 | HRV SKN CLL SSP AGRFT 1ST 25 | SURGERY - INTEGUMENTARY SYSTEM | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 0945T | INTRAOP ASSMT ABNL TUM TISS | CATEGORY III CODES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 0914T | PRQ TCAT THR RX NTRC BAL SEP | CATEGORY III CODES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 0912T | ELEC ALYS NSTIM SYS VGS SMPL | CATEGORY III CODES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 0911T | ELEC ALY NSTM SYS VGS NRV WO | CATEGORY III CODES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 0907T | COMS THER EA ADDLLT EQU 50 SQ CM | CATEGORY III CODES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 0905T | ECG ALG 12 LD RDCD I&R ONLY | CATEGORY III CODES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 0904T | ECG ALG 12 LD RDCD TRCG ONLY | CATEGORY III CODES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 0903T | ECG ALG 12 LEAD REDUCED I&R | CATEGORY III CODES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 0902T | QTC NTRVL AUGMNT ALG ALY ECG | CATEGORY III CODES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | 0901T | PLMT BONE MARROW SMPLG PORT | CATEGORY III CODES | NO | 01/01/2025 | 01/01/2025 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | Q0521 | SUPPLY FEE HIV PREP FDA APPR | HCPCS - TEMP CODES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1425 | SURGICAL CARE MVP | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1424 | PULMONOLOGY CARE MVP | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1423 | OPT CARE UROLOGIC CND MVP | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1422 | GASTROENTEROLOGY CARE MVP | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1421 | DERMATOLOGICAL CARE MVP | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1420 | COMPLETE OPHTHALMOLOGIC MVP | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1419 | PT NOT UP TO DATE COV | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1418 | MED RSN NOT UP TO DATE COV | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1417 | PT UP TO DATE COV | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1416 | PT REC HOSP | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1415 | NO POS PDL1 BEF ICI THER | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1414 | MED RSN NO PDL1 BEF 1ST THER | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1413 | POS PDL1 BEF INIT ICI TX | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1412 | MET NSCLC W/ EGFR ALK OTH AB | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1411 | 1ST LN ICI NO CHEMO | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | M1410 | NO GMLN BRCA1/BRCA2 COUNS | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1409 | RECD GMLN BRCA1/BRCA2 COUNS | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1408 | GMLN BRCA BEF DX CA | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1407 | PT DIED DUR PERF PD | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1406 | PT LVE PRAC | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1405 | PT W/ RECUR/PROG | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1404 | PT THER CLIN TRIAL | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1403 | BSLNE AND FU PROMIS DOC | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1402 | INIT CHEMO W/DEF DUR EC GRP | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1401 | STG I-III BR CA | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1400 | PT DIED DUR PERF PD | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1399 | PT LVE PRAC | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1398 | BSLNE AND FU PROMIS DOC | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1397 | PT W/ RECUR/PROG | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1396 | PT THER CLIN TRIAL | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1395 | INIT CHEMO W/DEF DUR EC GRP | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | M1394 | STG I-III BR CA | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1393 | PR NO DX REC MLNM | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1392 | PT RSN NO EXM OR LST TO FU | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1391 | ALL PT DX W/ REC MLNM | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1390 | PT NO DOC EXM FOR REC | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1388 | PT DOC EXM REC MELMN | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1387 | PT DIED DUR PERF PD | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1386 | EXC SX MELMN OR MLNM IS | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1385 | PT RSN NOT SEEN 2ND PAM | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1384 | PT DIED DUR PERF PD | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1383 | ACUTE PVD | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1382 | ENC DUR PERF PD POS 11 | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1381 | PT SEC STRK WTHIN 5 DAYS | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1380 | 2 RX IN PERF PD ANY COM MEDS | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1379 | 10 YR FU NO REC RSN NOT GIV | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1378 | MED RSN NO 10 YR FU COLSCOPE | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |

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| ABH of Illinois-Medicaid | M1377 | FU COLSCOP 10 YR DOC W/ DISC | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1376 | RA DX ENC 90 DAYS DUR PER PD | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1375 | RA DX ENC 90 DAYS DUR PER PD | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1374 | RA DX ENC 90 DAYS DUR PER PD | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1373 | MST REC GSA GT EQU 8 AND LT EQU 9 | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1372 | MST REC GSA GT EQU 7 ANDLT 8 | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | M1371 | MST REC GSALT 7 | HCPCS - MEDICAL SERVICES | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | J7514 | MYCOPHENOL MYHIBBIN 100 MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | J2290 | INJ NAFCILLIN SODIUM 20 MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | J0666 | INJ BUPIVACAINE LIPOSOME | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | J0615 | CALCIUM ACETATE ORAL 23 MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | J0603 | SEVELAMER HYDROCHLORIDE 20MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | J0602 | SEVELAMER CARBONATE PDR 20MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | J0601 | SEVELAMER CARBONATE 20 MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | H0053 | HT MENTAL HEALTH AND CARE | HCPCS - ALCOHOL/DRUG ABUSE | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | H0052 | MMIP MENTAL HEALTH AND CARE | HCPCS - ALCOHOL/DRUG ABUSE | NO | 01/01/2025 | 01/01/2025 | | | |

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| ABH of Illinois-Medicaid | G0562 | COMPLEX SIMULATION W/PET-CT | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | G0560 | SAFETY PLAN INTERVEN | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | G0559 | UNRELAT PRAC FOLLOW UP VISIT | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | G0558 | ADV PRIM CARE MGMT LVL 3 | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | G0557 | ADV PRIM CARE MGMT LVL 2 | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | G0556 | ADV PRIM CARE MGMT LVL 1 | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | G0551 | PHN/INTR SVS FR DX TREAT 30M | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | G0550 | PHONE/INTER FOR DX/TREAT GT 5M | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | G0549 | PHONE/INTER FOR TREATGT 31M | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | G0548 | PHONE/INTER SVS 21-30 M | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | G0547 | PHONE/INTERNET SVS 11-20 M | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | G0546 | PHONE/INTERNET EHR ASSESS | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | G0545 | INHERENT VISIT TO INPT | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | G0544 | POST D/C PHONE FOLLOW UP | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | G0543 | GROUP TRAIN W/O PATIENT | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | G0542 | NO PT PRSNT TRAIN ADD 15 | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2025 | 01/01/2025 | | | |

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| ABH of Illinois-Medicaid | G0541 | NO PT PRSNT TRAIN INITIAL 30 | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | G0540 | TRAIN FOR CAREGIVER ADD 15 | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | G0539 | INITIAL CARE TRAINING 30 M | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | G0538 | ASCVD RSK MNG CLIN STF PR MO | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | G0537 | RISK ASCVD TST ONCE PR 12 MO | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | G0536 | PEER RECOVER SUPPORT SVS | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | G0535 | PT NAVIGAT SVS DIRECT/REF | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | G0534 | COORDINATED CARE/OR REFERRAL | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | G0533 | BUPRENORPHONE INJ WEEKLY | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | G0532 | TAKE HOME SUPP NASAL SPRAY | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | C9610 | CATH CORONARY DRUG-DELIVERY | HCPCS-C CODES-OUTPATIENT PP | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | C7565 | RPR AA HRN LT 3 RDC W/ RMVL | HCPCS-C CODES-OUTPATIENT PP | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | C7564 | VEIN MECH THROM W/INTRVAS US | HCPCS-C CODES-OUTPATIENT PP | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | C1738 | POWER ENDO US-GUID BX DEV | HCPCS-C CODES-OUTPATIENT PP | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | C1736 | CATH RENAL DENERV ULTRASND | HCPCS-C CODES-OUTPATIENT PP | NO | 01/01/2025 | 01/01/2025 | | | |
| ABH of Illinois-Medicaid | C1735 | CATH RENAL DENERV RADIOFREQ | HCPCS-C CODES-OUTPATIENT PP | NO | 01/01/2025 | 01/01/2025 | | | |

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| ABH of Illinois-Medicaid | Q5146 | INJ HERCESSI 10 MG | HCPCS - TEMP CODES | YES | 01/01/2025 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 90695 | H5N8 VACC DRV CLL CUL ADJ IM | MEDICINE - VACCINES, TOXOIDS | NON-COV | 07/19/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5145 | INJ ABRILADA 1 MG | HCPCS - TEMP CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5141 | INJ ADALIMUMAB-AATY 1 MG | HCPCS - TEMP CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G0554 | ADD 20 M OF MONTHLY TX | HCPCS - PROC/PROF SERVICES (TE | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1828 | ADJUST TOE EXTENSION DEVICE | HCPCS - DME | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1823 | ADJUST ANKLE FLEXION DEVICE | HCPCS - DME | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1813 | ADJUST KNEE EXTENSION DEVICE | HCPCS - DME | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0947T | MRGFUS STRTCTC BL-BR DISRPJ | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0943T | CYSTO FLX RMVL URTL SCAFFOLD | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0939T | XTRNL ECG RECGT 15DLT 30D SCAN | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0935T | CYSTO W/RNL PEL SYMP DNRVTJ | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0931T | EPHYS EVAL CCM-D LD SEPARATE | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0927T | INTERROG DEV EVAL CCM-D IP | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0923T | RMVL&RPLCMT PERM CCM-D PG | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 0919T | RMVL PERM CCM-D SYS PG ONLY | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0529U | HEM VTE SNP F2&F5 GEN LEIDEN | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0526U | NEFRO RNL TRNSPL QUAN CXCL10 | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 90593 | CHIKUNGUNYA VACC RECOMB IM | MEDICINE - VACCINES, TOXOIDS | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0915T | INSJ PERM CCM-D SYS PG&ELTRD | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9807 | NERVE STIM NON-OPIOID DEV | HCPCS-C CODES-OUTPATIENT PP | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C8003 | IMP EXTAR KNEE SHCK ABSRB | HCPCS-C CODES-OUTPATIENT PP | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 84393 | TAU PHOSPHORYLATED EA | PATH & LAB -CHEMISTRY | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 83884 | ASSAY NEURFLMNT LIGHT CHAIN | PATH & LAB -CHEMISTRY | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 82233 | BETA-AMYLOID 1-40 (ABETA 40) | PATH & LAB -CHEMISTRY | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4350 | PALISADE DM MATRIX PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4346 | SHELTER DM MATRIX PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 38225 | CAR-T HRV BLD-DRV T LYMPHCYT | SURGERY - HEMIC AND LYMPHATIC | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9026 | INJ TARLATAMAB-DLLE 1 MG | HCPCS - CHEMO DRUGS | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0607 | LANTHANUM CARBONATE ORAL 5MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81558 | TRNSPL REJ KDN MRNA QPCR 139 | PATH & LAB-MULTIANALYTE ASSAYS | YES | 01/01/2025 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | E1807 | ADJUST WRIST EXTENSION DEV | HCPCS - DME | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1803 | ADJUST ELBOW EXTENSION DEV | HCPCS - DME | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J3392 | INJ EXAGAMGLOGENE AUTOTEM | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0525U | ONC SPHRD CELL CUL 11-RX PNL | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64468 | THRC FASCIAL PLN BLK BI NJX | SURGERY - ENDOCRINE SYSTEM | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D9913 | ADMINISTRATION OF NEUROMODULATORS | HCPCS - DENTAL | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1414 | INJ BEQVEZ PER TX DOSE | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0901 | VADADUSTAT ORAL 1MG FOR ESRD | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5142 | INJ ADALIMUMAB-RYVK 1 MG | HCPCS - TEMP CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G0563 | SBRT W/POSITRON EMISSION DEL | HCPCS - PROC/PROF SERVICES (TE | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G0555 | REPLACMENT PT ELECTRONIC SYS | HCPCS - PROC/PROF SERVICES (TE | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1829 | ADJUST TOE FLEXION DEVICE | HCPCS - DME | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1814 | ADJUST KNEE FLEXION DEVICE | HCPCS - DME | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0944T | 3D CNTR SIMULA TRGT LVR LES | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0940T | XTRNL ECG RECGT 15DLT 30D R&I | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0936T | PHOTOBIOMODULATION THER RTA | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 0932T | N-INVS DET HRT FAIL AUG ECHO | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0928T | REM INTERROG DEV CCM-D PHYS | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0924T | RPOS PRV CCM-D TRNSVNS ELTRD | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0920T | RMVL PERM CCM-D SYS 1 PAC LD | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0528U | LRT IAD 18BCT/8VIR&7ARG RNA | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0916T | INSJ PERM CCM-D SYS PG ONLY | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0908T | OPN IMP INT NSTM SYS VGS NRV | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9808 | CRYO PROBE NON-OPIOID DEV | HCPCS-C CODES-OUTPATIENT PP | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C7562 | R&L HRT ANGIO W/FFR & 3D MAP | HCPCS-C CODES-OUTPATIENT PP | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 84394 | TOTAL TAU | PATH & LAB -CHEMISTRY | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 92137 | CPTRZ OPH IMG PST SG RTA OCT | MEDICINE - OPHTHALMOLOGY | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 82234 | BETA-AMYLOID 1-42 (ABETA 42) | PATH & LAB -CHEMISTRY | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4351 | ENCLOSE TL MATRIX PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4347 | RAMPART DL MATRIX PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 38226 | CAR-T PREP T LYMPHCYT F/TRNS | SURGERY - HEMIC AND LYMPHATIC | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0870 | INJECTION IMETELSTAT 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2025 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 81195 | CYTOG GENOM-WID ALYS HEM MAL | PATH & LAB - CYTOGENETIC STUDI | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0608 | LANTHANUM CARBONATE PWDR 5MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1808 | ADJUST WRIST FLEXION DEVICE | HCPCS - DME | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1804 | ADJUST ELBOW FLEXION DEV | HCPCS - DME | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2802 | INJ ROMIPLOSTIM 1 MICROGRAM | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D7252 | PARTIAL EXTN FOR IMM IMPLNT PLCMNT | HCPCS - DENTAL | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0524U | OB PE SFLT-1/PLGF IA SRM/PLS | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0522U | CA VI PSP&SP1 ANTB CL SEMIQL | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64469 | THRC FASCIAL PLN BLK BI NFS | SURGERY - ENDOCRINE SYSTEM | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D9959 | UNSPEC SLEEP APNEA SVCS PROC BY RPT | HCPCS - DENTAL | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 51721 | INS TRURL ABLT TRNSDC THR US | SURGERY - URINARY SYSTEM | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 66683 | IMPLANTATION IRIS PROSTHESIS | SURGERY - EYE AND OCULAR ADNEX | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5143 | INJ ADALIMUMAB-ADBM 1 MG | HCPCS - TEMP CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G0552 | SUPPLY OF DIGITAL DEVICE | HCPCS - PROC/PROF SERVICES (TE | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1826 | ADJUST FINGER EXTENSION DEV | HCPCS - DME | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0941T | CYSTO FLX INS&XPNS URTL SCAF | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0937T | XTRNL ECG RECGT 15DLT 30D | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0933T | TCAT IMPL WRLS L ATR PRS SNR | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0929T | REM INTERROG DEV CCM-D TECH | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0925T | RLCJ SKIN POCKET CCM-D PG | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0921T | RMVL PERM CCM-D SYS 1 DFB LD | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0530U | ONC PAN-SOL TUM CTDNA 77 GEN | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0527U | HSV 1&2 VZV AMP PRB TQ PTHGN | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2472 | INJ PANTOPRAZOLE SODIUM CHL | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0917T | INSJ PERM CCM-D SYS 1 LEAD | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0913T | PRQ TCAT THER RX NTRAC BALO1 | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0909T | RPLCMT INT NSTIM SYS VGS NRV | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9809 | CRYO NEEDLE NON-OPIOID DEV | HCPCS-C CODES-OUTPATIENT PP | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9804 | PUMP ELASTOMC NON-OPIOID DEV | HCPCS-C CODES-OUTPATIENT PP | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C8001 | 3D ANAT SEG IMAGING PREOP | HCPCS-C CODES-OUTPATIENT PP | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C7563 | TRLUML BALLO ANGIOP ALL ART | HCPCS-C CODES-OUTPATIENT PP | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C1737 | SI&PELVIS FUSN&FIXN DEV | HCPCS-C CODES-OUTPATIENT PP | YES | 01/01/2025 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | Q4352 | OVERLAY SL MATRIX PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4348 | SENTRY SL MATRIX PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 38227 | CAR-T RECEIPT&PREPJ ADMN | SURGERY - HEMIC AND LYMPHATIC | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7601 | ENSIFENTRINE INH 3 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q9996 | USTEKINUMAB-TTWE SUB CU INJ | HCPCS - TEMP CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1307 | INJ CROVALIMAB-AKKZ 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9028 | INJ NOGAPENDEKIN PMLN 1MCG | HCPCS - CHEMO DRUGS | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0609 | FERRIC CITRATE ORL 3 MG IRON | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0605 | SUCROFERRIC OXYHYDROXIDE 5MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D7259 | NERVE DISSECTION | HCPCS - DENTAL | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64473 | LWR XTR FSCL PLN BLK UNI NJX | SURGERY - ENDOCRINE SYSTEM | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64466 | THRC FASCIAL PLN BLK UNI NJX | SURGERY - ENDOCRINE SYSTEM | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 55881 | ABLT TRURL PRST8 TIS THRM US | SURGERY - URINARY SYSTEM | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D8091 | COMPREHENSIVE ORTHODONTIC TX OGS | HCPCS - DENTAL | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 95860 | NEEDLE EMG 1 EXTREMITY | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61321 | CRNEC/CRNOT DRG ICR ABS ITTL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 56800 | PLASTIC REPAIR INTROITUS | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54230 | NJX CORPORA CAVERNOSOGRAPY | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52007 | CYSTO URTRL CATHJ BRUSH BX | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52005 | CYSTO W/URTRL CATHJ | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0428U | ONC BRST CTDNA ALYS 56/GT GEN | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 58957 | RESECT RECURRENT GYN MAL | SURGERY - FEMALE GENITAL SYSTE | EXPIRED | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | Q5144 | INJ IDACIO 1 MG | HCPCS - TEMP CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5140 | INJ ADALIMUMAB-FKJP 1 MG | HCPCS - TEMP CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G0561 | TEMP TUBE DELIVERY UNIL | HCPCS - PROC/PROF SERVICES (TE | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G0553 | MONTHLY TX FOR DMHT 20MINS | HCPCS - PROC/PROF SERVICES (TE | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1827 | ADJUST FINGER FLEXION DEVICE | HCPCS - DME | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1822 | ADJUST ANKLE EXTENSION DEV | HCPCS - DME | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0946T | ORTHO IMPL MVMT ALYS PAIR CT | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0942T | CYSTO FLX RMV&RPLC URTL SCAF | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0938T | XTRNL ECG RECGT 15DLT 30D REC | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0934T | REM MNTR WRLS L ATR PRS SNR | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 0930T | EPHYS EVAL CCM-D LD 1ST IMPL | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0926T | PRGRMG DEV EVAL CCM-D IP | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0922T | RMVL PERM CCM-D SYS DUAL LD | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0918T | INSJ PERM CCM-D SYS DUAL LD | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0910T | RMVL INT NSTIM SYS VAGUS NRV | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0906T | COMS THER 1ST APPLLT EQU 50 SQ CM | CATEGORY III CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9806 | PUMP PERIST NON-OPIOID DEV | HCPCS-C CODES-OUTPATIENT PP | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C8002 | PREP SKIN CELL SUSP AUTOMTD | HCPCS-C CODES-OUTPATIENT PP | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4353 | XCEED TL MATRIX PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4349 | MANTLE DL MATRIX PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 38228 | CAR-T ADMN AUTOLOGOUS | SURGERY - HEMIC AND LYMPHATIC | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0139 | INJ ADALIMUMAB 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q9997 | USTEKINUMAB-TTWE IV INJ 1 MG | HCPCS - TEMP CODES | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 87594 | PNEUMCYSTS JIROVECII AMP PRB | PATH & LAB - IMMUNOLOGY | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A9615 | INJ PEGULICIANINE 1 MG | HCPCS - ADMIN MISC & INVEST | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 87513 | H PYLRI CLRTHMCN RST AMP PRB | PATH & LAB - IMMUNOLOGY | YES | 01/01/2025 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | J1552 | INJ ALYGLO 500 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9076 | INJ CYCLOPHOS BAXTER 5MG | HCPCS - CHEMO DRUGS | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0523U | ONC SOLTUM DNA NGS SNV 22GEN | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0521U | RF IGA&IGM CCP ANTB SR-A IA | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64474 | LWR XTR FSCL PLN BLK UNI NFS | SURGERY - ENDOCRINE SYSTEM | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64467 | THRC FASCIAL PLN BLK UNI NFS | SURGERY - ENDOCRINE SYSTEM | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 61715 | MRGFUS STRTCTC ABLT TRGT ICR | SURGERY - ENDOCRINE SYSTEM | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 60660 | ABLTJ 1/+THYR NDUL 1LOBE PRQ | SURGERY - ENDOCRINE SYSTEM | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 55882 | ABLT TRURL PRST8 TIS TRNSDCR | SURGERY - URINARY SYSTEM | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D8671 | PERIODIC ORTHO TX VISIT ASSOC OGS | HCPCS - DENTAL | YES | 01/01/2025 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 95870 | NDL EMG LMTD STD MUSC 1 XTR | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95028 | IQ TSTS ALLERGY DELAYED RXN | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61210 | BURR HOLE IMPLT VENTR CATH | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33777 | RPR TGA BFL RPR SBPULM OBSTR | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95872 | NDL EMG SINGLE FIBER ELTRD | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95865 | NEEDLE EMG LARYNX | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 61253 | BURR HOLE TREPH ITTL UNI/BI | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61105 | TDH SDRL/VENTR PNXR | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33803 | DIV ABERRANT VSL W/REANAST | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 56440 | MRSPLZATN BRTHLNS GLND CST | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55605 | VESICULOTOMY COMPLICATED | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57022 | I&D VAGINAL HEMATOMA OB/PP | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87624 | HPV HI-RISK TYP POOLED RSLT | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31420 | EPIGLOTTIDECTOMY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0106 | COLOREC CANCR SCR; SIGMOIDSCOPY | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57110 | VAGNC COMPL RMVL VAG WALL | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. Prior Auth required when related to Gender Reassignment. | |
| ABH of Illinois-Medicaid | 57105 | BIOPSY VAGINAL MUCOSA XTNSV | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 56820 | COLPOSCOPY VULVA | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54220 | IRRG CRPRA CAVRNOSA PRIAPISM | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9975 | DOC MED RSN NOT PERF DIL MACULAR EX | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9769 | CS INSERTION TEMP PROS IMPL/STENT | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 92133 | CPTRZD OPH DX IMG PST SGM ON | MEDICINE - OPHTHALMOLOGY | YES | 12/01/2020 | 12/31/2078 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |

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| ABH of Illinois-Medicaid | 0540T | CAR-T CLL ADMN AUTOLOGOUS | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2069 | MED ASSIST TX INJECT | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 20103 | EXPL PENTRG WOUND EXTREMITY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15221 | FTH/GFT FR S/A/L EACH ADDL | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9459 | CURRENTLY A TOBACCO NON-USER | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 65760 | KERATOMILEUSIS | SURGERY - EYE AND OCULAR ADNEX | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 27712 | OSTEOT MLT RELIGNMT IMED ROD | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0615T | AUTO ALYS BINOCULAR EYE MVMT | CATEGORY III CODES | NON-COV | 06/30/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | M0004 | QUAL CARE NEUROLOGIC CND MVP | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2091 | PT 66+ FRAILTY AND ADV ILL | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 97814 | ACUP 1/GT W/ESTIM EA ADDL 15 | MEDICINE - ACUPUNCTURE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 68130 | EXC LES CONJUNCTIVA ADJ SCL | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21462 | OPTX MNDBLR FX W/NTRDNTL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21139 | RDCTJ FOREHEAD CNTRG&SETBACK | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21121 | GENIOP SLDG OSTEOT 1 | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 68135 | DESTRUCTION LES CONJUNCTIVA | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 41872 | GINGIVOPLASTY EACH QUADRANT | SURGERY - DIGESTIVE SYSTEM | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 47010 | HEPATOT OPN DRG ABSC/CST 1/2 | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35271 | RPR BLVS GR OT/TH VN NTRTH W | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93644 | EP EVAL SUBQ IMPL DFB | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92508 | TX SP LANG VOICE COMM GROUP | MEDICINE - SPECIAL OTORHINOLAR | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 30150 | RHINECTOMY PARTIAL | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G8842 | AHI RDI REI DOC WIN 2MO | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 68110 | EXC LES CONJUNCTIVA LT 1 CM | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21433 | OPTX CRANFCL SEP COMP MLT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77620 | HYPERTHERMIA GEN INTRCV PRB | RADIOLOGY - RADIATION ONCOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0616T | INSERTION OF IRIS PROSTHESIS | CATEGORY III CODES | EXPIRED | 06/30/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 25622 | CLTX CARPL SCPHD FX W/O MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15825 | RHYTDCT NCK PLTYSML TGHTG | SURGERY - INTEGUMENTARY SYSTEM | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9290 | INJECTION BUPIVACAINE LIPOSOME 1 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8484 | FLU IMMUN NOT ADM REASON NOT GIVEN | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2099 | PT 66+ FRAILTY AND ADV ILL | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 15931 | EXC SACRAL PR ULC PRIM SUTR | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15838 | EXC EXCSV SUBMENTAL FAT PAD | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 15953 | EXC TRCHNTR PR ULC FLP OSTC | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15819 | PLASTIC SURGERY NECK | SURGERY - INTEGUMENTARY SYSTEM | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G2012 | BRIEF COM TBS; 5-10 MIN MED DISCUSS | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15951 | EXC TRCHNTR PR ULC OSTC | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86490 | COCCIDIOIDOMYCOSIS SKIN TEST | PATH & LAB - IMMUNOLOGY | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65770 | KERATOPROSTHESIS | SURGERY - EYE AND OCULAR ADNEX | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64821 | SYMPATHECTOMY RADIAL ARTERY | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64809 | SYMPATHECTOMY THORACOLUMBAR | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 33681 | CLOSURE 1 VSD W/WO PATCH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33130 | RESCJ EXTERNAL CARDIAC TUMOR | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31755 | TRACHPLSTY TRCHPHRYNGL FSTLJ | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19316 | MASTOPEXY | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | M1272 | PTS KID TRANSPLT WTLST | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 98961 | EDU&TRN PT SLF-MGMT NQHP 2-4 | MEDICINE - SELF MANAGEMENT TRA | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 25652 | OPTX ULNAR STYLOID FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9403 | CLN DOC RSN PT NO 30 D F/U INPT D/C | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 59856 | INDUCED AB 1+VAG SUPP D&C | SURGERY - MATERNITY CARE AND D | NON-COV | 11/20/2020 | 12/31/2078 | | All claims that contain abortion procedures must be billed directly to the Illinois Department of Healthcare and Family Services. | |
| ABH of Illinois-Medicaid | 0456U | AI RA NGS 19 GENES ANTI-CCP | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G9990 | PT NO PCV/PSV O/A 60 BD&B4 E/O MSR | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2941 | INTRIM TX RESTORATION-PRIM DENTITN | HCPCS - DENTAL | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1264 | PT AGE 75/GT ON INIT DIALYSIS DATE | HCPCS - MEDICAL SERVICES | EXPIRED | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 33802 | DIVISION ABERRANT VESSEL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61315 | CRNEC/CRNOT ITTL NTRACEREBLR | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61460 | CRNEC SOPL SCTJ 1+CRNL NRV | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21079 | IMPRES&PREP INTRM OBT PROSTH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36410 | VNPNXR 3YR/GT PHY/QHP DX/THER | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35221 | RPR BLD VSL DIR INTRA-ABDL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21431 | CLTX CRANIOFACIAL SEPARATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93798 | PHYS/QHP OP CAR RHAB W/ECG | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 93650 | ICAR CATH ABLTJ AV NODE FUNC | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 61320 | CRNEC/CRNOT DRG ICR ABS STTL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58974 | EMBRYO TRANSFER INTRAUTERINE | SURGERY - FEMALE GENITAL SYSTE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 61343 | CRNEC SOPL CRV LAM DCMPRN | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49203 | EXC ABD TUM 5 CM OR LESS | SURGERY - DIGESTIVE SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37609 | LIGATION/BX TEMPORAL ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35207 | RPR BLD VSL DIR HAND FINGER | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33852 | RPR HYPOPL A-ARCH WO BYP | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33840 | EXC COA W/DIRECT ANASTOMOSIS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33775 | RPR TGA ATR BFL RMVL PLM BND | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57107 | VAGNC COMPL RMVL PARAVAG TIS | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0553T | PERQ TCAT ILIAC ANAST IMPLT | CATEGORY III CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 37605 | LIGATION INT/COM CAROTID ART | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9660 | DOC MED RSN COLO PT GT EQU 86Y | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 15157 | TIS CLT AGRFT F/S/N/H/F/G EA | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15121 | SPLT AGRFT F/S/N/H/F/G/M EA | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92576 | SYNTHETIC SENTENCE ID TEST | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 92507 | TX SP LANG VOICE COMM INDIV | MEDICINE - SPECIAL OTORHINOLAR | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 61517 | IMPLT BRN INTRCV CHEMOTX AGT | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35211 | RPR BLVSL DIR NTRATHRC W/BYP | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33771 | RPR TGA W/SURG ENLGMNT VSD | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21480 | CLTX TMPRMAND DISLC 1ST/SBSQ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61323 | CRNEC/CRNOT DCMPRV W/LOBEC | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35246 | RPR BLVSL VN GRF NTRTHRC W/O | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33778 | RPR TGA AORTIC PULM ART RCNS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61150 | BUR HOL/TRPH DRG BRN ABS/CST | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93613 | INTRACARDIAC EPHYS 3D MAPG | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93320 | DOPPLER ECHO COMPLETE | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 54240 | PENILE PLETHYSMOGRAPHY | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 27889 | ANKLE DISARTICULATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27715 | OSTPL TIBFIB LNGTH/SHRT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27707 | OSTEOTOMY FIBULA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77290 | THER RAD SIMULAJ FIELD CPLX | RADIOLOGY - RADIATION ONCOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 77086 | VRT FRACTURE ASSMT VIA DXA | RADIOLOGY - RADIOLOGIC GUIDANC | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 25651 | PERQ SKEL FIX ULNAR STYLD FX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25500 | CLTX RDL SHFT FX W/O MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26550 | POLLICIZATION DIGIT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59857 | INDUCED AB 1+VAG SUPP HYST | SURGERY - MATERNITY CARE AND D | NON-COV | 11/20/2020 | 12/31/2078 | | All claims that contain abortion procedures must be billed directly to the Illinois Department of Healthcare and Family Services. | |
| ABH of Illinois-Medicaid | 57106 | VAGNC PRTL RMVL VAG WALL | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57020 | COLPOCENTESIS SEP PX | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 56633 | VULVECTOMY RADICAL COMPLETE | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J9033 | INJ, BENDAMUSTINE HCL, 1MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | G9322 | NO CNT CT NUC MED DOC 12MO | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 33697 | COMPL RPR TOF W/PULM ATRESIA | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78216 | LVR&SPLEEN IMG W/VASC FLOW | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74190 | PERITONEOGRAM RS&I | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50010 | RENAL EXPLORATION | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43810 | GASTRODUODENOSTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 25660 | CLTX RDCRPL/NTRCRPL DISLC 1+ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77085 | DXA BONE DENSITY AXL VRT FX | RADIOLOGY - RADIOLOGIC GUIDANC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25675 | CLTX DSTL RAD/ULN DISLC MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25671 | PERQ SKEL FIX RAD/ULN DISLC | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25600 | CLTX DST RDL FX/EPHYS SEP WO | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15946 | EXC ISCH PR ULC PREP MUS FLP | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G8934 | LVEF LT EQU 40PCT OR DEP LV SYS FCN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 15935 | EXC SAC PR ULC SKN FLP OSTC | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15933 | EXC SAC PR ULC PRIM STR OSTC | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15830 | EXC EXCESSIVE SKIN ABDOMEN | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 15111 | EPIDRM AGRFT T/A/L EA ADDL | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15100 | SPLT AGRFT T/A/L 1ST 100SQCM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69550 | EXC AURL GLOMUS TUM TRNSCANL | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21123 | GENIOP SLDG AUGMENTATION | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 98962 | EDU&TRN PT SLF-MGMT NQHP 5-8 | MEDICINE - SELF MANAGEMENT TRA | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 20101 | EXPL PENTRG WOUND CHEST | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 97811 | ACUP 1/GT W/O ESTIM EA ADD 15 | MEDICINE - ACUPUNCTURE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 96900 | ACTINOTHERAPY UV LIGHT | MEDICINE - SPECIAL DERMATOLOGI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 35189 | RPR ACQ AV FISTULA THRX&ABD | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33768 | ANAST CAVOPULM SEC SUP V/C | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43045 | ESOPHAGOTOMY THRC RMVL FB | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33764 | SHUNT CENTRAL W/PROSTC GRAFT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0568T | INTRO MIX SALINE&AIR F/SSG | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0567T | PERM FLP TUBE OCCLS W/IMPLT | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 95027 | IQ TSTS SEQL&INCRL AIRBORNE | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 56821 | COLPOSCOPY VULVA W/BIOPSY | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25825 | ARTHRD WRIST WITH AUTOGRAFT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57000 | COLPOTOMY W/EXPLORATION | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87164 | DARK FIELD EXAM SPEC COLLJ | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9404 | PT DID NOT RCV F/U WI 30DAY AFT D/C | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 25676 | OPTX RAD/ULN DISLC AQT/CHRNC | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25609 | OPTX DST RD XART FX/EP SEP3+ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 25492 | PROPHYLACTIC TX RADIUS&ULNA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21453 | CLTX MNDBLR FX NTRDNTL FIXJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21083 | IMPRES&PREP PALTL LFT PROSTH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77600 | HYPERTHERMIA EXT GEN SUPFC | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | G8923 | LVEF LT EQU 40PCT OR LVSD | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8577 | REOP REQ BLD GRFT OTH | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 93621 | COMP EP EVL L PAC&REC C SINS | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93616 | ESOPHAGEAL RECORDING W/PACG | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37722 | LIG DIV&STRPG LONG SAPH VEIN | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 37607 | LIG/BANDING ANGIOACS AV FSTL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21127 | AUGMENTATION MNDBLR B1 GRF | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21080 | IMPRES&PREP DEF OBT PROSTH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 17360 | CHEMICAL EXFOLIATION ACNE | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 15952 | EXC TRCHNTR PR ULC FLP CLSR | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15836 | EXC EXCESSIVE SKIN ARM | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 15834 | EXC EXCESSIVE SKIN HIP | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 15823 | BLEPHARP UPR EYELID XCSV SKN | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 15821 | BLEPHARP LWR EYELID FAT PAD | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 77417 | THER RADIOLOGY PORT IMAGE (S) | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 25628 | OPTX CARPL SCPHD FX INT FIXJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | M1259 | PT STAT DOC LT EQU 1 YR DIALYSIS | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99442 | PHONE E/M PHYS/QHP 11-20 MIN | E & M - SPECIAL E/M SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 98971 | NQHP OL DIG ASSMT&MGMT 11-20 | MEDICINE-NON-FACE-TO-FACE | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 69020 | DRG XTRNL AUD CANAL ABSCESS | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15835 | EXC EXCESSIVE SKIN BUTTOCK | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 92134 | CPTRZ OPH DX IMG PST SGM RTA | MEDICINE - OPHTHALMOLOGY | YES | 12/01/2020 | 12/31/2078 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 69554 | EXC AURL GLOMUS TUM EXTENDED | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D0160 | DETAIL & EXT ORAL EVAL PROB FOC BR | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 35180 | RPR CGEN AV FISTULA HEAD&NCK | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93224 | XTRNL ECG REC UP TO 48 HRS | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0564T | ONC CHEMO RX CYTOTOX CSC 14 | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 21125 | AUGMENTATION MNDBLR PROSTC | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 15833 | EXC EXCESSIVE SKIN LEG | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 77263 | THER RADIOLOGY TX PLNG CPLX | RADIOLOGY - RADIATION ONCOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 15828 | RHYTIDECTOMY CHEEK CHN & NCK | SURGERY - INTEGUMENTARY SYSTEM | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 15155 | TIS CLTR AGRFT F/S/N/H/F/G 1 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69604 | REVJ MSTDC RSLTG TYMPANPLSTY | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15220 | FTH/GFT FR S/A/L 20 SQ CM/LT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G8843 | DOC REAS NO AHI RDI REI | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 69552 | EXC AURL GLOMUS TUM TRNSMSTD | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15922 | EXC COCCYGL PR ULC FLAP CLSR | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69601 | REVJ MSTDC RSLTG COMPL MSTDC | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15820 | BLEPHAROPLASTY LOWER EYELID | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 15792 | CHEM PEEL NONFACIAL EPIDRM | SURGERY - INTEGUMENTARY SYSTEM | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | M1150 | LVEF LT EQU 40PCT OR MOD/SEV L VSF | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 61512 | CRNEC TREPH EXC MNGIOMA STTL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 90630 | FLU VACC IIV4 NO PRESERV ID | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 33781 | RPR TGA RCNSTJ RPR SBPL OBST | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95869 | NDL EMG THRC PARASPINAL MUSC | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25680 | CLTX TRNS-SCPHPRLNR FX MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25575 | OPTX RDL&ULN SHFT FX RDS&ULN | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25491 | PROPHYLACTIC TX ULNA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25335 | CENTRALIZATION WRIST ON ULNA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23125 | CLAVICULECTOMY TOTAL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68420 | I&D LACRIMAL SAC | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | M1345 | PT BSLN PAM, 2ND SCR 4-12 MO | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 59855 | INDUCED ABORTION 1+VAG SUPP | SURGERY - MATERNITY CARE AND D | NON-COV | 11/20/2020 | 12/31/2078 | | All claims that contain abortion procedures must be billed directly to the Illinois Department of Healthcare and Family Services. | |
| ABH of Illinois-Medicaid | 31611 | CONSTJ TRACHESOPHGL FSTL | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78201 | LIVER IMAGING STATIC ONLY | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50280 | EXC/UNROOFING CYST KIDNEY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77285 | THER RAD SIMULAJ FIELD INTRM | RADIOLOGY - RADIATION ONCOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 77071 | MNL APPL STRS JT RADIOGRAPHY | RADIOLOGY-DIAGNOSTIC | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 54200 | INJECTION PX PEYRONIE DS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52000 | CYSTOURETHROSCOPY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9407 | PT NOT RECV F/U WI 7 DAYS AFTER D/C | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 57023 | I&D VAGINAL HEMATOMA NON-OB | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50365 | RNL ALTRNSPLJ W/RCP NFRCT | SURGERY - URINARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 61500 | CRNEC EXC TUM/BONE LES SKULL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9893 | DILATED MACULAR EX NOT PERF RSN NOS | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 95868 | NDL EMG CRANIAL NRV MUSC BI | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78122 | WHL BLD VOLUME DETERMINATION | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50380 | RNL AUTOTRNSPLJ RIMPLTJ KDN | SURGERY - URINARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | M1349 | NO PAM INC 3 PTS 4-12 MO | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 33737 | REVISION OF HEART CHAMBER | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47001 | NDL BIOPSY LVR TM OTH MAJ PX | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45108 | ANORECTAL MYOMECTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25635 | CLTX CARPL FX W/MNPJ EA B1 | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E1825 | ADJUST FINGER EXT & FLEX DEV | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 88388 | TISS EX MOLECUL STUDY ADD-ON | PATH & LAB - SURGICAL PATHOLOG | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28705 | ARTHRODESIS PANTALAR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69603 | REVJ MSTDC RSLTG RAD MSTDC | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 17380 | ELECTROLYSIS EPILATION EA 30 | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G8483 | FLU IMMUN NOT ADMIN RSN DOC CLIN | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 15156 | TIS CLT AGRFT F/S/N/H/F/G AD | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35281 | RPR BLVSL GR OT/TH VN NTR-AB | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25805 | ARTHRD WRIST W/SLIDING GRAFT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25545 | OPTX ULNAR SHFT FX INT FIXJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25447 | ARTHRP NTRCRP/CRP/MTCR NTRPS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 98967 | PH1 ASSMT&MGMT NQHP 11-20 | MEDICINE - SPECIAL SERVICES, P | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 81433 | HRDTRY BRST CA-RLATD DSORDRS | PATH & LAB - MICROBIOLOGY | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 67715 | CANTHOTOMY | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21501 | I&D DP ABSC/HMTMA SFT TS NCK | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15956 | EXC TRCHNTR PR ULC PREP FLAP | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25810 | ARTHRD WRST ILIAC/OTH AGRFT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 25565 | CLTX RDL&ULN SHFT FX W/MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93641 | EP EVL 1/2CHMB PAC CVDFB TST | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2077 | PERIODIC ASSESSMENT | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 98966 | PH1 ASSMT&MGMT NQHP 5-10 | MEDICINE - SPECIAL SERVICES, P | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 37660 | LIGATION COMMON ILIAC VEIN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36835 | INSERTION THOMAS SHUNT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21490 | OPTX TMPRMAND DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15958 | EXC TRCHNTR PR ULC PREP OSTC | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61450 | CRNEC STPL SCTJ CMPRN/DCMPRN | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81436 | HEREDITARY COLON CA DSORDRS | PATH & LAB - MICROBIOLOGY | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0801 | 3D INTRAORAL SURFACE SCAN-DIRECT | HCPCS - DENTAL-Radiographs | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 95017 | ALL TSTG PERQ&IQ W/VENOMS | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33780 | RPR TGA RCNSTJ CLSR VSD | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33767 | SHUNT SUPR V/C P-ART BTH LNG | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65850 | TRABECULOTOMY AB EXTERNO | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68100 | BIOPSY CONJUNCTIVA | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 37718 | LIG DIV&STRPG SHORT SAPH VN | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 37616 | LIGATION MAJOR ARTERY CHEST | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0657T | ANT LMBR VRT BDY TETH 8+ SEG | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 67810 | INCAL BX EYELID SKN LID MRGN | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 56740 | EXC BARTHOLINS GLAND/CYST | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 56441 | LYSIS OF LABIAL ADHESIONS | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54438 | REPLANTATION OF PENIS | SURGERY - URINARY SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E1810 | ADJUST KNEE EXT & FLEX DEV | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 33690 | BANDING PULMONARY ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31750 | TRACHEOPLASTY CERVICAL | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C7558 | CATH PL CA CAG IP INJ FOR CA R&L HC | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 74174 | CTA ABD&PLVS W/CONTRAST | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 74170 | CT ABD WO CNTRST FLWD CNTRST | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 23120 | CLAVICULECTOMY PARTIAL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0380U | RX METB ADVRS TRGT SQ ALY 20 | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 25670 | OPTX RDCRPL/NTRCRPL DISLC 1+ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 93893 | TCD STD ICR ART VEN-ART SHNT | MEDICINE - NON-INVASIVE VASCUL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93770 | DETERMINATION VENOUS PRESS | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93724 | ELEC ALYS ANTITCHYCAR PM SYS | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65820 | GONIOTOMY | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81438 | HEREDTRY NURONDCRN TUM DSRDR | PATH & LAB - MICROBIOLOGY | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0122 | COLOREC CANCER SCREENING; BA ENEMA | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E1830 | ADJUST TOE EXT & FLEX DEVICE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q5132 | INJ ADALIMUMAB-AFZB BIOSIMILR 10 MG | HCPCS - TEMP CODES | EXPIRED | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0135 | INJECTION ADALIMUMAB 20 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9892 | DOC PT RSN NOT PERF DIL MACULAR EX | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 52001 | CYSTO W/IRRG&EVAC MLT CLOTS | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9458 | PT DOC TOB USER & RECV TOB CESS INT | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 59841 | INDUCED ABORTION DILAT&EVAC | SURGERY - MATERNITY CARE AND D | NON-COV | 11/20/2020 | 12/31/2078 | | All claims that contain abortion procedures must be billed directly to the Illinois Department of Healthcare and Family Services. | |
| ABH of Illinois-Medicaid | G9460 | TOB ASMT/CESS INT NOT PRFR NO RSN | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9659 | GT EQU 86Y SCR COLO NOMED RSN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 25624 | CLTX CARPL SCPHD FX W/MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 25515 | OPTX RADIAL SHAFT FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77262 | THER RADIOLOGY TX PLNG INTRM | RADIOLOGY - RADIATION ONCOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 74182 | MRI ABDOMEN W/CONTRAST | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | G8966 | CARD STRESS IMAG SX/GT LW CHD RSK PT | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 21422 | OPTX PALATAL/MAX FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99441 | PHONE E/M PHYS/QHP 5-10 MIN | E & M - SPECIAL E/M SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 25645 | OPTX CRPL FX OTH/THN SCPH EA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28725 | ARTHRODESIS SUBTALAR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37565 | LIGATION INT JUGULAR VEIN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68440 | SNIP INC LACRIMAL PUNCTUM | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37606 | LIG INT/COM CAROTID ART OCCL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69610 | TYMPANIC MEMBRANE REPAIR | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95867 | NDL EMG CRANIAL NRV MUSC UNI | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93619 | COMPREHENSIVE EP EVALUATION | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15829 | RHYTIDECTOMY SMAS FLAP | SURGERY - INTEGUMENTARY SYSTEM | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 15261 | FTH/GFT FR N/E/E/L EACH ADDL | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 15824 | RHYTIDECTOMY FOREHEAD | SURGERY - INTEGUMENTARY SYSTEM | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G9707 | PT RCV HOSPC SRVC ANY TM DUR MSR PR | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 25820 | ARTHRD WRIST LMTD W/O B1 GRF | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0617T | INSJ IRIS PROSTH W/RMVL&INSJ | CATEGORY III CODES | EXPIRED | 06/30/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 43030 | CRICOPHARYNGEAL MYOTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21510 | INC DEEP OPNG B1 CRTX THORAX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68115 | EXC LES CONJUNCTIVA GT 1 CM | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36405 | VNPNXRLT 3YRS PHY/QHP SCALP VN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00906 | ANES VULVECTOMY | ANESTH - PERINEUM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21470 | OPTX COMPLICATED MNDBLR FX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21436 | OPTX CRNFCL SEP COMP MLT INT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54235 | NJX CORPORA CAVERNOSA RX AGT | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9405 | PT RECV F/U WITHIN 7 DAYS AFTER D/C | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9255 | PT DC HOME 2ND PO DAY | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 77610 | HYPERTHERMIA NTRSTL PRB 5/LT | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 77261 | THER RADIOLOGY TX PLNG SMPL | RADIOLOGY - RADIATION ONCOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 67700 | BLEPHAROTOMY DRG ABSC EYELID | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37650 | LIGATION OF FEMORAL VEIN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G8965 | CARD STRESS IMAG PRIM LW CHD RSK PT | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 57061 | DESTRUCTION VAG LESIONS SMPL | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 56620 | VULVECTOMY SIMPLE PARTIAL | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27709 | OSTEOTOMY TIBIA & FIBULA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9760 | PT USE HSPC SVC ANY TIME DUR MSR PR | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 74183 | MRI ABD W/O CNTR FLWD CNTR | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 43825 | GASTROJEJUNOSTOMY W/VAGOTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25574 | OPTX RDL&ULN SHFT FX RDS/ULN | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25520 | CLTX RDL SHFT FX&DISLC | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26580 | REPAIR CLEFT HAND | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69650 | STAPES MOBILIZATION | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96040 | GENETIC COUNSELING 30 MIN | MEDICINE - GENETIC COUNSELING | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93890 | TCD VASOREACTIVITY STUDY | MEDICINE - NON-INVASIVE VASCUL | EXPIRED | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 80081 | OBSTETRIC PANEL INC HIV TSTG | PATH & LAB - ORGAN OR DISEASE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61120 | BURR HOLE FOR VENTR PUNCTURE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51030 | INCISE & TREAT BLADDER | SURGERY - URINARY SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21138 | RDCTJ FOREHEAD CNTRG&PROSTC | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15131 | DRM AGRFT T/A/L EA ADDL | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01951 | ANES 2&3 BURN LESS 4 PCT TBSA | ANESTH - BURN EXCISIONS OR DEB | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | M1348 | PAM INCR 6 PT 4-12 MO | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 65767 | EPIKERATOPLASTY | SURGERY - EYE AND OCULAR ADNEX | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 33820 | REPAIR PDA BY LIGATION | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20150 | EXCISION EPIPHYSEAL BAR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31760 | TRACHEOPLASTY INTRATHORACIC | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69540 | EXCISION AURAL POLYP | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93227 | XTRNL ECG RECLT 48 HR R&I | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | M1219 | ANAPHYL D/T VACC ON/B4 DATE OF ENC | HCPCS - MEDICAL SERVICES | EXPIRED | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2107 | PT 66+ FRAILTY AND ADV ILL | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2071 | MAT BUPRENORPHINE IMPL REMV;WKLY BD | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | D6081 | SC&DEB 1 IMPL MUCOS;NO FLP ENT&CLS | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 61312 | CRNEC/CRNOT STTL XDRL/SDRL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61151 | BURR HOLE/TREPH SBSQ TAPPING | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50290 | EXCISION PERINEPHRIC CYST | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50020 | DRG PERIRNL/RENAL ABSC OPEN | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47000 | NEEDLE BIOPSY OF LIVER PERQ | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15936 | EXC SAC PR ULC PREP MUS FLAP | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78191 | PLATELET SURVIVAL STUDY | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61156 | BURR HOL ASPIR HMTM/CST ICER | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21280 | MEDIAL CANTHOPEXY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15200 | FTH/GFT FR TRNK 20 SQ CM/LT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65765 | KERATOPHAKIA | SURGERY - EYE AND OCULAR ADNEX | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 61501 | CRANIECTOMY F/OSTEOMYELITIS | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15241 | FTH/GFT F/C/C/M/N/A/G/H/F EA | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35206 | REPAIR BLOOD VESSEL DIR UXTR | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D6051 | PLACEMENT INTERIM IMPLANT ABUTMENT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 61314 | CRNEC/CRNOT ITTL XDRL/SDRL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61304 | CRNEC/CRNOT EXPL SUPRATNTORL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50360 | RNL ALTRNSPLJ W/O RCP NFRCT | SURGERY - URINARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21087 | IMPRES&PREP NASAL PROSTH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15944 | EXC ISCH PR ULC SKN FLP CLSR | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0519 | SUPPLY FEE HIV PREP INJ 30 | HCPCS - TEMP CODES | EXPIRED | 10/01/2024 | 10/01/2024 | | | |
| ABH of Illinois-Medicaid | Q0518 | SUPPLY FEE HIV PREP ORAL 90 | HCPCS - TEMP CODES | EXPIRED | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q0517 | SUPPLY FEE HIV PREP ORAL 60 | HCPCS - TEMP CODES | EXPIRED | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0120 | COLOREC CANCR SCR;COLNSCPY BA ENEMA | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E1800 | ADJUST ELBOW EXT & FLEX DEV | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64804 | SYMPATHECTOMY CERVICOTHORAC | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 35226 | REPAIR BLOOD VESSEL DIR LXTR | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 97813 | ACUP 1/GT W/ESTIM 1ST 15 MIN | MEDICINE - ACUPUNCTURE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 36400 | VNPNXRLT 3YRS PHY/QHP FEM/JUG | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81435 | HERED COLON CA-RLATD DO 5+ | PATH & LAB - MICROBIOLOGY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 98972 | NQHP OL DIG ASSMT&MGMT 21+ | MEDICINE-NON-FACE-TO-FACE | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G8482 | INFLUENZA IMMUN ADMIN/PREV RECV | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 55600 | VESICULOTOMY | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9247 | 2 ENC ENC/VIR LD 90D | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 77615 | HYPERTHERMIA NTRSTL PRBGT 5 | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 43830 | GSTRST OPEN WO CONSTJ TUBE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25446 | ARTHRP W/PROSTC DST RDS&CRPS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0365U | ONC BLDR 10 UR HRBR URTHL CA | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 25695 | OPTX LUNATE DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57109 | VAGNC BI TOTAL PEL LYMPHADEC | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 56625 | VULVECTOMY SIMPLE COMPLETE | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. Prior Auth required when related to Gender Reassignment. | |
| ABH of Illinois-Medicaid | 54205 | NJX PX PEYRONIE DS EXPS PLAQ | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30160 | RHINECTOMY TOTAL | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9321 | PREV CT NUC MED CNT DOC 12MO | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 74150 | CT ABDOMEN W/O CONTRAST | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 77081 | DXA BONE DENSITY APPENDICULR | RADIOLOGY-DIAGNOSTIC | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 43820 | GASTROJEJUNOSTOMY WO VAGOTMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78262 | GASTROESOPHAGEAL REFLUX STD | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49205 | EXC ABD TUM OVER 10 CM | SURGERY - DIGESTIVE SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21282 | LATERAL CANTHOPEXY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21086 | IMPRES&PREP AURICULAR PROSTH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21081 | IMPRES&PREP MNDBL RES PROSTH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15950 | EXC TRCHNTR PR ULC PRIM SUTR | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | M1346 | NO PAM INC 6 PTS 4-12 MO | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 33776 | RPR TGA ATR BFL CLSR VSD | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31601 | PLANNED TRACHEOSTOMYLT 2 YRS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15945 | EXC ISCH PR ULC SKN FLP OSTC | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31612 | PERQ TRCHL PNXR TTRACH ASPIR | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69090 | EAR PIERCING | SURGERY - AUDITORY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 95065 | DIR NSL MUCOUS MEMBRANE TEST | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93624 | EP F-UP STUDY PACG&REC | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15837 | EXC EXCSV SKIN FOREARM/HAND | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 15135 | DRM AGRFT F/S/N/H/F/G/M 1ST | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15130 | DRM AGRFT T/A/L 1ST 100 SQCM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35231 | REPAIR BLVSL VN GRF NECK | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33845 | EXCISION COA W/GRAFT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33824 | REPAIR PDA DIV 18 YRS&OLDER | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33762 | SHUNT DESC AORTA TO PULM ART | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33120 | EXC ICAR TUM RESC W/CARD BYP | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0656T | ANT LMBR VRT BDY TETH LT 7 SEG | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1260 | PT NOT DOC LT EQU 1 YR DIALYSIS | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 21497 | INTERDENTAL WIRG OTH/THN FX | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21454 | OPTX MNDBLR FX XTRNL FIXJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21450 | CLTX MNDBLR FX W/O MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21461 | OPTX MNDBLR FX WO NTRDNTL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68400 | I&D LACRIMAL GLAND | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37735 | LIG&DIV&COMPL STRPG SAPH VN | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 57065 | DESTRUCTION VAG LESION XTNSV | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 99443 | PHONE E/M PHYS/QHP 21-30 MIN | E & M - SPECIAL E/M SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 77280 | THER RAD SIMULAJ FIELD SMPL | RADIOLOGY - RADIATION ONCOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 77084 | MRI BONE MARROW BLOOD SUPPLY | RADIOLOGY-DIAGNOSTIC | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 74185 | MRA ABD W OR W/O CNTRST | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 25605 | CLTX DST RDL FX/EPHYS SEP W/ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25560 | CLTX RDL&ULN SHFT FX WO MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25530 | CLTX ULNAR SHFT FX W/O MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25443 | ARTHRP PROSTC DSTL SCPH CRPL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0346U | BETA AMYL AB40&AB42 LC-MS/MS | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 10/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 59851 | INDUCED ABORTION 1+NJX D&C | SURGERY - MATERNITY CARE AND D | NON-COV | 11/20/2020 | 12/31/2078 | | All claims that contain abortion procedures must be billed directly to the Illinois Department of Healthcare and Family Services. | |
| ABH of Illinois-Medicaid | 57120 | COLPOCLEISIS LE FORT TYPE | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57100 | BIOPSY VAGINAL MUCOSA SIMPLE | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77076 | RADEX OSSEOUS SURVEY INFANT | RADIOLOGY-DIAGNOSTIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74021 | RADEX ABDOMEN 3+ VIEWS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25440 | REPAIR NONU SCPHD CARPL B1 | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43800 | PYLOROPLASTY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 93631 | NTRAOP EPICAR&ENDCAR PAC&MAP | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93505 | ENDOMYOCARDIAL BIOPSY | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93226 | XTRNL ECG RECLT 48 HR SCAN A/R | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95044 | PATCH/APPLICATION TESTS | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0539T | RECEIPT&PREP CAR-T CLL ADMN | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 78232 | SALIVARY GLAND FUNCTION STD | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78231 | SALIVARY GLND IMG SERIAL IMG | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61322 | CRNEC/CRNOT DCMPRV W/O LOBEC | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50240 | NEPHRECTOMY PARTIAL | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21120 | GENIOPLASTY AUGMENTATION | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21084 | IMPRES&PREP SP AID PROSTH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20102 | EXPL PENTRG WND ABD/FLNK/BK | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15240 | FTH/GFT F/C/C/M/N/AX/G/H/F20 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90654 | FLU VACC IIV3 NO PRESERV ID | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 61333 | EXPL ORBIT W/REMOVAL LESION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35256 | REPAIR BLVSL VN GRF LXTR | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 33822 | REPAIR PDA DIVLT 18 YEARS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33779 | RPR TGA RCNSTJ RMVL PLM BND | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96003 | DYNAMIC FINE WIRE EMG | MEDICINE - NEUROLOGY AND NEURO | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 95861 | NEEDLE EMG 2 EXTREMITIES | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95052 | PHOTO PATCH TESTS | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | M1155 | PT ANA DT PNC VAC DUR/BFR MSMT PER | HCPCS - MEDICAL SERVICES | EXPIRED | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 50135 | PYELOTOMY COMPLICATED | SURGERY - URINARY SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19300 | MASTECTOMY FOR GYNECOMASTIA | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 15788 | CHEMICAL PEEL FACIAL EPIDRM | SURGERY - INTEGUMENTARY SYSTEM | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | M1344 | NO BSLN/2ND PAM SCORE 4-12MO | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 64818 | SYMPATHECTOMY LUMBAR | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 61514 | CRNEC TREPH EXC BRN ABS STTL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61330 | DCMPRN ORBIT ONLY TRANSCRNL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35266 | RPR BLVSL GRF OTH/TH VN UXTR | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33471 | VLVT PV CLSD HRT VIA P-ART | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31613 | TRACHEOSTOMA REVJ SIMPLE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 41870 | PERIODONTAL MUCOSAL GRAFTING | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | M1267 | PT NO ACT KID TRANSPLT WTLST | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 21432 | OPTX CRANFCL SEP W/WIRING | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 98970 | NQHP OL DIG ASSMT&MGMT 5-10 | MEDICINE-NON-FACE-TO-FACE | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 37760 | LIG PRFRATR VN RADICAL 1 LEG | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 37617 | LIGATION MAJOR ARTERY ABD | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57130 | EXCISION VAGINAL SEPTUM | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 56630 | VULVECTOMY RADICAL PARTIAL | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29200 | STRAPPING THORAX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77072 | BONE AGE STUDIES | RADIOLOGY-DIAGNOSTIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74018 | RADEX ABDOMEN 1 VIEW | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9751 | PT DIED ANY TIME DUR 24-MO MSR PRD | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 59850 | INDUCED ABORTION 1+ NJX | SURGERY - MATERNITY CARE AND D | NON-COV | 11/20/2020 | 12/31/2078 | | All claims that contain abortion procedures must be billed directly to the Illinois Department of Healthcare and Family Services. | |
| ABH of Illinois-Medicaid | 56631 | VLVCTMY RAD PRTL UNI LYMPHAD | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27705 | OSTEOTOMY TIBIA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77075 | RADEX OSSEOUS SURVEY COMPL | RADIOLOGY-DIAGNOSTIC | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 74181 | MRI ABDOMEN W/O CONTRAST | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 25607 | OPTX DST RD XARTC FX/EPI SEP | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69602 | REV MSTDC RSLT MOD RAD MSTDC | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69005 | DRG XTRNL EAR ABSC/HEM COMP | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9999 | DOC SYS RSN LT 3 COLON | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 96902 | MCRSCP XM HAIR PLUCK/CLIPPED | MEDICINE - SPECIAL DERMATOLOGI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95863 | NEEDLE EMG 3 EXTREMITIES | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93640 | EP EVAL 1/2CHMBR PACG CVDFB | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93241 | XTRNL ECG RECGT 48HRLT 7D | MEDICINE - CARDIOVASCULAR | NO | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | 0538T | BLD DRV T LYMPHCYT PREP TRNS | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0500T | HPV 5+ HI RISK HPV TYPES | CATEGORY III CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1212 | MISSING GSA NOT PERF | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1211 | GSA LEVELGT 9.0PCT | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M0003 | OPT CAR PT EP NEURO CN MIPS VAL PTH | HCPCS - MEDICAL SERVICES | EXPIRED | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2101 | PT 66+ FRAILTY AND ADV ILL | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1154 | HS SVCS PROV PT ANY TM DUR MSMT PER | HCPCS - MEDICAL SERVICES | EXPIRED | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 47802 | FUSE LIVER DUCT & INTESTINE | SURGERY - DIGESTIVE SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46070 | INCISION ANAL SEPTUM INFANT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21088 | IMPRES&PREP FACIAL PROSTH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21085 | IMPRES&PREP ORAL SURG SPLINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15937 | EXC SAC PR ULC PREP MUS OSTC | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15839 | EXC EXCESSIVE SKN OTHER AREA | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 15120 | SPLT AGRFT F/S/N/H/F/G/M 1ST | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | M1347 | PT PAM INCR 3 PT 4-12 MO | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1343 | PT PAM LVL 4 BASE OR SRT LIN | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2806 | INJ SINCALIDE MAIA 5 MCG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 07/01/2023 | 07/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 35276 | RPR BLVS GR OT/T VN NTRTH WO | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61458 | CRNEC SOPL XPL/DCMPR CRL NRV | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82009 | KETONE BODYS QUAL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93321 | DOPPLER ECHO F-UP/LMTD STD | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 93618 | INDCTJ ARRHYTHMIA ELEC PACG | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93225 | XTRNL ECG RECLT 48 HRS REC | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 78215 | LVR&SPLEEN IMG STATIC ONLY | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50370 | RMVL TRANSPLANTED RNL ALGRFT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21122 | GENIOP SLDG OSTEOT 2/GT | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 15920 | EXC COCCYGL PR ULC PRIM SUTR | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E1805 | ADJUST WRIST EXT & FLEX DEV | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 35188 | RPR ACQ AV FISTULA HEAD&NECK | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31610 | TRACHEOSTOMY FENEST SKIN FLP | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31603 | EMER TRACHEOSTOMY TTRACH | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21452 | PERQ TX MNDBLR FX XTRNL FIXJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21632 | EXTENSIVE STERNUM SURGERY | SURGERY - MUSCULOSKELETAL SYST | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36415 | COLL VENOUS BLD VENIPUNCTURE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93024 | ERGONOVINE PROVOCATION TEST | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92571 | FILTERED SPEECH TEST | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21435 | OPTX CRNFC SEP COMP INT&/XTR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21421 | CLTX PALATAL/MAX FX WIRE FIX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57135 | EXCISION VAGINAL CYST/TUMOR | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 56810 | PERINEOPLASTY RPR PER NONOB | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74178 | CT ABD&PLV WO CNTR FLWD CNTR | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 25455 | EPIPHYSL ARRST DSTL RDS&ULNA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37618 | LIGATION MAJOR ARTERY XTR | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58958 | RESC RECR OVR TBL PP UTR MAL | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28715 | ARTHRODESIS TRIPLE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25800 | ARTHRD WRIST COMPLETE WO GRF | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25606 | PERQ SKEL FIXJ DSTL RDL FX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25450 | EPIPHYSL ARRST DSTL RDS/ULNA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25444 | ARTHRP W/PROSTC LUNATE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77373 | STRTCTC BDY RAD THER TX DLVR | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 0398T | MRGFUS STRTCTC LES ABLTJ | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 96912 | PHOTOCHEMOTHERAPY PUVA | MEDICINE - SPECIAL DERMATOLOGI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 95070 | INHLJ BRNCL CHALLENGE TSTG | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95004 | PERQ TESTS W/ALRGNC XTRCS | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 93797 | PHYS/QHP OP CAR RHAB WO ECG | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 61313 | CRNEC/CRNOT STTL ICERE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61250 | BURR HOLE/TREPH STTL EXPL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61107 | TDH PNXR IMPLT VENTR CATH | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50760 | URETEROURETEROSTOMY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61140 | BURR HOLE/TREPH BX BRAIN/LES | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15826 | RHYTIDECTOMY GLBLR FRN LINES | SURGERY - INTEGUMENTARY SYSTEM | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1815 | ADJUST ANKLE EXT & FLEX DEV | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 35190 | REPAIR ACQ AV FISTULA XTR | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33814 | OBLTRJ A-PULM SEP DEF W/BYP | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33774 | RPR TGA ATRIAL BAFFLE PX | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33750 | SHUNT SUBCLAVIAN TO PULM ART | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33684 | CLSR 1 VSD W/WO PATCH W/VLVT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82010 | KETONE BODYS QUAN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9991 | PT PCV/PSV O/A 19BD&B4 E/O MSR PD | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 95864 | NEEDLE EMG 4 EXTREMITIES | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 93609 | INTRA-VNTR MAPG TCHYCAR SITE | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50340 | RECIPIENT NEPHRECTOMY | SURGERY - URINARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 47605 | CHOLECYSTECTOMY W/CHOLANG | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19350 | NIPPLE/AREOLA RECONSTRUCTION | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. Prior Auth required when related to Gender Reassignment. | |
| ABH of Illinois-Medicaid | 15941 | EXC ISCH PR ULC PRM SUT OSTC | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15793 | CHEMICAL PEEL NONFACIAL DRM | SURGERY - INTEGUMENTARY SYSTEM | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 15789 | CHEMICAL PEEL FACIAL DERMAL | SURGERY - INTEGUMENTARY SYSTEM | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 35261 | RPR BLVSL GRF OTH/THN VN NCK | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | M1177 | PT RECD PCV ON/AFT 19 | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2940 | PLACEMENT INTERIM DIR RESTORATION | HCPCS-DENTAL-Restoration Oth | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | 15150 | TIS CLTR SKN AGRFT T/A/L 1ST | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15101 | SPLT AGRFT T/A/L EA ADDL 100 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01952 | ANES 2&3 BURN 4-9PCT TBSA | ANESTH - BURN EXCISIONS OR DEB | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0516 | SUPPLY FEE HIV PREP ORAL 30 | HCPCS - TEMP CODES | EXPIRED | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1292 | PT 66+ FRAIL INPT ADV ILL | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 92132 | CPTRZD OPH DX IMG ANT SGM | MEDICINE - OPHTHALMOLOGY | YES | 12/01/2020 | 12/31/2078 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 90661 | CCIIV3 VAC ABX FR 0.5 ML IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 61510 | CRNEC TREPH EXC BRN TUM STTL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33853 | RPR HYPOPL A-ARCH W/BYP | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33692 | COMP RPR TOF WO PULM ATRESIA | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31600 | PLANNED TRACHEOSTOMY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21451 | CLTX MNDBLR FX W/MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42890 | LIMITED PHARYNGECTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21485 | CLTX TMPRMAND DISLC COMP | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G8844 | NO AHI RDI REI INI DX NO RSN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 97810 | ACUP 1/GT WO ESTIM 1ST 15 MIN | MEDICINE - ACUPUNCTURE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21630 | RADICAL RESECTION STERNUM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59030 | FETAL SCALP BLOOD SAMPLING | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 56637 | VLVCTMY RAD COMP BI LYMPHAD | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 56634 | VLVCTMY RAD COMP UNI LYMPHAD | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43832 | GSTRST OPEN W/CONSTJ TUBE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 25442 | ARTHRP W/PROSTC DSTL ULNA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9406 | CLN DOC RSN PT NO 7 DA F/U INPT D/C | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9246 | NO ENC OR ENC/VIR LD 90DAYS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 74177 | CT ABD & PELVIS W/CONTRAST | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 74160 | CT ABDOMEN W/CONTRAST | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 54250 | NCTRNL PEN TMSCN&/RGDITY TST | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29580 | STRAPPING UNNA BOOT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25690 | CLTX LUNATE DISLC W/MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25505 | CLTX RDL SHFT FX W/MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25490 | PROPHYLACTIC TX RADIUS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0352U | NFCT DS BV&VAGINITIS AMP PRB | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 10/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 43831 | GASTROSTOMY OPEN NEONATAL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25535 | CLTX ULNAR SHFT FX W/MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23130 | ACROMP/ACROMIONECTOMY PRTL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96910 | PHOTCHMTX TAR&UVB/PTRLTM&UVB | MEDICINE - SPECIAL DERMATOLOGI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 61108 | TDH PNXR EVAC&/DRG SDRL HMTA | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 15152 | TIS CLTR SKN AGRFT T/A/L EA | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15115 | EPDRM AGRFT F/S/N/H/F/G/M 1 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01953 | ANES 2&3 BURN EA ADD 9PCT TBSA | ANESTH - BURN EXCISIONS OR DEB | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35216 | RPR BLVSL DIR NTRTHRC WO BYP | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35184 | RPR CGEN AV FISTULA XTR | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31605 | EMER TRACHEOSTOMY CTHYR MEM | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69000 | DRG XTRNL EAR ABSC/HEM SMPL | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95060 | OPH MUCOUS MEMBRANE TESTS | MEDICINE - ALLERGY AND CLINICA | YES | 12/01/2020 | 12/31/2078 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 95056 | PHOTO TESTS | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2072 | MAT BUPRENORPHINE IMPL I&R;WKLY BD | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6095 | REPAIR IMPLANT ABUTMENT BY REPORT | HCPCS - DENTAL | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 61154 | BURR HOLE W/EVAC&/DRG HMTMA | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47600 | CHOLECYSTECTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21137 | RDCTJ FOREHEAD CNTRG ONLY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21076 | IMPRES&PREP SURG OBT PROSTH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20100 | EXPL PENTRG WOUND NECK | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 35251 | RPR BLVSL VN GRF INTRA-ABDL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35201 | REPAIR BLOOD VESSEL DIR NECK | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33851 | EXC COA RPR L SUBCL ART/PRST | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31766 | CARINAL RECONSTRUCTION | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15116 | EPDRM AGRFT F/S/N/H/F/G/MEA | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0520 | SUPPLY FEE HIV PREP INJ 60 | HCPCS - TEMP CODES | EXPIRED | 10/01/2024 | 10/01/2024 | | | |
| ABH of Illinois-Medicaid | 92575 | SENSORINEURAL ACUITY LVL TST | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21465 | OPTX MNDBLR CNDYLR FX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21445 | OPTX MNDBLR/MAX ALV RIDGE FX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | M1268 | PT AC STAT KID TRNSPLT WTLST | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 36406 | VNPNXRLT 3YRS PHY/QHP OTHER VN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21502 | I&D DP ABS/HMTM NCK RIB OSTC | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G8694 | LVEF LT EQU 40PCT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 57111 | VAGNC COMPL RMVL PARAVAGTIS | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 56632 | VLVCTMY RAD PRTL BI LYMPHAD | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87166 | DARK FIELD EXAM W/O COLLJ | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 25650 | CLTX ULNAR STYLOID FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9254 | DOC PT DISCHG GT 2D | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 74022 | RADEX COMPL AQT ABD SERIES | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25445 | ARTHRP W/PROSTC TRAPEZIUM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67710 | SEVERING TARSORRHAPHY | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37615 | LIGATION MAJOR ARTERY NECK | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37700 | LIGATION&DIV LONG SAPH VEIN | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 57010 | COLPOTOMY DRG PEL ABSCESS | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9402 | PT RECEIVED F/U W/I 30 DAYS AFTER D | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9786 | ECHO IMAGE POST PROC FOR CAD OF HF | HCPCS - C CODES-OUTPATIENT PP | EXPIRED | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 77605 | HYPERTHERMIA EXT GEN DEEP | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 25525 | OPTX RDL SHFT FX&CLTX RAD/UL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77073 | BONE LENGTH STUDIES | RADIOLOGY-DIAGNOSTIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69620 | MYRINGOPLASTY | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0537T | BLD DRV T LYMPHCYT CAR-T CLL | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G2116 | PT 66-80 FRAILTY AND ADV ILL | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 61316 | INC&SUBQ PLMT CRNL BONE GRF | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61305 | CRNEC/CRNOT EXPL INFRATNTORL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21077 | IMPRES&PREP ORBITAL PROSTH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15822 | BLEPHAROPLASTY UPPER EYELID | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 15136 | DRM AGRFT F/S/N/H/F/G/M EA | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61516 | CRNEC TREPH EXC CYST STTL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61345 | OTH CRANIAL DCMPRN PST FOSSA | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35236 | REPAIR BLVSL VN GRF UXTR | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33770 | RPR TGA W/O SURG ENLGMNT VSD | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33755 | SHUNT AS-AORT TO PULM ART | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33688 | CLSR 1VSD W/WO PTCH RMVL BND | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9974 | DILATED MACULAR EXAM PERFORMED | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9921 | NO SCR P PR SCR P/POS NO REC&RSN | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 95866 | NEEDLE EMG HEMIDIAPHRAGM | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0618T | INSJ IRIS PROSTH SEC IO LENS | CATEGORY III CODES | EXPIRED | 06/30/2020 | 12/31/2078 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G2126 | PT 66-80 FRAILTY AND ADV ILL | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2070 | MAT BUPRENORPHNE IMPL INSRT;WKLY BD | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 78202 | LIVER IMAGING WITH VASC FLOW | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61215 | INS SUBQ RSVR PMP/NFS SYS | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50250 | OPN ABLTJ 1/GT RNL MAS CRYSRG | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15934 | EXC SACRAL PR ULC SKN FLAP | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61340 | SUBTEMPORAL CRANIAL DCMPRN | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35241 | RPR BLVSL VN GRF NTRTHRC W/B | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33813 | REPAIR SEPTAL DEFECT | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33766 | SHUNT SUPR V/C P-ART 1 LUNG | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15260 | FTH/GFT FR N/E/E/L 20 SQCM/LT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88387 | MACROSCOPIC XM DSJ&PREP TISS | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64822 | SYMPATHECTOMY ULNAR ARTERY | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15151 | TIS CLTR SKN AGRFT T/A/L ADD | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G8578 | NO REOP REQ BLD GRFT OTH | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 77074 | RADEX OSSEOUS SURVEY LMTD | RADIOLOGY-DIAGNOSTIC | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 17340 | CRYOTHERAPY FOR ACNE | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 15940 | EXC ISCHIAL PR ULC PRIM SUTR | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15832 | EXC EXCESSIVE SKIN THIGH | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 15201 | FTH/GFT FR TRNK EACH ADDL | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15110 | EPIDRM AGRFT T/A/L 1ST 100 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31614 | TRACHEOSTOMA REVJ COMPLEX | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65860 | SEVERING ADS ANT SGM LASER | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78258 | ESOPHAGEAL MOTILITY | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33694 | CMP RPR TOF WO PLM ATRS PTCH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31615 | TRCHEOBRNCHSC EST TRACHS INC | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | M1179 | NO PCV RECD | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 74175 | CTA ABDOMEN W/CONTRAST | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 41874 | ALVEOLOPLASTY EACH QUADRANT | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21082 | IMPRES&PREP PALTL AUG PROSTH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46030 | REMOVAL ANAL SETON OTH MRK | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | J2468 | INJ, PALONOSETRON (POSFREA) | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2024 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 98968 | PH1 ASSMT&MGMT NQHP 21-30 | MEDICINE - SPECIAL SERVICES, P | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 96913 | PHOTOCHEMOTX SEV DERMATOSES | MEDICINE - SPECIAL DERMATOLOGI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 25449 | REVJ ARTHRP WRIST JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93642 | EP EVL 1/2CHMB TRNSVNS CVDFB | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93622 | COMP EP EVAL L VENTR PAC&REC | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25526 | OPTX RDL SHFT FX&DSTL RAD/UL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21423 | OPTX PALATAL/MAX FX COMP | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59840 | INDUCED ABORTION D&C | SURGERY - MATERNITY CARE AND D | NON-COV | 11/20/2020 | 12/31/2078 | | All claims that contain abortion procedures must be billed directly to the Illinois Department of Healthcare and Family Services. | |
| ABH of Illinois-Medicaid | 56805 | CLITOROPLASTY INTERSEX STATE | SURGERY - FEMALE GENITAL SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 56700 | PRTL HYMNCTMY/REVJ HYMNL RNG | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51020 | CYSTOTOMY/CYSTOSTOMY W/FULG | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74019 | RADEX ABDOMEN 2 VIEWS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37600 | LIGATION XTRNL CAROTID ART | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25685 | OPTX TRNS-SCPHPRLNR FX DISLC | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 25441 | ARTHRP W/PROSTC DSTL RDS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95012 | NITRIC OXIDE EXP GAS DETER | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0448U | ONC LNG&CLN CA DNA QUAL NGS | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 35286 | RPR BLVSL GRF OTH/TH VN LXTR | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25830 | ARTHRD DST RAD/UL JT SGM RSC | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49204 | EXC ABD TUM OVER 5 CM | SURGERY - DIGESTIVE SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47015 | LAPT ASPIR&/NJX HEP PRST CST | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35182 | RPR CGEN AV FISTULA THRX&ABD | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25630 | CLTX CARPL FX W/O MNPJ EA B1 | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25608 | OPTX DST RD XART FX/EPI SEP2 | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21440 | CLTX MNDBLR/MAX ALV RIDGE FX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D6090 | REPAIR OF IMPL/ABUTMENT SPTD PROS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9794 | THERAP RAD SIM-AID FLD CMPLX PET&CT | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 95018 | ALL TSTG PERQ&IQ DRUGS/BIOL | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93623 | PRGRMD STIMJ&PACG IV RX NFS | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93620 | COMP EP EVL R AT VEN PAC&REC | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 59852 | INDUCED ABORTION 1+NJX HYST | SURGERY - MATERNITY CARE AND D | NON-COV | 11/20/2020 | 12/31/2078 | | All claims that contain abortion procedures must be billed directly to the Illinois Department of Healthcare and Family Services. | |
| ABH of Illinois-Medicaid | 56640 | VLVCTMY RAD COMP W/LYMPHADEC | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D5640 | RPLC BKN TEETH PRTL DENTUR Q TOOTH | HCPCS-DENTAL-Denture Repair | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | 81514 | NFCT DS BV&VAGINITIS DNA ALG | PATH & LAB - CYTOGENETIC STUDI | NO | 01/01/2021 | 11/30/2024 | | | |
| ABH of Illinois-Medicaid | 81513 | NFCT DS BV RNA VAG FLU ALG | PATH & LAB - CYTOGENETIC STUDI | NO | 01/01/2021 | 11/30/2024 | | | |
| ABH of Illinois-Medicaid | J3398 | INJ VORETGN NEPARVVC-RZYL 1 B VEC G | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J3399 | INJ AVSX-101-XIOI P-TX TO 5X10^15VG | HCPCS - DRUGS (NOT ORAL) | YES | 06/04/2020 | 12/31/2078 | | Drug requires PA through pharmacy (PBM). Submit through CoverMyMeds® or SureScripts". | |
| ABH of Illinois-Medicaid | E0469 | LUNG EXPANS HIGH OSCIL NEB | HCPCS - DME | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0484U | NFCT DS MGEN 23S RRNA PT MUT | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0486U | ONC PAN SOL TUM NGS CFCTDNA | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0488U | OB FETAL AG NIPT CFDNA ALYS | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0490U | ONC CUTAN/UVEAL MLNMA CD146 | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0492U | ONC SOL TUM CTC SLCTN PD-L1 | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0513U | ONC PRST8 ALG ALYS MSI&HRD | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0516U | RX METAB RXGENOMIC GNOTYP 40 | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | L8721 | RECEPTOR SOLE L8720 REPLACE | HCPCS - ORTHOTIC PROCEDURES | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0493U | TRNSPL MED QUAN DD-CFDNA NGS | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0495U | ONC PRST8 ALYS CRCG PLSM PRT | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0497U | ONC PRST8 MRNA RT-PCR 6GENES | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0499U | ONC CLRCT&LNG DNA NGS 8GENES | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0503U | NEURO ALZ DS BAMYL&TAU PRTN | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0519U | THER RX MNTR MEDS P/D/A 110+ | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0716 | SUPP AND ACCES INTRAVAG PELV | HCPCS - DME | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4334 | AMNIOPLAST 1 PER SQ CM | HCPCS - TEMP CODES | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4338 | ARTACENT VELOS PER SQ CM | HCPCS - TEMP CODES | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4342 | THERAMEND PER SQ CM | HCPCS - TEMP CODES | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5136 | INJ DENOSUMAB-BBDZ 1 MG | HCPCS - TEMP CODES | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A2028 | MICROMATRIX FLEX PER MG | HCPCS - MED-SURG SUPPLIES | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A4543 | SUPPLY TRANS ELEC NERVE STIM | HCPCS - MED-SURG SUPPLIES | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C8000 | SUPRT DEV A-V FISTULA IMP | HCPCS - C CODES - OUTPATIENT PP | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0483U | NFCT DS NG GYRA S91F PT MUT | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0485U | ONC SOL TUM CFDNA&RNA NGS GM | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0487U | ONC SOL TUM CFCDNA TGSAP 84 | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0489U | OB SGNIPT CFDNA SEQ ALYS 1+ | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0491U | ONC SOL TUM CTC SLCT ER PRTN | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0504U | NFCT DS UTI ID 17 PATH ORGS | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0507U | ONC OVR DNA WHOLE GEN W/5HMC | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E3200 | GAIT MOD SYSTM RHYM AUDITORY | HCPCS - DME | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0494U | RBC AG FTL RHD GENE ALYS NGS | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0496U | ONC CLRCT CFDNA 8/7 GENES | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0498U | ONC CLRCT NGS MUT DETC 43GEN | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0501U | ONC CLRC BLD QUAN MEAS CFDNA | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0517U | THER RX MNTR 80+ PSYACTIV RX | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0721 | TRANS ELEC STIM AURICULAR | HCPCS - DME | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0737 | TRANSCUT TIBIAL STIM BY APP | HCPCS - DME | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4336 | ARTECENT C PER SQ CM | HCPCS - TEMP CODES | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4340 | SIMPLIGRAFT PER SQ CM | HCPCS - TEMP CODES | YES | 10/01/2024 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | Q4344 | TRI MEMBRANE WRAP PER SQ CM | HCPCS - TEMP CODES | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A9610 | XE129 XENON DIAGNOSTIC | HCPCS - MED-SURG SUPPLIES | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A4545 | SUPPL ACCESSOR TIBIAL STIM | HCPCS - MED-SURG SUPPLIES | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0505U | NFCT DS VAG INFCTJ ID 32ORGS | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0510U | ONC PNCRTC CA ALG ALYS 16GEN | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0512U | ONC PRST8 ALYS DGTZ IMG MSI | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0515U | GI IBD IA QUAN DETER IFX LVL | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0502U | HPV E6/E7 MRK HI-RSK TYP CRV | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0518U | THER RX MNTR 90+ PN&MTL HLTH | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0138 | INJECTION ACETAMINOPH 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0683 | NON PNEU PERISTALIC COMP PMP | HCPCS - MED-SURG SUPPLIES | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4335 | AMNIOPLAST 2 PER SQ CM | HCPCS - TEMP CODES | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4339 | ARTACENT VERICLEN PER SQ CM | HCPCS - TEMP CODES | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4343 | DERMACYTE AC MATRX PER SQ CM | HCPCS - TEMP CODES | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A2029 | MIROTRACT MATRIX SHEET | HCPCS - MED-SURG SUPPLIES | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A7021 | SUPPL AND ACCESS LUNG EXPAN | HCPCS - MED-SURG SUPPLIES | YES | 10/01/2024 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | A4544 | ELECTRO NERVE STIMULATOR RLS | HCPCS - MED-SURG SUPPLIES | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1749 | INJ ILOPROST 0.1 MCG | HCPCS - DRUGS (NOT ORAL) | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0476U | RX METAB PSYC 14GEN&CYP2D6 | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0478U | ONC NSCLC DNA&RNA DPCR 9GENS | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0480U | NFCT DS CSF METAG NGS ALYS | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0482U | OB PE BIOCHEM ASY SFLT1&PLGF | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0767 | INTRABUC AM RF EMF CANCER TX | HCPCS - DME | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0506U | GI BARRETTS ESOPHGL CELL 89 | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0511U | ONC SOL TUM 3DMICROENVIR 36+ | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0514U | GI IBD IA QUAN DETER ADL LVL | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2513 | SGD ACCESSORY EMG SENSOR | HCPCS - DME | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L8720 | EXT LOW EXT SENS PROSTHE MEC | HCPCS - ORTHOTIC PROCEDURES | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0500U | AUTOINFLAM DS VEXAS SYND DNA | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0520U | THER RX MNTR 200+ RX/SBSTS | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0715 | INTRAVAG PELVIC FLOOR KEGEL | HCPCS - DME | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4337 | ARTECENT TRIDENT PER SQ CM | HCPCS - TEMP CODES | YES | 10/01/2024 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | Q4341 | SIMPLIMAX PER SQ CM | HCPCS - TEMP CODES | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4345 | MATRIX HD ALLOGRFT PER SQ CM | HCPCS - TEMP CODES | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5135 | INJ TYENNE 1 MG | HCPCS - TEMP CODES | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A2027 | MATRIDERM PER SQ CM | HCPCS - MED-SURG SUPPLIES | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0477U | RX METAB PSY 14&CYP2D6 GN-RX | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0479U | TAU PHOSPHORYLATED PTAU217 | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0481U | IDH1 IDH2&TERT PROMOTER NGS | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0743 | EXT LOW EXT NERVE STIMU RLS | HCPCS - DME | YES | 10/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J8522 | CAPECITABINE ORAL 50 MG | HCPCS - DRUGS (NOT ORAL) | YES | 10/01/2024 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9329 | INJ TISLELIZUMAB-JSGR | HCPCS - DRUGS (NOT ORAL) | YES | 10/01/2024 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J0175 | INJ DONANEMAB-AZBT 2 MG | HCPCS - DRUGS (NOT ORAL) | YES | 07/02/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | S9500 | HIT ANTIBIOTIC/ANTIFUNGAL; Q24 HRS | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | S9435 | MEDICAL FOODS INBORN ERRORS METAB | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | S9001 | HOME UTERIN MON W/WO ASSOC NRS SRVC | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | S5501 | HOME INFUS TX CATH CARE COMPLX DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | S5498 | HOME INFUS TX CATH CARE SIMPLE DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L0637 | LSO SAG-COR CNTRL RIGID A&P PREFAB | HCPCS - ORTHOTIC PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0738 | PORT GASEOUS O2 SYS RNTL;HOM COMPRS | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0733 | PWR WC 12-24 AMP HR LEAD BATT EACH | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0077 | FRT C ASM CMPL SLD TIRE REPL ONLY E | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0073 | CASTER PIN LOCK EACH | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0072 | FRT C ASM CMPL SEMIPN T RPL ONLY E | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0069 | RW ASM CMPL SOLID T SPKE/MLD RPL EA | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2397 | POWER WC LITHIUM BASED BATTERY EACH | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2396 | PWR WC CASTER FORK REPL ONLY EACH | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2395 | PWR WC CASTER WHEEL EXCL TIRE REPL | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2394 | PWR WC DRIVE WHEEL EXCL TIRE REPL | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2392 | PWR WC S CASTR TIRE INTEGRT REPL EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2391 | PWR WC SOLID CASTER TIRE REPL EACH | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2388 | PWR WC FOAM WHEEL TIRE REPL ONLY EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | E2387 | PWR WC FOAM FILL CASTR TIRE REPL EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2386 | PWR WC FOAM FILL WHEEL TIRE REPL EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2385 | PWR WC TUBE CASTER TIRE REPL EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2384 | PWR WC PNEUMATIC CASTR TIRE REPL EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2383 | PWR WC INSERT WHEEL TIRE REPL EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2382 | PWR WC TUBE WHEEL TIRE REPL EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2372 | PWR WC GRP 27 NONSEAL LED ACID BATT | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2371 | PWR WC GRP 27 SEALED LEAD ACID BATT | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2366 | PWR WC ACSS BATTRY CHARGER 1 MODE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2365 | PWR WC ACSS U-1 SEALED BATTRY | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2364 | PWR WC ACSS U-1 NON-SEALED BATTRY | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2363 | PWR WC ACSS GRP 24 SEALED BATTRY | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2362 | PWR WC ACSS GRP 24 NON-SEALED BATT | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2361 | PWR WC ACSS 22NF SEALED LEAD BATTRY | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2360 | PWR WC ACSS 22 NF NON-SEALED BATTRY | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2359 | PWR WC GRP 34 SEALED LA BATT EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | E2226 | MNL WC ACSS CASTR FORK REPL ONLY | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2225 | MNL WC CASTR WHL EXCLD TIRE REPL | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2224 | MNL WC AC P WHL EXCL T SZ RPL ONL E | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2222 | MNL WC AC SLD C TIRE I WHL SZ RPL E | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2219 | MNL WC ACSS FOAM CASTER TIRE ANY SZ | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2218 | MNL WC ACCSS FOAM PROPULSION TIRE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2215 | MNL WC ACSS TUBE PNEUMAT CASTR TIRE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2214 | MNL WC ACCESS PNEUMAT CASTER TIRE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2213 | MNL WC INSRT PNEUMAT PROPULSN TIRE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2211 | MNL WC ACESS PNEUMAT PROPULSN TIRE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1392 | PORTABLE OXYGEN CONCENTRATOR RENTAL | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1390 | O2 CONC 85PCT /GT 02 CONC PRSC FLW RATE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0936 | CONT PASS MOTION EXER DEVC NOT KNEE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0935 | CONT PSV MOT EXER DEVC KNEE ONLY | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0673 | SEG GRAD PRSS PNUMAT APPLNC HLF LEG | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0672 | SEG GRAD PRSS PNUMAT APPLNC FUL ARM | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | E0671 | SEG GRAD PRSS PNUMAT APPLNC FUL LEG | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0669 | SEG PNEUMAT APPLINC COMPRS HALF LEG | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0668 | SEG PNEUMAT APPLINC COMPRS FULL ARM | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0667 | SEG PNEUMAT APPLINC COMPRS FULL LEG | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0666 | NONSEG PNEUMAT APPLINC HALF LEG | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0665 | NONSEG PNEUMAT APPLINC FULL ARM | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0655 | NONSEG PNEUMAT APPLINC HALF ARM | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0619 | APNEA MONITOR W/RECORDING FEATURE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0483 | HF CW OS SYS TH REG REC SIM EX OS Q | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0447 | P O C L 1M SPLEQU 1U PRSC R/N XCD 4LPM | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0443 | PORTBL O2 CONTENT GAS 1 MO SPLEQU 1 U | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0442 | STATIONARY 02 CONT LQD 1 MO SPLEQU 1 U | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0441 | STATIONARY O2 CONT GAS 1 MO SPLEQU 1 U | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0439 | STATION LIQUID O2 SYS RENTAL; | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0434 | PRTBLE LIQUID O2 SYS RENTAL; | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0431 | PRTBLE GASEOUS O2 SYS RENTAL; | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | E0310 | BEDSIDE RAILS FULL-LENGTH | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0272 | MATTRESS FOAM RUBBER | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0271 | MATTRESS INNER SPRING | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | B4105 | IN-LINE CART CTG DIG ENZYME EF EACH | HCPCS - ENTERAL & PARENTERAL | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A7026 | HI FREQ CHST WALL OSCILAT HOSE REPL | HCPCS - MED-SURG SUPPLIES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A7025 | HI FREQ CHST WALL OSCILAT VEST REPL | HCPCS - MED-SURG SUPPLIES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A4563 | RCTL CNTRL SYS VAG INSRT LT U ANY E | HCPCS - MED-SURG SUPPLIES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 90683 | RSV VACC MRNA LIPID NANO IM | MEDICINE - VACCINES, TOXOIDS | NO | 06/01/2024 | 06/01/2024 | | | |
| ABH of Illinois-Medicaid | 90624 | MENB-4C&MENACWY VACC IM | MEDICINE - VACCINES, TOXOIDS | NO | 10/01/2024 | 10/01/2024 | | | |
| ABH of Illinois-Medicaid | P9027 | RBC O2 CO2 REDUCED | HCPCS - PATH & LAB | NO | 10/01/2024 | 10/01/2024 | | | |
| ABH of Illinois-Medicaid | L1821 | KO ELAS W/CONDYLE PADS OTF | HCPCS - ORTHOTIC PROCEDURES | NO | 10/01/2024 | 10/01/2024 | | | |
| ABH of Illinois-Medicaid | L1653 | HO ABDUCTION STATIC OTS | HCPCS - ORTHOTIC PROCEDURES | NO | 10/01/2024 | 10/01/2024 | | | |
| ABH of Illinois-Medicaid | L1006 | SCOLIOSIS ORTH SAG/COR | HCPCS - ORTHOTIC PROCEDURES | NO | 10/01/2024 | 10/01/2024 | | | |
| ABH of Illinois-Medicaid | J8541 | ORAL HEMADY 0.25 MG | HCPCS - DRUGS (NOT ORAL) | NO | 10/01/2024 | 10/01/2024 | | | |
| ABH of Illinois-Medicaid | J2601 | INJ VASOPRESSIN BAXTER | HCPCS - DRUGS (NOT ORAL) | NO | 10/01/2024 | 10/01/2024 | | | |
| ABH of Illinois-Medicaid | J2253 | INJ MIDAZOLAM SEIZALAM | HCPCS - DRUGS (NOT ORAL) | NO | 10/01/2024 | 10/01/2024 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | J2252 | INJ MIDAZOLAM IN 0.8PCT NACL | HCPCS - DRUGS (NOT ORAL) | NO | 10/01/2024 | 10/01/2024 | | | |
| ABH of Illinois-Medicaid | J2004 | INJ LIDOCAINE W EPINEPHRINE | HCPCS - DRUGS (NOT ORAL) | NO | 10/01/2024 | 10/01/2024 | | | |
| ABH of Illinois-Medicaid | J2003 | INJ LIDOCAINE HCL 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 10/01/2024 | 10/01/2024 | | | |
| ABH of Illinois-Medicaid | J2002 | INJ LIDOCAINE IN D5W 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 10/01/2024 | 10/01/2024 | | | |
| ABH of Illinois-Medicaid | J1171 | INJ HYDROMORPHONE 0.1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 10/01/2024 | 10/01/2024 | | | |
| ABH of Illinois-Medicaid | V5212 | HEARING AID BINAURAL ITE/ITC | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1820 | KO ELAS W/ CONDYLE PADS & JO | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5673 | SOCKET INSERT W LOCK MECH | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | G2202 | NO RSN NO BRIEF COUNS | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2251 | INJ MIDAZOLAM IN 0.9PCT NACL | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | E2311 | ELECTRO CONNECT BTW 2 SYS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0822 | PWC GP 2 STD SEAT/BACK | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0167U | CHORNC GONADOTROPIN HCG IA | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V5211 | HEARING AID BINAURAL ITE/ITE | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1025 | ADD CTLSO/SCO ORTHOS KYPHO PAD FLTG | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | L5718 | ADD EXO KN-SHIN PC FRICT SWG CNTRL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0011 | HIV PREP COUNSEL, MD 15-30M | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | E0739 | REHAB SYS ACTIVE ASSIST RT | HCPCS - DME | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A6444 | CONFORM BAND N/S WGT EQU 5"/YD | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6442 | CONFORM BAND N/S WLT 3"/YD | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | J1944 | ARIPIRAZOLE LAUROXIL 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1459 | INJ IVIG PRIVIGEN 500 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | L5679 | SOCKET INSERT W/O LOCK MECH | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A2024 | RESOLVE OR XENOPATCH SQ CM | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7297 | LILETTA 52 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1557 | GAMMAPLEX INJECTION | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | E0984 | ADD PWR TILLER | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A6445 | CONFORM BAND S W LT 3"/YD | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | K0820 | PWC GP 2 STD PORT SEAT/BACK | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0472 | RAD BACKUP INV INTRFC TRACH TUBE | HCPCS - DME | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | J2001 | INJECTION LIDO HCL IV INFUS 10 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | M1284 | PT 66/GT INST SNP/RSD LTC GT 90 DA MSR | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4136 | EZ DERM PER SQUARE CENTIMETER | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7668 | METAPROTERENOL NON-COMP CON | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E0983 | ADD PWR JOYSTICK | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A6447 | CONFORM BAND S W GT EQU 5"/YD | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5712 | ADD EXO KN-SHIN SA FRICT SWG CNTRL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | J0282 | AMIODARONE HCL | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E2310 | ELECTRO CONNECT BTW CONTROL | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0078U | PAIN MGT OPI USE GNOTYP PNL | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2204 | PT 45-85 W/SCOPE | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1129 | ONGO CR NOT PS PT D/C ERLY DT ME EV | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9150 | XENON XE-129 HP GAS DX Q STUDY DOS | HCPCS - C CODES-OUTPATIENT PP | EXPIRED | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | J1170 | INJECTION HYDROMORPHONE UP TO 4 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A0430 | FIXED WING AIR TRANSPORT | HCPCS - TRANSPORTATION (INCL A | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0816 | PWC GP 1 STD CAP CHAIR | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A6446 | CONFORM BAND S WGT EQU 3" LT 5"/YD | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | K0814 | PWC GP 1 STD PORT CAP CHAIR | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9172 | DOCETAXEL DOCIVYX 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | L1652 | HO BI THIGHCUFFS W SPRDR BAR | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | J7298 | MIRENA 52 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1943 | INJ ARISTADA INITIO 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0396U | OB PREIMPLTJ TST 300000 DNA | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1124 | ONGO CR NOT PS PT D/C ERLY DT ME EV | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1133 | ONGO CR NOT PS PT D/C ERLY DT ME EV | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0471 | RAD BU NON INV INTRFC NSL/FAC MASK | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0470 | RAD W/O BACKUP NON-INV INTFC | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0403U | ONC PRST8 MRNA 18 GEN 1ST UR | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0283 | INJ AMIODARONE NEXTERONE | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | L8695 | EXTERNAL RECHARG SYS EXTERNAL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A0431 | ROTARY WING AIR TRANSPORT | HCPCS - TRANSPORTATION (INCL A | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | M1114 | ONGO CR NOT PS PT D/C ERLY DT ME EV | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1109 | ONGO CR NOT PS PT D/C ERLY DT ME EV | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L8689 | EXTERNAL RECHARG SYS INTERNAL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7669 | METAPROTERENOL NON-COMP UNIT DOSE | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6443 | CONFORM BAND N/S WGT EQU 3"LT 5"/YD | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | 0248U | ONC SPHRD CELL CUL 12 RX PNL | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0742T | AQMBF SPECT XERS/STRS & REST | CATEGORY III CODES | YES | 01/01/2023 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 0865T | QUAN MRI ALYS BRN W/O DX MRI | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 75580 | N-INVAS EST C FFR SW ALY CTA | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 01/01/2010 | 12/31/2078 | Carve Out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 0785T | REVJ/RMVL NEA SPI W/NSTIM | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 0784T | INS/RPLMT ELTRD RA SPI NSTIM | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 0629T | PERQ NJX ALGC CT LMBR 1ST | CATEGORY III CODES | YES | 01/01/2021 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 0627T | PERQ NJX ALGC FLUOR LMBR 1ST | CATEGORY III CODES | YES | 01/01/2021 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 0698T | QUAN MR TISS W/MRI MLT ORGN | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 0697T | QUAN MR TIS WO MRI MLT ORGN | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 0213T | NJX PARAVERT W/US CER/THOR | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 0214T | NJX PARAVERT W/US CER/THOR | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 0215T | NJX PARAVERT W/US CER/THOR | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 0216T | NJX PARAVERT W/US LUMB/SAC | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 0217T | NJX PARAVERT W/US LUMB/SAC | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 0218T | NJX PARAVERT W/US LUMB/SAC | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 22526 | IDET SINGLE LEVEL | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | Carve Out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 22527 | IDET 1 OR MORE LEVELS | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | Carve Out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 74263 | CT COLONOGRAPHY SCREENING | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | V5364 | DYSPHAGIA SCREENING | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V5363 | LANGUAGE SCREENING | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V5362 | SPEECH SCREENING | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | V5275 | EAR IMPRESSION EACH | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V5274 | ASSISTIVE LEARNING DEVICE NOS | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V5273 | ASSTIVE LISTEN DEVC W/COCHLEAR IMPL | HCPCS - HEARING SERVICES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V5272 | ASSISTIVE LISTENING DEVICE TDD | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V5271 | ASST LISTEN DEVC TV CAPTION DECODER | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V5270 | ASST LISTENING DEVICE TV AMP TYPE | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V5269 | ASST LISTENING DEVICE ALERTING TYPE | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V5268 | ASST LISTENING DEVICE TEL AMP TYPE | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V5265 | EAR MOLD/INSERT DISPOSABLE ANY TYPE | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V5263 | HEARING AID DISPBL TYPE BINAURAL | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V5262 | HEARING AID DISPBL TYPE MONAURAL | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V5110 | DISPENSING FEE BILATERAL | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V5090 | DISPENSING FEE UNSPEC HEARING AID | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V5020 | CONFORMITY EVALUATION | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V5011 | FIT/ORIENTATION/CHECK HEARING AID | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V5010 | ASSESSMENT FOR HEARING AID | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | V5008 | HEARING SCREENING | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V2799 | VISION ITEM/SERVICE MISCELLANEOUS | HCPCS - VISION SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V2790 | AMNIOTIC MEMBRANE SURG RECNSTR-PROC | HCPCS - VISION SERVICES | YES | 12/01/2020 | 12/31/2078 | Other | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2788 | PRESBYOPIA CORRECTING FUNCT IO LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V2787 | ASTIGMATISM CORRECTING FUNCTION IOL | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V2786 | SPCLTY OCCUP MULTIFOCL LENS-LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V2785 | PRC PRES&TRANSPORTING CORNL TISS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V2784 | LENS POLYCARBATE/EQUL ANY INDX-LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2783 | LNS INDX GT /EQU 1.66 PLSTC/GT /EQU 1.80 GLA | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2782 | LNS I 1.54-1.65 PLST/1.60-1.79 GLA | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2781 | PROGRESSIVE LENS PER LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2780 | OVERSIZE LENS PER LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2770 | OCCLUDER LENS PER LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2760 | SCRATCH RESISTANT COATING PER LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | V2756 | EYE GLASS CASE | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V2755 | U-V LENS PER LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V2750 | ANTIREFLECTIVE COATING PER LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V2730 | SPCL BASE CURVE GLASS/PLSTC-LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V2718 | PRESS-ON LENS FRESNELL PRISM P LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V2710 | SLAB OFF PRISM GLASS/PLSTC PER LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2702 | DELUXE LENS FEATURE | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2700 | BALANCE LENS PER LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2632 | POSTERIOR CHAMBER INTRAOCULAR LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V2631 | IRIS SUPPORTED INTRAOCULAR LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V2630 | ANTERIOR CHAMBER INTRAOCULAR LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V2628 | FABRICATION&FIT OCULAR CONFORMER | HCPCS - VISION SERVICES | NO | 11/30/2020 | 11/30/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V2627 | SCLERAL COVER SHELL | HCPCS - VISION SERVICES | NO | 11/30/2020 | 11/30/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V2624 | POLISHING/RESURFACING OCULR PROSTH | HCPCS - VISION SERVICES | NO | 11/30/2020 | 11/30/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V2623 | PROSTHETIC EYE PLASTIC CUSTOM | HCPCS - VISION SERVICES | NO | 11/30/2020 | 11/30/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | V2615 | TELESCOPIC & OTH COMPOUND LENS SYS | HCPCS - VISION SERVICES | YES | 12/01/2020 | 12/31/2078 | Other | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2610 | SNGL LENS SPECT MOUNT LW VISION AID | HCPCS - VISION SERVICES | YES | 12/01/2020 | 12/31/2078 | Other | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2599 | CONTACT LENS OTHER TYPE | HCPCS - VISION SERVICES | YES | 12/01/2020 | 12/31/2078 | Other | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2531 | CNTC LENS SCLERAL GAS PERMEABLE PER | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2530 | CNTC LENS SCLERAL GAS IMPERMEBL PER | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2526 | CONTACT LENS HPI W/BV FLTR PER LENS | HCPCS - VISION SERVICES | NO | 10/01/2023 | 10/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V2525 | CONTACT LENS HPHI DUAL FOC PER LENS | HCPCS - VISION SERVICES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | V2523 | CNTC LENS HYDROPHIL EXT WEAR LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2522 | CNTC LENS HYDROPHIL BIFOCAL LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2521 | CNTC LENS HYDROPHL/PRISM BLLST LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2513 | CNTC LENS GAS PRMEABL EXT WEAR LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2512 | CNTC LENS GAS PERMEABLE BIFOCL LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2511 | CNTC LENS GAS PRMEABL PRSM BLLST EA | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | V2510 | CNTC LENS GAS PRMEABL SPHERICL LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2503 | CNTC LENS PMMA COLR VISN DEFIC LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2502 | CONTACT LENS PMMA BIFOCAL PER LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2501 | CNTC LENS PMMA/PRISM BALLST LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2500 | CNTC LENS PMMA SPHERICAL PER LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2499 | VARIABLE SPHERICITY LENS OTHER TYPE | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2430 | VRIBL ASPHRC BIFOCL FULL FIELD-LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2410 | VARIBL ASPHRCITY 1 FULL FIELD-LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2399 | SPECIALTY TRIFOCAL | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2320 | TRIFOCAL ADD OVER 3.25D | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2319 | TRIFOCAL SEG WIDTH OVER 28 MM | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2318 | ANISEIKONIC LENS TRIFOCAL | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | V2315 | LENTICULAR PER LENS TRIFOCAL | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2314 | TRIFOCL SPHER GT +/-12.00D PER LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2313 | TRIFCL +/-7.25-+/-12.00D 4.25 -6.00D | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2312 | TRIFCL +/-7.25-+/-12.00D 2.25 -4.00D | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2311 | TRIFCL +/-7.25-+/-12.00D 0.25 -2.25D | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2310 | TRIFOCL +/-4.25-+/-7.00D OVR 6.00D | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2309 | TRIFOCL +/-4.25-+/-7.00D 4.25 -6.00D | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2308 | TRIFOCL +/-4.25-+/-7.00D 2.12 -4.00D | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2307 | TRIFCL +/-4.25-+/-7.00D 0.12-2.00D | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2306 | TRIFOCL PLANO +/-4.00D OVR 6.00D | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2305 | TRIFOCL PLANO +/-4.00D 4.25-6.00 | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2304 | TRIFOCL PLANO +/-4.00D 2.25-4.00D | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |

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| ABH of Illinois-Medicaid | V2303 | TRIFOCL PLANO +/-4.00D 0.12-2.00D | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2302 | SPHER TRIFOCL +/- 7.12-+/-20.00 LNS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2301 | SPHERE TRIFOCL +/- 4.12-+/-7.00 LNS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2300 | SPHERE TRIFOCL PLANO/+/-4.00D LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2299 | SPECIALTY BIFOCAL | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2221 | LENTICULAR LENS PER LENS BIFOCAL | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2220 | BIFOCAL ADD OVER 3.25D | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2219 | BIFOCAL SEG WIDTH OVER 28MM | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2218 | ANISEIKONIC PER LENS BIFOCAL | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2215 | LENTICULAR PER LENS BIFOCAL | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2214 | BIFOCL SPHER OVR +/-12.00D PER LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2213 | BIFOCL +/-7.25-+/-12.00D 4.25-6.00D | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | V2212 | BIFOCL +/-7.25-+/-12.00D 2.25-4.00D | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2211 | BIFOCL +/-7.25-+/-12.00D 0.25-2.25D | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2210 | BIFOCL +/-4.25-+/-7.00D OVER 6.00D | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2209 | BIFOCL +/-4.25-+/-7.00D 4.25-6.00D | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2208 | BIFOCL +/-4.25-+/-7.00D 2.12-4.00D | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2207 | BIFOCL +/-4.25-+/-7.00D 0.12-2.00D | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2206 | BIFOCL PLANO +/-4.00D OVER 6.00D EA | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2205 | BIFOCL PLANO +/-4.00D 4.25-6.00D EA | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2204 | BIFOCL PLANO +/-4.00D 2.12-4.00D EA | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2203 | BIFOCL PLANO +/-4.00D 0.12-2.00D EA | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2202 | SPHERE BIFOCL +/-7.12-+/-20.00D EA | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2201 | SPHERE BIFOCL +/-4.12-+/-7.00D LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | V2200 | SPHERE BIFOCL PLANO +/- 4.00D LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2199 | NOC SINGLE VISION LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2121 | LENTICULAR LENS PER LENS SINGLE | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2118 | ANISEIKONIC LENS SINGLE VISION | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2115 | LENTICULAR PER LENS SINGLE VISION | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2114 | 1 VISN SPHERE GT +/-12.00D PER LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2113 | 1 VISN +/-7.25-+/-12.00D 4.25-6.00D | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2112 | 1 VSN +/-7.25-+/-12.00D 2.25D-400D | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2111 | 1 VISN +/-7.25-+/-12.00D 0.25-2.25D | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2110 | 1 VISN +/- 4.25-7.00D OVER 6.00D | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2109 | 1 VISN+/- 4.25-+/- 7.00D 4.25-6.00D | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2108 | 1 VSN +/-4.25D-+/-7.00D 2.12-4.00D | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |

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| ABH of Illinois-Medicaid | V2107 | 1 VISN +/-4.25-+/-7.00 0.12-2.00D | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2106 | 1 VISN PLANO-+/-4.00D OVR 6.00D EA | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2105 | 1 VISN PLANO-+/-4.00D 4.25-6.00D EA | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2104 | 1 VISN PLANO-+/-4.00D 2.12-4.00D EA | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2103 | 1 VISN PLANO-+/-4.00D 0.12-2.00D EA | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2102 | SPHER 1 VISN +/- 7.12 +/-20.00D EA | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2101 | SPHER 1 VISN +/- 4.12 +/-7.00D EA | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2100 | SPHER 1 VISN PLANO +/- 4.00-LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2020 | FRAMES PURCHASES | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | U0001 | CDC 2019 NOVEL COV RT RT-PCR DX PNL | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T5999 | SUPPLY NOT OTHERWISE SPECIFIED | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T4545 | INCONTIN PROD DISP PENILE WRAP EA | National T Codes | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T4540 | INCONT PROD UNDPAD REUSBL CHAIR SZ | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | T4539 | INCONT PROD DIAPER/BRF REUSBL SZ EA | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T4538 | DIAPER SRVC REUSBL DIAPER EA DIAPER | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2051 | SUPPORTS BROKG SELF-DIR WAIVER; PD | HCPCS - STATE MEDICAID AGENCY | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2050 | FINANCIAL MGMT SELF-DIR WAIVER; PD | HCPCS - STATE MEDICAID AGENCY | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2048 | BHVAL HLTH; LTC RES W/ROOM&BD-DIEM | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2046 | HOSPICE LT CARE RM AND BD PER DIEM | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2045 | HOSPICE GENERAL INPAT CARE PER DIEM | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2044 | HOSPICE INPAT RESPITE CARE PER DIEM | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2043 | HOSPICE CONTINUOUS HOME CARE PER HR | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2042 | HOSPICE ROUTINE HOME CARE PER DIEM | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2041 | SUPP BROKER SLF-DIRED WAIVR; 15 MIN | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2040 | FINANCIAL MGMT WAIVER; 15 MIN | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2038 | CMTY TRANSITION WAIVER; PER SERVICE | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2037 | TX CAMPING DA WAIVER; EA SESS | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2036 | TX CAMPING OVRNGT WAIVER; EA SESS | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2035 | UTILITY SERVICES MED EQP WAIVER | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | T2034 | CRISIS INTERVEN WAIVER; PER DIEM | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2033 | RES CARE NOS WAIVER; PER DIEM | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2032 | RES CARE NOS WAIVER; PER MONTH | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2031 | ASSISTED LIVING WAIVER; PER DIEM | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2030 | ASSISTED LIVING WAIVER; PER MONTH | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2028 | SPECIALIZED SUPPLY NOS WAIVER | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2027 | SPCLIZED CHILDCARE WAIVER; 15 MIN | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2026 | SPCLIZED CHILDCARE WAIVER; PER DIEM | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2025 | WAIVER SERVICES; NOS | HCPCS - STATE MEDICAID AGENCY | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2024 | SRVC ASSESS/PLAN CARE DVLP WAIVER | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2023 | TARGETED CASE MANAGEMENT; PER MONTH | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2022 | CASE MANAGEMENT; PER MONTH | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2021 | DAY HABILITATION WAIVER; PER 15 MIN | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2018 | HABILITATN SUPP EMPLMNT WAIVR;DIEM | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2017 | HABILITATION RES WAIVER; PER 15 MIN | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2016 | HABILITATION RES WAIVER; PER DIEM | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | T2015 | HABILITATION PREVOCATIONAL WAIVR;HR | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2013 | HABILITATION ED WAIVER; HOUR | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2012 | HABILITATION ED WAIVER; DIEM | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2011 | PASRR LEVEL II EVALUATION PER EVAL | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T2010 | PASRR LEVEL I ID SCREEN PER SCREEN | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T1503 | ADMN MED NOT ORAL&/INJ AGENCY/PROF | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T1041 | MEDICAID CERT COM BH CLINIC SRVC PM | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T1033 | SVCS PRFRM DOULA B WORKER PER DIEM | HCPCS - STATE MEDICAID AGENCY | NO | 10/01/2022 | 10/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T1031 | NURSING CARE THE HOME LPN PER DIEM | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T1030 | NRS CARE HOME REGISTERED NURSE-DIEM | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T1028 | ASSESS HOME PHYSICAL & FAMILY ENVIR | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T1027 | FAM TRAIN & CNSL CHILD DVLP 15 MINS | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T1026 | MXDISCPLIN SRVC CHD CMPLX IMPAIR HR | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T1025 | MXDISCPLIN CHILD CMPLX IMPAIR DIEM | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T1024 | EVAL&TX TEAM MX/SEV HANDICAP CHILD | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T1022 | CONTRACT HOME HEALTH AGCY SRVC DAY | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | T1017 | TARGETED CASE MANAGEMENT EA 15 MINS | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T1014 | TELEHEALTH TRANS MIN PROF SRVC | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T1013 | SIGN LANGE/ORAL INTEPR SRVC-15 MIN | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T1012 | ALCOHOL&/SBSTNC ABS SRVC SKL DVLP | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T1010 | MEALS REC ALCOHL&/SUBSTNC ABS SRVC | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T1009 | CHILD SIT IND ALC&/SUBSTNC ABS SRVC | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T1007 | ALCOHOL&/SUBSTANCE ABUSE SERVICES | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T1006 | ALCOHL&/SBSTNC ABS FAM/COUPLE CNSL | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T1004 | SRVC QUALIFIED NRS AIDE TO 15 MIN | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T1003 | LPN/LVN SERVICES UP TO 15 MINUTES | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T1002 | RN SERVICES UP TO 15 MINUTES | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | T1000 | PRIV DUTY/INDEPENDENT NRS TO 15 MIN | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9999 | SALES TAX | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9996 | MEALS CLIN TRIAL PRTCP&ONE CAREGIVR | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9994 | LODG COST CLIN TRIAL PRTCP&CAREGVR | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9992 | TRNSPRT COSTS CLIN TRIAL PRTCP&COMP | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | S9991 | SRVC PROV PART PHASE III CLIN TRIAL | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9990 | SRVC PROV PART PHASE II CLIN TRIAL | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9989 | SERVICES PROVIDED OUTSIDE USA | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9988 | SERV PART OF PHASE 1 CLINICAL TRIAL | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9986 | NOT MEDICALLY NECESSARY SERVICE | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9982 | MEDICAL RECORDS COPYING FEE-PAGE | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9981 | MEDICAL RECORDS COPYING FEE ADMIN | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9977 | MEALS PER DIEM NOS | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9976 | LODGING PER DIEM NOS | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9975 | TPLNT REL LODG MEALS & TRNSPRT DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9970 | HEALTH CLUB MEMBERSHIP ANNUAL | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9961 | AMB SERVC AIR NON-ER 1 WAY ROT WING | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9960 | AMB SERVC AIR NON-ER 1 WAY FIX WING | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9901 | SERVICES JNL-LISTED CS NURSE PER HR | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9900 | SRVC JOUR-LISTED CS PRACT HEAL-DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9810 | HOME THERAPY; NOC PER HOUR | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | S9590 | HOM TX IRRIG TX; W/ADMN-PER DIEM | HCPCS - TEMP NATIONAL CODES | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9563 | HOME INJ TX IMMUNOTHERAPY PER DIEM | HCPCS - TEMP NATIONAL CODES | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9562 | HOME INJ TX PLV/OTH MAB FOR RSV PD | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9560 | HOME INJ TX; HORMONAL THERAPY DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9559 | HOME INFUS TX INTERFERON PER DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9558 | HOME INFUS TX GROWTH HORMONE-DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9542 | HOME INJECTABLE THERAPY NOC-DIEM | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9538 | HOME TRANSFUSION BLOOD PROD; DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9537 | HOM TX HEMATOPOIETIC H INJ TX;-DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9529 | HOME OR SNF PATIENT | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9504 | HIT ABX ANTIVIRL/ANTIFUNGAL; Q4 HRS | HCPCS - TEMP NATIONAL CODES | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9503 | HIT ABX ANTIVIRL/ANTIFUNGAL; Q6 HRS | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9502 | HIT ABX ANTIVIRL/ANTIFUNGAL; Q8 HRS | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9501 | HIT ANTIBIOTIC/ANTIFUNGAL; Q12 HRS | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9497 | HIT ANTIBIOTIC/ANTIFUNGAL; Q3 HRS | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9494 | HIT ANTIBIOTIC/ANTIFUNGAL; DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | S9490 | HIT CORTICOSTEROID INFUS; ADMN SRVC | HCPCS - TEMP NATIONAL CODES | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9485 | CRISIS INTERVENT MENTAL HEALTH SERV | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9476 | VESTIBULR REHAB NON-PHYS PROV-DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9475 | AMB SET SBSTNC ABS TX/DTOX SRVC DAY | HCPCS - TEMP NATIONAL CODES | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9474 | ENTRSTML TX RN CERT ENTRSTML TX DAY | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9473 | PULM REHAB PROGM NON-PHYS PROV DIEM | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9472 | CARD REHAB PROGM NON-PHYS PROV DIEM | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9465 | DIABETIC MGMT PROGM DIETITIAN VISIT | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9460 | DIABETIC MGMT PROGM NURSE VISIT | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9455 | DIABETIC MGMT PROGM GROUP SESSION | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9454 | STRESS MGMT CLASS NON-PHYS PER SESS | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9453 | SMOKING CESSATION CLASS NON-MD SESS | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9452 | NUTRITION CLASSES NON-PHYS PER SESS | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9451 | EXERCISE CLASSES NON-PHYS PER SESS | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9449 | WEIGHT MGMT CLASS NON-PHYS PER SESS | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9447 | INFANT SAFETY CLASS NON-MD PER SESS | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | S9446 | PT ED NOC NON-MD PROV GROUP SESSION | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9442 | BIRTHING CLASSES NON-PHYS PROV-SESS | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9441 | ASTHMA ED NON-MD PROV PER SESSION | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9439 | VBAC CLASSES NON-MD PER SESSION | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9438 | CESAREAN BRTH CLASS NON-MD PER SESS | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9437 | CHILDBIRTH REFRESH CLASS PER SESS | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9436 | CHLDBRTH PREP/LAMAZE CLASS PER SESS | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9434 | MOD SOLID FOOD SUP INBORN ERR METAB | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9432 | MEDICAL FOOD NONINBORN ERRORS METAB | HCPCS - TEMP NATIONAL CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9430 | PHARM COMPOUNDING & DISPENSING SERV | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9401 | ANTICOAGULAT CLIN NO LAB PER SESS | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9381 | DEL/HI RISK REQ ESCRT/PROTECT VST | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9379 | HOME INFUS TX INFUSION TX NOC; DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9377 | HIT HYDRATION TX; GT 3 LITERS DAY | HCPCS - TEMP NATIONAL CODES | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9376 | HIT HYDRAT; GT 2 LITR NOGT 3 LITR DAY | HCPCS - TEMP NATIONAL CODES | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9375 | HIT HYDRAT; GT 1 LITR NOGT 2 LITR DAY | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | S9374 | HIT HYDRATION TX; 1 LITER DAY | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9373 | HIT HYDRATION TX; PER DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9372 | HT; INTERMIT ANTICOAGULANT INJ TX; | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9370 | HT INTERMITTENT ANTI-EMETIC INJ TX; | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9368 | HOM INFUS TX TPN; GT 3 L-DAY-DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9367 | HIT TPN; GT 2 L BUT NOT GT 3 L-DAY-DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9366 | HIT TPN; GT 1 L BUT NOT GT 2 L-DA-DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9365 | HIT TPN; 1 LITER PER DAY PER DIEM | HCPCS - TEMP NATIONAL CODES | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9364 | HIT TPN; CARE COORDINATION DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9363 | HIT ANTI-SPASMOTIC TX; PER DIEM | HCPCS - TEMP NATIONAL CODES | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9361 | HIT DIURETIC IV TX; PER DIEM | HCPCS - TEMP NATIONAL CODES | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9359 | HIT ANTI-TUMR NECROS FACTOR IV TX; | HCPCS - TEMP NATIONAL CODES | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9357 | HIT ENZYME REPL IV TX; PER DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9355 | HOME INFUS TX CHELATION; PER DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9353 | HOME INFUS TX CONT INSULIN; DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9351 | HIT CONT ANTI-EMETIC; PER DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | S9349 | HOME INFUS TX TOCOLYTIC; PER DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9348 | HIT SYMPATHOMIMETIC/INOTROPIC DIEM | HCPCS - TEMP NATIONAL CODES | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9347 | HIT UNINTRPED LNG-TERM IV/SUBQ;DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9346 | HIT ALPHA-1-PROTENAS INHIBITR; DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9345 | HIT ANTI-HEMOPHILIC AGENT; PER DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9343 | HT; ENTERAL NUTRIT VIA BOLUS; DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9342 | HT; ENTERAL NUTRIT VIA PUMP; DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9341 | HT; ENTERL NUTRIT VIA GRAVITY; DIEM | HCPCS - TEMP NATIONAL CODES | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9340 | HOME TX; ENTERAL NUTRITION; DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9339 | HOME TX; PERITONL DIALYSIS PER DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9338 | HOME INFUS TX IMMUOTHAPY; PER DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9336 | HIT CONT ANTICOAGULNT INFUS TX DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9335 | HOM TX HD; ADMIN SPL & EQP PER DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9331 | HIT INTERMIT CHEMOTHAPY INFUS; DIEM | HCPCS - TEMP NATIONAL CODES | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9330 | HIT CONT CHEMOTHAPY INFUS; PER DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9329 | HIT CHEMOTHERAPY INFUSION; PER DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | S9328 | HIT IMPLANTED PUMP PAIN MGMT; DIEM | HCPCS - TEMP NATIONAL CODES | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9327 | HIT INTERMIT PAIN MGMT INFUS; DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9326 | HIT CONT PAIN MGMT INFUS; PER DIEM | HCPCS - TEMP NATIONAL CODES | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9325 | HIT PAIN MANAGEMENT INFUS; PER DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9214 | HOME MGMT GESTATIONAL DIABETES;DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9213 | HOME MANAGEMENT PREECLAMPSIA; DIEM | HCPCS - TEMP NATIONAL CODES | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9212 | HOME MANAGEMENT POSTPARTUM HTN DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9209 | HOME MANGEMENT PPROM DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9208 | HOME MGMT PRETERM LABOR PER DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9152 | SPEECH THERAPY RE-EVALUATION | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9150 | EVALUATION BY OCCULARIST | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9145 | INSULIN PUMP INIT INSTRUCT USE PUMP | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9141 | DIAB MGMT PROGM F/U VISIT MD PROV | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9140 | DM MGMT PROGM F/U VST NON-MD PROV | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9127 | SOCIAL WORK VISIT THE HOME PER DIEM | HCPCS - TEMP NATIONAL CODES | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9126 | HOSPICE CARE IN THE HOME PER DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | S9125 | RESPITE CARE IN THE HOME PER DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9124 | NURSING CARE THE HOME; LPN PER HOUR | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9123 | NRS CARE HOM; REGISTERED NURSE-HOUR | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9122 | HOM HLTH AIDE/CNA PROV CARE HOM; HR | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9117 | BACK SCHOOL PER VISIT | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9110 | TELEMON PT HOME ALL EQUIP; PER MTH | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9098 | HOME VISIT PHOTOTHERAPY SRVC DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9097 | HOME VISIT FOR WOUND CARE | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9090 | VERT AXIAL DECOMPRS PER SESSION | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9088 | SERVICES PROV AN URGENT CARE CENTER | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9083 | GLOBAL FEE URGENT CARE CENTERS | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9061 | HOME ADMIN AEROSOLIZED DRUG TX DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9056 | COMA STIMULATION PER DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9055 | PROCUREN/OTH GROWTH FACTOR PREP | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9034 | ESWL FOR GALL STONES | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9025 | OMNICARDIOGRAM/CARDIOINTEGRAM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | S9024 | PARANASAL SINUS ULTRASOUND | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S9007 | ULTRAFILTRATION MONITOR | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S8990 | PHYS/MANIP TX MAINT NOT RESTORATION | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S8950 | COMPLEX LYMPHEDEMA TX EA 15 MIN | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S8948 | APPLIC MODAL 1/MORE AREAS; LW-LEVL | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S8940 | EQUESTRIAN/HIPPOTHERAPY PER SESSION | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S8930 | E-STIM AUR ACP PNT;EA 15 MIN 1-1 PT | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S8490 | INSULIN SYRINGES | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S8460 | CAMISOLE POST-MASTECTOMY | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S8452 | SPLINT PREFABRICATED ELBOW | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S8451 | SPLINT PREFABRICATED WRIST OR ANKLE | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S8450 | SPLINT PREFABRICATED DIGIT | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S8431 | COMPRESSION BANDAGE ROLL | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S8430 | PADDING COMPRESSION BANDAGE ROLL | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S8429 | GRADIENT PRESSURE EXTERIOR WRAP | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S8415 | SUPPLIES HOME DELIVERY OF INFANT | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | S8301 | INFECTION CONTROL SUPPLIES NOS | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S8265 | HABERMAN FEEDER CLEFT LIP/PALATE | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S8186 | SWIVEL ADAPTOR | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S8131 | INTERFERENTIAL CURR STIM 4 CHANNEL | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S8130 | INTERFERENTIAL CURR STIM 2 CHANNEL | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S8121 | O2 CONTENTS LQD 1 U EQUALS 1 POUND | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S8120 | O2 CNTN GASEOUS 1 U EQU 1 CUBIC FOOT | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S8110 | PEAK EXPIRATORY FLOW RATE | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S8101 | HOLD CHAMB W/INHAL/NEBULIZR; W/MASK | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S8100 | HOLD CHAMB W/INHAL/NEBULIZR;NO MASK | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S8097 | ASTHMA KIT | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S8096 | PORTABLE PEAK FLOW METER | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S8092 | ELECTRON BEAM COMPUTED TOMOGRAPHY | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | S8080 | SCINTIMAMMO UNI W/SPL RADIOPHARM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S8055 | US GUID MXIFETL PG RDUC TECH CMPNT | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S8042 | MAGNETIC RESONANCE IMAG LOW-FIELD | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | S8040 | TOPOGRAPHIC BRAIN MAPPING | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S8037 | MR CHOLANGIOPANCREATOGRAPHY | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | S8035 | MAGNETIC SOURCE IMAGING | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | S8030 | SCLERAL APPLICATION TANTALUM RING | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5571 | INSULIN DISPOSABLE PEN; 3 ML SZ | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5570 | INSULIN DISPOSABLE PEN; 1.5 ML SZ | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5566 | INSULIN CARTRIDGE NOT PUMP; 300 U | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5565 | INSULIN CARTRIDGE NOT PUMP; 150 U | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5561 | INSULIN DEVC REUSABLE PEN; 3 ML SZ | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5560 | INSULIN DEVC REUSABLE PEN;1.5 ML SZ | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5553 | INSULIN LONG ACTING; 5 UNITS | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5552 | INSULIN INTERMED ACTING; 5 UNITS | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5551 | INSULIN MOST RAPID ONSET; 5 UNITS | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5550 | INSULIN RAPID ONSET; 5 UNITS | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5521 | HIT SPL NECES MIDLINE CATH INSERT | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5520 | HIT ALL SPL NECES PICC LINE INSERT | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | S5518 | HIT ALL SPL NECES FOR CATH REPAIR | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5517 | HIT SPL RESTOR CATH PATENCY/DECLOT | HCPCS - TEMP NATIONAL CODES | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5502 | HIT CATH CARE IMPL ACSS DEVC PD | HCPCS - TEMP NATIONAL CODES | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5497 | HOME INFUS TX CATH CARE NOC; DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5185 | MED REMINDR SRVC NON-FCE-TO-FCE; MO | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5181 | HOME HEALTH RESP TX NOS PER DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5180 | HOME HEALTH RESP TX INIT EVALUATION | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5175 | LAUNDRY SERVICE EXT PROF; ORDER | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5151 | UNSKLD RESPITE CARE NOT HOSPICE;PER | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5150 | UNSKLD RESPITE CARE NOT HOSPICE; 15 | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5146 | FOSTER CARE THERAPEUTIC CHLD; MONTH | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5145 | FOSTER CARE THERAPEUTIC CHILD; DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5141 | FOSTER CARE ADULT; PER MONTH | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5140 | FOSTER CARE ADULT; PER DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5136 | COMPANION CARE ADULT ; PER DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5135 | COMPANION CARE ADULT; PER 15 MIN | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | S5131 | HOMEMAKER SERVICE NOS; PER DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5126 | ATTENDANT CARE SERVICES; PER DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5125 | ATTENDANT CARE SERVICES; PER 15 MIN | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5121 | CHORE SERVICES; PER DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5120 | CHORE SERVICES; PER 15 MINUTES | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5116 | HOME CARE TRN NON-FAM; PER SESSION | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5115 | HOME CARE TRN NON-FAM; PER 15 MIN | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5111 | HOME CARE TRAINING FAM; PER SESSION | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5110 | HOME CARE TRAINING FAM; PER 15 MIN | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5109 | HOME CARE TRN HOME CARE CLIENT SESS | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5108 | HOM CARE TRN HOM CARE CLIENT 15 MIN | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5105 | DAY CARE CNTR-BASD; SRVC NOT W/FEE | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5102 | DAY CARE SERVICES ADULT; PER DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5101 | DAY CARE SRVC ADULT; PER HALF DAY | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5036 | HOME INFUS TX REPAIR INFUS DEVICE | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5035 | HOME INFUS TX ROUTINE INFUS DEVC | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | S5014 | 5PCT DXTRS/0.45PCT NS KCI&MGSO4 1500 ML | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5013 | 5PCT DXTROS/0.45PCT S KCL&MGSO4 1000 ML | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5012 | 5PCT DXTROS W/K+ CHLORID 1000 ML | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5010 | 5PCT DXTROS & 0.45PCT NL SALINE 1000 ML | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5001 | PRESCRIPTION DRUG BRAND NAME | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S5000 | PRESCRIPTION DRUG GENERIC | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S4995 | SMOKING CESSATION GUM | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S4991 | NICOTINE PATCHES NON-LEGEND | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S4990 | NICOTINE PATCHES LEGEND | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S4989 | CONTRACEPT IUD INCL IMPL&SUPPLIES | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S4981 | INSRT LEVONORGESTREL INTRAUTRN SYS | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S4042 | MGMT OVULATION INDUCTION PER CYCLE | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S4040 | MON & STOR CRYOPRESRV EMBRYOS 30 DA | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S4037 | CRYOPRESERVD EMBRYO TRNSF CASE RATE | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S4035 | STIM INTRAUTERINE INSEMIN CASE RATE | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S4031 | SPERM PROCURE&CRYOPRES; SUBSQT VST | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | S4030 | SPERM PROCUREMENT&CRYOPRES; 1 VISIT | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S4028 | MICSURG EPIDIDYMAL SPERM ASPIR | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S4027 | STORAGE PREVIOUSLY FROZEN EMBRYOS | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S4026 | PROCUREMENT DONR SPERM SPERM BANK | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S4025 | DONOR SRVC IN VITRO FERTILIZATION | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S4023 | DONOR EGG CYCLE INCPL CASE RATE | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S4022 | ASSIST OOCYTE FERTILIZ CASE RATE | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S4021 | IVF PROC CANCL AFTR ASPIR CASE RATE | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S4020 | IVF PROC CANCL BEFR ASPIR CASE RATE | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S4018 | FRZN EMB TRANS CANCL CASE RATE | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S4017 | INCPL CYCL TX CANCELD PRIOR TO STIM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S4016 | FROZEN IVF CYCLE CASE RATE | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S4015 | COMPLETE IVF CYCLE CASE RATE NOS | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S4014 | COMPLETE CYCLE ZIFT CASE RATE | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S4013 | COMPLETE CYCLE GIFT CASE RATE | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S4011 | IN VITRO FERTILIZATION; | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | S3904 | MASTERS TWO STEP | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S3902 | BALLISTOCARDIOGRAM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S3900 | SURFACE ELECTROMYOGRAPHY | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S3870 | CGH MICROARRAY TEST DD ASD &/OR ID | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S3866 | GENETIC ANALYSIS GENE MUTAT HCM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S3865 | COMP GENE SEQUENCE ANALYSIS HCM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S3861 | GENETIC TEST SCN5A&VARIANTS SPCT BS | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S3854 | GENE EXPRESSION PROFILING PANEL | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S3853 | GENETIC TST MYOTONIC MUSC DYSTROPHY | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S3852 | DNA ANALY APOE EPSILON 4 ALLELE ALZ | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S3850 | GENETIC TESTING SICKLE CELL ANEMIA | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S3849 | GENETIC TESTING NIEMANN-PICK DZ | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S3846 | GENETIC TST HGB E BETA-THALASSEMIA | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S3845 | GENETIC TESTING ALPHA-THALASSEMIA | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S3844 | DNA ANALY GJB2 CONGN PFND DEAFNESS | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S3842 | GENETIC TST VON HIPPEL-LINDAU DZ | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | S3841 | GENETIC TESTING FOR RETINOBLASTOMA | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S3840 | DNA ANALYSIS RET PROTO-ONCOGENE | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S3800 | GENETIC TESTING ALS | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S3722 | DOSE OPTIMIZATION AUC ANAL INF 5-FU | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S3708 | GASTROINTESTINAL FAT ABSORB STUDY | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S3655 | ANTISPERM ANTIBODIES TEST | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S3652 | SLIVA TST HORMONE LEVL;PRTERM LABOR | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S3650 | SALIVA TEST HORMONE LEVEL;MENOPAUSE | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S3645 | HIV-1 ANTIBOD TEST MUCOS TRANSUDATE | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S3630 | EOSINOPHIL COUNT BLOOD DIRECT | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S3620 | NEWBORN METABOLIC SCREENING PANEL | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S3601 | EMERG STAT LAB CHRG PT HB/NRS FACL | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S3600 | STAT LABORATORY REQUEST | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S3005 | PRFRM MSR EVAL PT SELF ASSESS DPRSS | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S3000 | DIAB IND; RET EYE EX DILAT BIL | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2900 | SURG TECH RQR USE ROBOTIC SURG SYS | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | S2411 | FETOSCOPIC LASER THERAPY TX OF TTTS | HCPCS - TEMP NATIONAL CODES | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2409 | REP CONGN MALFORM FETUS-UTERO NOC | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2405 | REPR SACROCOC TRATOMA FETUS IN UTRO | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2404 | REPR MYELOMENINGO FETUS PROC-UTERO | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2403 | REPAIR EPS IN THE FETUS IN UTERO | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2402 | REPAIR CONGEN CYST MALF FETUS-UTERO | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2401 | REPAIR URIN TRACT OBST FETUS-UTERO | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2400 | REPAIR CONGEN HERNIA FETUS-UTERO | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2351 | DSKCT ANT-OSTEOPHYT;LUMB ADD INTRSP | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2350 | DISKECT ANT-OSTEOPHYT;LUMB 1 INTRSP | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2348 | DECOMP PERQ DISC RF 1/MX LUMB | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2342 | NASL ENDO POSTOP DEBRID UNI/BIL | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2341 | CHEMODENERVAT ADDUCT MUSC VOCAL CRD | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2340 | CHEMODNERVAT ABDUCTR MUSC VOCL CORD | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2300 | SCOPE SHLDR;W/THERML-INDUCD CPSLORR | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2235 | IMPL AUDITRY BRAIN STEM IMPLANT | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | S2230 | IMPL MAGNT CMPNT SEMI-IMPL HEAR DVC | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2209 | MIN INVAS DIR CAB; 2 ART GFT&1 VG | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2208 | MIN INVAS DIR CAB; 1 ART&VG 1 VG | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2207 | MIN INVAS DIR CAB; VEN ONLY 1 CVG | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2206 | MIN INVAS DIR CAB; ART GFT 2 CAG | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2205 | MIN INVAS DIR CAB; ART GFT 1 CAG | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2202 | ECHOSCLEROTHERAPY | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2152 | SOLID ORGAN; TPLNT & RELATED COMP | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2150 | BN MARRW/STEM CELL HARV TPLNT&COMP; | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2142 | CORD BLOOD STEM-CELL TPLNT ALLOGEN | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2140 | CORD BLD HARVEST TPLNT ALLOGENEIC | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2120 | LDL APHERES HEPARN XTRCRP LDL PRECP | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2117 | ARTHROEREISIS SUBTALAR | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2115 | OSTEOT PERIACETABULAR W/INTRL FIX | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2112 | ARTHROSCOPY KNEE SURG HARVEST CART | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2107 | ADOPTIVE IMMUNOTX COURSE TREATMENT | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | S2103 | ADRENAL TISSUE TRANSPLANT TO BRAIN | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2102 | ISLET CELL TISS TPLNT PANC; ALLOGEN | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2095 | TRNSCATH OCCL/EMBOLIZ TUMR DESTRUC | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2065 | SIMULTANEOUS PANC KIDNEY TPLNT | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2061 | DONOR LOBECT TPLNT LIVING DONOR | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2060 | LOBAR LUNG TRANSPLANTATION | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2055 | HARV DONR MX-VSCRL ORGN; CADVR DONR | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2054 | TRANSPLANTATION MULTIVISCERAL ORGN | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S2053 | TPLNT SM INTESTINE&LIVER ALLOGFTS | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S1091 | STENT NONCORONARY TEMPORARY DEL SYS | HCPCS - TEMP NATIONAL CODES | YES | 04/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S1037 | RECVER; EXT USE ARTIF PANC DEVC SYS | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S1036 | TRANSMTTR;EXT USE ART PANC DEVC SYS | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S1035 | SNSR;INVASV DSPBL ART PANC DEVC SYS | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S1034 | ARTIF PANC DEVC SYS CMNCT ALL DEVC | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S1031 | CONT NONINVAS GLU MON DEVC RENTAL | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S1030 | CONT NONINVAS GLU MON DEVC PURCHASE | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | S1002 | CUSTOMIZED ITEM | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S1001 | DELUXE ITEM PATIENT AWARE | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0812 | PHOTOTHERAPEUTIC KERATECTOMY | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0810 | PHOTOREFRACTIVE KERATECTOMY | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0800 | LASER IN SITU KERATOMILEUSIS | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0622 | PHYSICAL EXAM COLLEGE NEW/EST PT | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0621 | ROUTINE OPHTH EX W/REFRAC; EST PT | HCPCS - TEMP NATIONAL CODES | YES | 12/01/2020 | 12/31/2078 | Other | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | S0620 | ROUTINE OPHTH EX W/REFRAC; NEW PT | HCPCS - TEMP NATIONAL CODES | YES | 12/01/2020 | 12/31/2078 | Other | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | S0618 | AUDIOMETRY FOR HEARING AID EVAL | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0613 | ANNUAL GYN EX CLIN BRST EX NO PELV | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0612 | ANNUAL GYN EXAMINATION EST PATIENT | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0610 | ANNUAL GYN EXAMINATION NEW PATIENT | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0601 | SCREENING PROCTOSCOPY | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0596 | PHAKIC IOL CORRECT REFRACTIVE ERROR | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0595 | DISPNS NEW SPCTCL LENS PT SPL FRME | HCPCS - TEMP NATIONAL CODES | YES | 12/01/2020 | 12/31/2078 | Other | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | S0592 | COMP CONTACT LENS EVALUATION | HCPCS - TEMP NATIONAL CODES | YES | 12/01/2020 | 12/31/2078 | Other | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | S0590 | INTEGRL LENS SRVC MISC REPORTED SEP | HCPCS - TEMP NATIONAL CODES | YES | 12/01/2020 | 12/31/2078 | Other | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | S0581 | NONSTANDARD LENS | HCPCS - TEMP NATIONAL CODES | YES | 12/01/2020 | 12/31/2078 | Other | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | S0580 | POLYCARBONATE LENS | HCPCS - TEMP NATIONAL CODES | YES | 12/01/2020 | 12/31/2078 | Other | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | S0518 | SUNGLASSES FRAMES | HCPCS - TEMP NATIONAL CODES | NO | 11/30/2020 | 11/30/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0516 | SAFETY EYEGLASS FRAMES | HCPCS - TEMP NATIONAL CODES | NO | 11/30/2020 | 11/30/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0515 | SCLERAL LENS LQD BANDGE DEVICE-LENS | HCPCS - TEMP NATIONAL CODES | NO | 11/30/2020 | 11/30/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0512 | DAILY WEAR SPCLTY CNTC LENS-LENS | HCPCS - TEMP NATIONAL CODES | YES | 12/01/2020 | 12/31/2078 | Other | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | S0510 | NON-PRESCRIPTION LENS PER LENS | HCPCS - TEMP NATIONAL CODES | NO | 11/30/2020 | 11/30/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0508 | TRIFOCAL VISION PRSC LENS PER LENS | HCPCS - TEMP NATIONAL CODES | NO | 11/30/2020 | 11/30/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0506 | BIFOCAL VISION PRSC LENS PER LENS | HCPCS - TEMP NATIONAL CODES | NO | 11/30/2020 | 11/30/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0504 | SINGLE VISION PRSC LENS PER LENS | HCPCS - TEMP NATIONAL CODES | NO | 11/30/2020 | 11/30/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0500 | DISPOSABLE CONTACT LENS PER LENS | HCPCS - TEMP NATIONAL CODES | YES | 12/01/2020 | 12/31/2078 | Other | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | S0400 | GLOBL FEE XTRACORP SHOCK WAVE LITH | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | S0395 | IMPRESSION CAST FOOT-PRACTITIONER | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0390 | ROUTINE FOOT CARE; PER VISIT | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0354 | TX PLAN CARE MGMT CA EST PT CHG REG | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0353 | TX PLAN CARE COORD MGMT CA INIT TX | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0342 | LIFESTYL MOD MGMT COR ART DZ; 4 QTR | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0341 | LIFESTYL MOD MGMT CAD; 2ND/3RD QTR | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0340 | LIFESTYL MOD MGMT COR ART DZ; 1 QTR | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0320 | TEL CALLS RN DZ MGMT MEMB MONITR;MO | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0317 | DISEASE MANAGEMENT PROGM; PER DIEM | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0316 | DZ MGMT PROGM FOLLOW-UP/REASSESS | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0315 | DZ MGMT PROGM; INIT ASSESS&INIT PRO | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0311 | COMP MGMT&CARE COORD ADV ILL CAL MO | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0310 | HOSPITALIST SERVICES | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0302 | CMPL EARLY PRD SCREEN DX&TX SRVC | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0285 | COL CNSLT PRFRM PRIOR SCR COL PROC | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0281 | MED HOME PROGRAM CARE COORD MAINT | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | S0280 | MED HOME PROG COMP CARE COORD INIT | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0274 | NP VST MEMBR HOM OUTSIDE CAPITATION | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0273 | PHYS VST MEMBER HOME OUT CAPITATION | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0272 | PHYS MGT PT HM CARE EPISODC MO RATE | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0271 | PHYS MGT PT HM CARE HOSPICE MO RATE | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0270 | PHYS MGT PT HOME CARE STD MON RATE | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0265 | GENETIC CNSL PHYS SUP EA 15 MINS | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0260 | HX & PHYS RELATED TO SURGICAL PROC | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0257 | CNSL&DISCUSS AD/EOL PT&/SURROGATE | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0255 | BY NRS SOCL WRKER/OTH DESNATD STAFF | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0250 | COMP GERIATRIC ASSESS&TX PLANNING | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0221 | MED CONF MD W/TEAM HLTH PROF;60 MIN | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0220 | MED CONF MD W/TEAM HLTH PROF;30 MIN | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0201 | PART HOSPITALIZATN SRVCLT 24 HR-DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0197 | PRENATAL VITAMINS 30-DAY SUPPLY | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0194 | DIALYS/STRESS VIT SUPL ORAL 100 CAP | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | S0187 | TAMOXIFEN CITRATE ORAL 10 MG | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | S0183 | PROCHLORPERAZINE MALEATE ORAL 5MG | HCPCS - TEMP NATIONAL CODES | NO | 01/01/2020 | 12/04/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0182 | PROCARBAZINE HYDROCHLORD ORAL 50 MG | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | S0179 | MEGESTROL ACETATE ORAL 20 MG | HCPCS - TEMP NATIONAL CODES | NO | 01/01/2020 | 12/04/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0178 | LOMUSTINE ORAL 10 MG | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | S0177 | LEVAMISOLE HYDROCHLORIDE ORAL 50 MG | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0176 | HYDROXYUREA ORAL 500 MG | HCPCS - TEMP NATIONAL CODES | NO | 01/01/2020 | 12/04/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0175 | FLUTAMIDE ORAL 125 MG | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | S0174 | DOLASETRON MESYLATE ORAL 50 MG | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | S0172 | CHLORAMBUCIL ORAL 2 MG | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | S0170 | ANASTROZOLE ORAL 1 MG | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | S0160 | DEXTROAMPHETAMINE SULFATE 5 MG | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0157 | BECAPLERMIN GEL 0.01PCT 0.5 GM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0156 | EXEMESTANE 25 MG | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | S0148 | INJ PEGYLATD INTRFER ALFA-2B 10 MCG | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0140 | SAQUINAVIR 200 MG | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0139 | MINOXIDIL 10 MG | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0138 | FINASTERIDE 5 MG | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0137 | DIDANOSINE 25 MG | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0136 | CLOZAPINE 25 MG | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0132 | INJECTION GANIRELIX ACETATE 250 MCG | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0128 | INJECTION FOLLITROPIN BETA 75 IU | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | S0126 | INJECTION FOLLITROPIN ALFA 75 IU | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0122 | INJECTION MENOTROPINS 75 IU | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0119 | ONDANSETRON ORAL 4 MG | HCPCS - TEMP NATIONAL CODES | NO | 01/01/2020 | 12/04/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0117 | TRETINOIN TOPICAL 5 GRAMS | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | S0109 | METHADONE ORAL 5MG | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0108 | MERCAPTOPURINE ORAL 50 MG | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | S0106 | BUPROPION HCI SR TAB 150 MG 60 TABS | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0104 | ZIDOVUDINE ORAL 100 MG | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0093 | INJECTION MORPHINE SULFATE 500 MG | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0092 | INJ HYDMORPHONE HYDROCHLORID 250 MG | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0091 | GRANISETRON HYDROCHLORIDE 1 MG | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0090 | SILDENAFIL CITRATE 25 MG | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0081 | INJ PIPERACILLIN SODIUM 500 MG | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0078 | INJ FOSPHENYTOIN SODIUM 750 MG | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | S0040 | INJ TICARCLLN & CLAVULANAT K+3.1 GM | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0034 | INJECTION OFLOXACIN 400 MG | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0023 | INJ CIMETIDINE HYDROCHLORIDE 300 MG | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0021 | INJ CEFOPERAZONE SODIUM 1 GM | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0014 | TACRINE HYDROCHLORIDE 10 MG | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0012 | BUTORPHANL TARTRAT NASL SPRAY 25 MG | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | R0076 | TRANS PRTBLE EKG FACL/LOCATION-PT | HCPCS - DIAG. RADIOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q9982 | FLUTEMETAML F18 DX STDY DO TO 5 MCI | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q9968 | INJ NONRA NONCNTRST VIZ ADJNCT 1 MG | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q9967 | LOCM 300-399 MG/ML I CONC PER ML | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q9966 | LOCM 200-299 MG/ML I CONC PER ML | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q9965 | LOCM 100-199 MG/ML I CONC PER ML | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q9964 | HOCM 400 OR GT MG/ML IODINE CONC ML | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q9963 | HOCM 350-399 MG/ML IODINE CONC ML | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q9962 | HOCM 300-349 MG/ML IODINE CONC ML | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q9961 | HOCM 250-299 MG/ML IODINE CONC ML | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | Q9960 | HOCM 200-249 MG/ML IODINE CONC ML | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q9959 | HOCM 150-199 MG/ML IODINE CONC ML | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q9958 | HOCM UP TO 149 MG/ML IODINE CONC ML | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q9957 | INJ PERFLUTREN LIPID MICROSPHERS ML | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q9956 | INJ OCTAFLUOROPROPANE MICROSPHRS ML | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q9955 | INJ PERFLEXANE LIPID MICROSPHERS ML | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q9954 | ORAL MR CONTRAST AGENT 100 ML | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q9953 | INJ IRONBASED MR CONTRAST AGENT ML | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q9951 | LOCM 400/GT MG/ML IODINE CONC ML | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q9950 | INJ S HEXAFLUORIDE LIPID MSS PER ML | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q9004 | DPT VETERAN AF WHOLE HLTH PRTNR SRV | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q5010 | HOSPICE HOME CARE PROV HOSPICE FACL | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q5009 | HOSPICE/HOME HLTH CARE IN PLACE NOS | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q5008 | HOSPICE CARE PROV IP PSYCH FACILITY | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q5007 | HOSPICE CARE PROV IN LTC FACL | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q5006 | HOSPICE CARE PROV IP HOSPICE FACL | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | Q5005 | HOSPICE CARE PROV IN IP HOSPITAL | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q5004 | HOSPICE CARE PROVIDED IN SNF | HCPCS - TEMP CODES | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q5003 | HOSPICE CARE PRVO LTC/NON-SKILL NF | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q5002 | HOSPICE/HHC PROV ASSTD LIVING FACL | HCPCS - TEMP CODES | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q5001 | HOSPICE/HOME HLTH CARE PT HOME/RES | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4304 | GRAFIX PLUS PER SQ CM | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4303 | COMPLETE AA PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4302 | COMPLETE ACA PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4301 | ACTIVATE MATRIX PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4300 | ACESSO TL PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4299 | AMNICORE PRO+ PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4298 | AMNICORE PRO PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4297 | EMERGE MATRIX PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4296 | REBOUND MATRIX PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4295 | AMNIO TRI-CORE AMNIOTIC PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4294 | AMNIO QUAD-CORE PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | Q4293 | ACESSO DL PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4292 | LAMELLAS PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4291 | LAMELLAS XT PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4290 | MEMBRANE WRAP-HYDRO TM PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4289 | REVOSHIELD+ AMNIOTIC BARR PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4288 | DERMABIND CH PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4287 | DERMABIND DL PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4286 | NUDYN SL OR NUDYN SLW PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4285 | NUDYN DL OR NUDYN DL MESH PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4284 | DERMABIND SL PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4283 | BIOVNC TRI-LYR/BIOVNC 3L PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4282 | CYGNUS DUAL PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4281 | BARRERA SL OR BARRERA DL PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4280 | XCELL AMNIO MATRIX PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4279 | VENDAJE AC PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4278 | EPIEFFECT PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | Q4276 | ORION PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4275 | ESANO ACA PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4272 | ESANO A PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4271 | COMPLETE FT PER SQ CM | HCPCS - TEMP CODES | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4270 | COMPLETE SL PER SQ CM | HCPCS - TEMP CODES | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4269 | SURGRAFT XT PER SQ CM | HCPCS - TEMP CODES | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4268 | SURGRAFT FT PER SQ CM | HCPCS - TEMP CODES | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4267 | NEOSTIM DL PER SQ CM | HCPCS - TEMP CODES | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4266 | NEOSTIM MEMBRANE PER SQ CM | HCPCS - TEMP CODES | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4265 | NEOSTIM TL, PER SQ CM | HCPCS - TEMP CODES | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4264 | COCOON MEMBRANE PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4263 | SURGRAFT TL PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4262 | DUAL LAYER IMPAX MEMBRANE PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4261 | TAG PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4260 | SIGNATURE APATCH PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4259 | CELERA D L/CELERA D MEMB PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | Q4258 | ENVERSE PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4257 | RELESE PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4256 | MLG-COMPLETE PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4253 | ZENITH AMNIOTIC MEMBRANE PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4252 | VENDAJE PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4251 | VIM PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4226 | MYOWN SK INCL HARV & PREP PROC P SC | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4225 | AMNIOBIND/DERMABIND TL PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4224 | HHF10-P PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4222 | PROGENAMATRIX PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4221 | AMNIO WRAP2 PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4220 | BELLACELL HD OR SUREDERM PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4219 | SURGIGRAFT-DUAL PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4218 | SURGICORD PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4217 | WNDFIX BIOWND WNDFIX + X + /X+ P SC | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4216 | ARTACENT CORD PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | Q4215 | AXOLOTL AMBIENT/AXOLOTL CRYO 0.1 MG | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4214 | CELLESTA CORD PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4213 | ASCENT 0.5 MG | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4212 | ALLOGEN PER CC | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4211 | AMNION BIO/AXOBIOMEMBRANE PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4209 | SURGRAFT PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4208 | NOVAFIX PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4206 | FLUID FLOW OR FLUID GF 1 CC | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4205 | MEMBRANE GFT/MEMBRANE WRAP P SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4204 | XWRAP PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4203 | DERMA-GIDE PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4202 | KEROXX (2.5G/CC) 1CC | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4201 | MATRION PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4200 | SKINTE PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4199 | CYGNUS MATRIX PER SQ CM | HCPCS - TEMP CODES | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4198 | GENESIS AMNIOTIC MEMBRANE PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | Q4194 | NOVACHOR PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4193 | COLL-E-DERM PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4192 | RESTORIGIN 1 CC | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4191 | RESTORIGIN PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4190 | ARTACENT AC PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4189 | ARTACENT AC 1 MG | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4188 | AMNIOARMOR PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4185 | CELLESTA FLOWABLE AMNION;PER 0.5 CC | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4184 | CELLESTA OR CELLESTA DUO PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4183 | SURGIGRAFT PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4182 | TRANSCYTE PER SQUARE CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4181 | AMNIO WOUND PER SQUARE CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4180 | REVITA PER SQUARE CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4179 | FLOWERDERM PER SQUARE CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4178 | FLOWERAMNIOPATCH PER SQUARE CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4177 | FLOWERAMNIOFLO 0.1 CC | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | Q4176 | NEOPATCH OR THERION 1 SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4175 | MIRODERM PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4174 | PALINGEN/PROMATRX 0.36 MG P 0.25 CC | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4173 | PALINGEN/PALINGEN XPLUS PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4171 | INTERFYL 1 MG | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4170 | CYGNUS PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4169 | ARTACENT WOUND PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4168 | AMNIOBAND 1 MG | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4167 | TRUSKIN PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4166 | CYTAL PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4165 | KERAMATRIX OR KERASORB PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4164 | HELICOLL PER SQUARE CENTIMETER | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4163 | WOUNDEX BIOSKIN PER SQUARE CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4162 | WOUNDEX FLOW BIOSKIN FLOW 0.5 CC | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4161 | BIO-CONNEKT WOUND MATRIX PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4158 | KERECIS OMEGA3 PER SQUARE CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | Q4157 | REVITALON PER SQUARE CENTIMETER | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4156 | NEOX 100 OR CLARIX 100-SQUARE CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4155 | NEOXFLO OR CLARIXFLO 1 MG | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4153 | DERMAVEST AND PLURIVEST PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4152 | DERMAPURE PER SQUARE CENTIMETER | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4150 | ALLOWRAP DS/DRY PER SQ CENTIMETER | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4149 | EXCELLAGEN 0.1 CC | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4148 | NEOX CORD 1K-RT/CLARIX CORD 1K-SC | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4147 | ARCHITECT EXTRACELLULAR MATRIX PER | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4146 | TENSIX PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4145 | EPIFIX INJECTABLE 1 MG | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4143 | REPRIZA PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4142 | XCM BIOLOGIC TISSUE MATRIX PER SQ C | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4141 | ALLOSKIN AC PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4140 | BIODFENCE PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4138 | BIODFENCE DRYFLEX PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | Q4135 | MEDISKIN PER SQUARE CENTIMETER | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4134 | HMATRIX PER SQUARE CENTIMETER | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4128 | FLEXHD OR ALLOPATCHHD PER SQ CM | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4127 | TALYMED PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4126 | MEMODERM TRANZGRAFT/INTEGUPLY SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4125 | ARTHROFLEX PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4123 | ALLOSKIN RT PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4118 | MATRISTEM MICROMATRIX 1 MG | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4117 | HYALOMATRIX PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4082 | DRUG/BIOLOGICAL NOC PART B DRUG CAP | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4074 | ILOPROST INHAL UNIT DOSE TO 20 MCG | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4051 | SPLINT SUPPLIES MISCELLANEOUS | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4050 | CAST SPL UNLIST TYPES&MATL CASTS | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4049 | FINGER SPLINT STATIC | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4048 | CAST SPL SHRT LEG SPLNT PED FIBRGLS | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4047 | CAST SPL SHORT LEG SPLINT PED PLAST | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | Q4046 | CAST SPL SHRT LEG SPLNT ADLT F-GLSS | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4045 | CAST SPL SHRT LEG SPLINT ADLT PLAST | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4044 | CAST SPL LNG LEG SPLINT PED FIBRGLS | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4043 | CAST SPL LNG LEG SPLINT PED PLASTR | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4042 | CAST SPL LNG LEG SPLNT ADLT FIBRGLS | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4041 | CAST SPL LNG LEG SPLINT ADLT PLASTR | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4040 | CAST SPL SHORT LEG CAST PED FIBRGLS | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4039 | CAST SPL SHORT LEG CAST PED PLASTR | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4038 | CAST SPL SHRT LEG CAST ADLT FIBRGLS | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4037 | CAST SPL SHORT LEG CAST ADLT PLASTR | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4036 | CAST LNG LEG CYCLE CAST PED F-GLSS | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4035 | CAST LNG LEG CYCLE CAST PED PLAST | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4034 | CAST LNG LEG CYCLE CAST ADLT F-GLSS | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4033 | CAST LNG LEG CYCLE CAST ADLT PLAST | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4032 | CAST SPL LNG LEG CAST PED FIBRGLS | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4031 | CAST SPL LNG LEG CAST PED PLASTR | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | Q4030 | CAST SPL LONG LEG CAST ADLT FIBRGLS | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4029 | CAST SPL LONG LEG CAST ADULT PLASTR | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4028 | CAST SPL HIP SPICA PED FIBRGLS | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4027 | CAST SPL HIP SPICA PEDIATRIC PLASTR | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4026 | CAST SPL HIP SPICA ADULT FIBRGLS | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4025 | CAST SPL HIP SPICA ADULT PLASTR | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4024 | CAST SPL SHRT ARM SPLNT PED FIBRGLS | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4023 | CAST SPL SHORT ARM SPLINT PED PLAST | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4022 | CAST SPL SHRT ARM SPLNT ADLT F-GLSS | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4021 | CAST SPL SHRT ARM SPLINT ADLT PLAST | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4020 | CAST SPL LNG ARM SPLINT PED FIBRGLS | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4019 | CAST SPL LNG ARM SPLINT PED PLASTR | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4018 | CAST SPL LNG ARM SPLNT ADLT FIBRGLS | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4017 | CAST SPL LNG ARM SPLINT ADLT PLASTR | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4016 | CAST SPL GAUNTLET CAST PED F-GLASS | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4015 | CAST SPL GAUNTLT CAST PED PLASTR | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | Q4014 | CAST SPL GAUNTLET CAST ADLT F-GLASS | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4013 | CAST SPL GAUNTLT CAST ADULT PLASTR | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4012 | CAST SPL SHORT ARM CAST PED FIBRGLS | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4011 | CAST SPL SHORT ARM CAST PED PLASTR | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4010 | CAST SPL SHRT ARM CAST ADLT FIBRGLS | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4009 | CAST SPL SHORT ARM CAST ADLT PLASTR | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4008 | CAST SPL LNG ARM CAST PED FIBRGLS | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4007 | CAST SPL LNG ARM CAST PED PLASTR | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4006 | CAST SPL LONG ARM CAST ADLT FIBRGLS | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4005 | CAST SPL LONG ARM CAST ADULT PLASTR | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4004 | CAST SPL SHLDR CAST ADULT FIBRGLS | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4003 | CAST SPL SHLDR CAST ADULT PLASTR | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4002 | CAST BDY CAST ADLT W/WO HEAD F-GLSS | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4001 | CAST BDY CAST ADLT W/WO HEAD PLAST | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q3001 | ADJUNCTIVE PROCEDURE | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | Q2056 | CLTA CL TO 100 M AUT BCMA CR-P TC D | HCPCS - TEMP CODES | YES | 10/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | Q2055 | IDECABTAGENE VICLEUCEL CAR | HCPCS - TEMP CODES | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | Q2054 | LMGT EQU 110M AT ANTICD19 CAR-P VIBL TC | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | Q2053 | BREXUCABTAGENE CAR POS V T CELL | HCPCS - TEMP CODES | YES | 04/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | Q2052 | SVCS SUP & ACC USED HM FOR ADM IVIG | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q2049 | INJ DOX HCI LIP IMPRT LIPODOX 10 MG | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | Q2043 | SIPULEUCEL-T AUTO CD54+ | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | Q2042 | CTIL019 TO 600 M CAR-+ VI T CE P TD | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

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| ABH of Illinois-Medicaid | Q2041 | KTE-C19 TO 200 M A ANTI-CD19 CAR P | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | Q2039 | INFLUENZA VIRUS VACCINE NOS | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q2038 | FLU VACC SPLIT 3 YRS & GT IM FLUZONE | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q2037 | FLU VACC SPLIT 3 YR & GT IM FLUVIRIN | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q2036 | FLU VACC SPLIT 3 YR & GT IM FLULAVAL | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q2035 | FLU VACC SPLIT 3 YRS & GT IM AFLURIA | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q2034 | FLU VIRUS VAC SPLIT VRS IM AGRIFLU | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q2028 | INJECTION SCULPTRA 0.5 MG | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q2026 | INJECTION RADIESSE 0.1ML | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q1005 | NEW TECH IO LENS CATGY 5 FED REG | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q1004 | NEW TECH IO LENS CATGY 4 FED REG | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q0515 | INJ SERMORELIN ACTATE 1 MCG | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q0514 | PHRM DISPNS FEE INHAL RX;-90 DAYS | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q0513 | PHRM DISPNS FEE INHAL RX;-30 DAYS | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q0512 | PHRM FEE O ANTI-CA EMET/IS RX;SBSQT | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | Q0511 | PHRM FEE O ANTI-CA-EMET/IS RX;30-DA | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q0510 | PHRM SPL FEE IMS 1ST MO FLW TPLNT | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q0509 | MISC SPL IMPL VAD NO PAY MCR PRT A | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q0507 | MISC SUPPLY/ACCESSORY USE W/EXT VAD | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q0249 | INJ TCZ HP PT 2&GT COVID-19 1 MG | HCPCS - TEMP CODES | NO | 06/24/2021 | 06/24/2021 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q0173 | TRIMETHOBENZAMIDE HCL 250 MG ORAL | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q0167 | DRONABINOL 2.5 MG ORAL | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | Regulatory | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q0162 | ONDAN 1 MG ORL NOT EXCEED 48 HR DOS | HCPCS - TEMP CODES | NO | 01/01/2020 | 12/04/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q0144 | AZITHROMYCIN ORAL CAP/POWDER 1 GM | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q0115 | POST-COITAL DIRECT QUALATATIVE EX | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q0114 | FERN TEST | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9615 | CATHETERIZATION COLLECTION SPECIMEN | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9612 | CATH CLCT SPEC 1 PT ALL PLACES SRVC | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9603 | TRAVL 1 WAY NEC LAB SPEC; ACTL MILE | HCPCS - PATH & LAB | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9100 | PATHOGEN TEST FOR PLATELETS | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9099 | BLOOD COMPONENT OR PRODUCT NOC | HCPCS-PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | P9073 | PLATELETS PHERESIS PATHOGEN-REDUCED | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9071 | PLASMA PATHOGEN REDUCED FROZEN EA U | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9070 | PL POOLD MX DNR PATH RDUC FRZN EA U | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9060 | FRESH FRZN PLSMA DONR RETESTED EA U | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9059 | FRESH FRZN PLAS BETWN 8-24 HR CLCT | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9058 | RBCS LEUKOCYTES RDUC CMV-NEG IRRADA | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9057 | RBCS FRZN/DEGLYCEROLIZED/WASHED LEU | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9056 | WHOLE BLD LEUKOCYTES RDUC IRRADATD | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9055 | PLT LEUKOCYT RDUC CMV-NEG APH/PHERS | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9054 | WHOLE BLD/RBCS LEUKOCYTES RDUC FRZN | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9053 | PLT PHERES LEUKOCYT RDUC CMV-NEG EA | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9052 | PLT HLA-MATCHD LEUKOCYTES RDUC EACH | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9051 | WHOLE BLD/RBCS LEUKOCYTES RDUC CMV- | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9048 | INFUS PLSMA PROT FRAC HU 5PCT 250 ML | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9047 | INFUSION ALBUMIN HUMAN 25PCT 50 ML | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9046 | INFUSION ALBUMIN HUMAN 25PCT 20 ML | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | P9045 | INFUSION ALBUMIN HUMAN 5PCT 250 ML | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9044 | PLSMA CRYOPRECIPITATE RDUC EA UNIT | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9043 | INFUS PLSMA PROT FRAC HUMN 5PCT 50 ML | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9041 | INFUSION ALBUMIN HUMAN 5PCT 50 ML | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9040 | RBCS LEUKOCYTES RDUC IRRADATD EA U | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9039 | RBCS DEGLYCEROLIZED EACH UNIT | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9038 | RBCS IRRADIATED EACH UNIT | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9037 | PLATLT PHERES LEUKOCYT RDUC IRRADTD | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9036 | PLATELETS PHERESIS IRRADATD EA UNIT | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9035 | PLATLTS PHERES LEUKOCYTES RDUC EA U | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9034 | PLATELETS PHERESIS EACH UNIT | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9033 | PLATLTS LEUKOCYTES RDUC IRRADATD EA | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9032 | PLATELETS IRRADIATED EACH UNIT | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9031 | PLATLTS LEUKOCYTES REDUCED EA UNIT | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9026 | CRYOPRECP FIBRNGN CMPL PTHGN RDC EA | HCPCS - PATH & LAB | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9025 | PLSMA CRYOPRECIP RED PTH RED EA UN | HCPCS - PATH & LAB | NO | 10/01/2021 | 10/01/2021 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | P9023 | PLASMA POOL MX DONOR FROZEN EA UNIT | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9022 | RED BLOOD CELLS WASHED EACH UNIT | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9021 | RED BLOOD CELLS EACH UNIT | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9020 | PLATELET RICH PLASMA EACH UNIT | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9019 | PLATELETS EACH UNIT | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9017 | FFP FRZN WITHIN 8 HRS CLCT EA UNIT | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9016 | RBCS LEUKOCYTES REDUCED EACH UNIT | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9012 | CRYOPRECIPITATE EACH UNIT | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9011 | BLOOD SPLIT UNIT | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P9010 | BLOOD FOR TRANSFUSION PER UNIT | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P2038 | MUCOPROTEIN BLOOD | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P2033 | THYMOL TURBIDITY BLOOD | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P2031 | HAIR ANALYSIS | HCPCS - PATH & LAB | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P2029 | CONGO RED BLOOD | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | P2028 | CEPHALIN FLOCCULATION BLOOD | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1370 | REHAB SPT MSK CARE MIPS VALUE PATH | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | M1369 | QC MH & SUBST USE D/O MIPS VAL PATH | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1368 | PREV&TX INF D/O HEPC & HIV MIPS VAL | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1367 | QC FOR TX OF ENT D/O MIPS VAL PATH | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1366 | FOCUSING ON WH MIPS VALUE PATHWAY | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1365 | PT ENC DUR PERF PER HPC SP CODE 17 | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1364 | CALC 10-YR ASCVD RS EQU 20PCT PERF PER | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1363 | PT NO F/U ASSMT WI 120 DA IDX ASSMT | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1362 | PATIENTS WHO DIED DURING MMT PRD | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1361 | SR BSD ON CLIN EVAL/CLIN-RATED TOOL | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1360 | S/I A/O BEHAV SX BSD ON C-SSRS | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1359 | IDX ASMT DNM PD SI A/O BX SX/INC SR | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1358 | PT NO RD S/I A/O BX F/U ASMT 120 DA | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1357 | PT RED S/I A/O BX F/U ASMT WI 120 D | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1356 | PATIENTS WHO DIED DURING MMT PRD | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1355 | SR BSD ON CLIN EVAL/CLIN-RATED TOOL | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1354 | PT NO SUI SP INIT REV/UPD/REV & UPD | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | M1353 | PTS NO CMPL SUI SP INIT REV/UPD | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1352 | SI A/O BX SX BSD ON C-SSRS/EQ AX | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1351 | PTS SUI SP INIT REV/UPD & REV & UP | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1350 | PT CMPL SUI SP INIT REV/UPD BY CLIN | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1342 | PATIENTS WHO DIED DURING PERF PRD | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1341 | PT NO F/U ASMT/NO ASMT I 30 -180 D | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1340 | IDX ASMT CMPL USE 12-ITM WHODAS 2.0 | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1339 | PT F/U ASMT 30-180 D AFT ASMT POS | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1338 | PT F/U ASMT 30-180 DA P ASMT NO POS | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1337 | ACUTE PVD | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1336 | PT APP EV INI EX&RE-EV NO LTR 2 WK | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1335 | DOCUMENTATION PT RSN NO F/U EXAM | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1334 | PT PO ENC E AC PVD 2 WK B4/2 WK AFT | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1333 | ACUTE VITREOUS HEMORRHAGE | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1332 | PT NO EV INI EX A/O NO RE-EV I 2 WK | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1331 | PT EV INI EX&RE-EV NLT 8 WKS INI EX | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | M1330 | DOC PATIENT REASON FOR NO F/U EXAM | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1329 | PTS PO ENC E AC PVD 2 WKS B4/8 WKS | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1328 | PATIENTS WITH DX ACUTE VITREOUS HEM | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1327 | PT NO EV INI EX A/O NO RE-EV I 8 WK | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1326 | PATIENTS WITH DIAGNOSIS OF HYPOTONY | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1325 | PT NOT SN RSN DOC CLIN PT/MED RSN | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1324 | PATIENTS HAD IVTA/PERIOCULR CS INJ | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1323 | PTS SN I 7 WKS FLW INJ&SCR&POC DOC | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1322 | PT SN I 7 WKS FLW INJ&SCR DOC INJ E | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1321 | PTS NOT SN I 7 WKS FLW INJ IOP ND | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1320 | PT WHO SCR POS FOR AL 1 OF 5 HRSNS | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1319 | PT DOC CONT W/CSP 1 SCR POS HRSNS | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1318 | PT NO DOC CTC CSP 1 SCR POS HRSNS | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1317 | PT CN ON CON CSP & EXPLCTLY OPT OUT | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1316 | CURRENT TOBACCO NON-USER | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1315 | CRC SCR RSLT NOT DOC & REV; RSN NOS | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | M1314 | BMI NOT DOCUMENTED & NO REASON GVN | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1313 | TOB SCR NOT PERF/TC INT NOT PRVD | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1312 | PATIENT NOT SCRN FOR TOBACCO USE | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1311 | ANAPHYL D/T VACC ON/B4 DATE OF ENC | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1310 | PT SCR TU & RCVD TC INT IF TOB USER | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1309 | PC SVCS PRVD PT ANY TM DUR MSMT PRD | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1308 | INFLUENZA IMMUN WAS NOT ADM NO RSN | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1307 | DOC PT RCVD/CURR RCVG PALLIATIVE/HC | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1306 | PT ANA D/T PV ANY T DUR/B4 MSMT PRD | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1305 | PT RCVD PCV/PS VACC ON/AFT 19TH BD | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1304 | PT NOT RCV PV/PS VACC ON/AFT 19 BD | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1303 | HS SRVC PRVD PT ANY T DUR MSMT PRD | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1302 | SCR DX 3D MAMMO RSLT DOC & REV | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1301 | PT ID TU REC TC INT MMT PD/6 MO PRI | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1300 | INFLUENZA IMMUN NOT ADMIN RSNS DOC | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1299 | INFLUENZA IMMUN ADMIN/PREV RECVD | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | M1298 | DOC PT PREG MSMT PRD PRI & CURR ENC | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1297 | BMI NOT DOC MED RSN/PT REFUS HT/WT | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1296 | BMI DOC I NML PARMS&NO F/U PLN REQD | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1295 | PT DX/PAST HX TOTAL COLECTOMY/CRC | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1294 | NORMAL BP READING DOC F/U NOT REQD | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1293 | BMI DOC AN PARAMETERS & F/U PLN DOC | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1291 | PT 66 YOA&GT 1 CLM FRLTY&DEMNTIA MED | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1290 | PT NOT ELIGIBLE D/T ACT DX OF HTN | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1289 | PT ID TU NO TC INT MSMT PRD/6 M PRI | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1288 | DOC RSN NOT SCR/RECOM F/U FOR HI BP | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1287 | BMI DOC BELOW NML PRAM&F/U PLAN DOC | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1286 | BMI DOC OS NML PRM F/U NOT CMPL MR | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1285 | SCR DX 3D MAMMO RSLT NO DOC RSN NOS | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1283 | PT SCR FOR TU & ID AS TOBACCO USER | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1282 | PT SCR TU & ID AS TOBACCO NON-USER | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1281 | BLOOD PRESS RDG NO DOC RSN NOT GVN | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | M1280 | WOMEN WHO HAD BIL MAST/HX BIL MAST | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1279 | ELEV/HYP BP DOC INDC F/U NOT DOC NR | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1278 | ELEV/HYP BP RDG DOC & INDIC F/U DOC | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1277 | COLORECTAL CA SCR RSLT DOC & REV | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1276 | BMI DOC OS NML PRM NO F/U DOC NO R | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1275 | PT DET HS EXCL MO EV&REM REPRT PRD | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1274 | PTS ADM SNF M EVAL EXCL FRM THAT MO | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1273 | PT ADM SNF 1 Y DI INIT CMS-2728 FRM | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1271 | PT W/DEMENTIA ANY TM PRI TO/DUR MO | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1270 | PTS NO K/ K/P TWL AO LD Q M MMT PD | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1269 | RECV ESRD MCP DI SRVC PROV LD REP M | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1266 | PATIENTS ADMITTED TO A SNF | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1265 | CMS ME FRM 2728 DLYS PTS:FORM CMPL | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1263 | PT IN HS ON INI DLYS DT/DUR MO EVAL | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1262 | PT HAD TPLNT PRI TO INIT DIALYSIS | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1261 | PT ON K OR K/P WL PRI TO INIT DYLS | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | M1258 | CVD RISK ASSMT PERF HAVE DOC CR SC | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1257 | CVD RISK ASSMT NOT PERF/INC RSN NOS | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1256 | PRIOR HISTORY OF KNOWN CVD | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1255 | PT RSN VST CLIN NOT PG&POS PT NO OB | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1254 | PT DECD WHEN HU SURV REACHED THEM | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1253 | PT RESP ON PT HU SURV NOT RECV CARE | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1252 | PT NOT CMPL 1 OF 4 PT EXP SURV ITM | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1251 | PT PRXY CMPL SURV ON BEHALF ANY RSN | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1250 | PT RP TRU PT FLT HRD&UNDRSTD BY PRV | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1249 | PT RP TRE PT FLT PRV UNDSTD IMP IMF | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1248 | PT RP TRUE PT SAW ME NOT MED PRB | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1247 | PT RP TRUE PT FLT PROV PUT MY BI MC | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1246 | PT RSP NOT TRU PROV UNDRSTD IMP IML | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1245 | PT RSP NOT TRU PRV SAW ME NO MED PR | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1244 | PT RSP NOT TRUE PT FLT PRV MY BI MC | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1243 | PT RSP NOT TRUE PT FELT HRD&UNDRSTD | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | M1242 | PT NOT RP PT FLT PRV UNDSTD IMP IML | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1241 | PT NOT RP PRV SAW ME NOT MED PROB | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1240 | PT NOT RP PT FELT PROV PUT MY BI MC | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1239 | PT DID NOT RSP PT FELT HRD BY PROV | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1238 | DOC NO 2ND RZV D/T REC 2-6 MO B/W D | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1237 | PT RSN NO SCR FOOD INSEC HSG INSTAB | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1236 | BASELINE MRS GT 2 | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1235 | DOC/PT REP HCV AB/HCV RNA B4 PER PD | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1234 | PT REAC HCV AB&F/U VT NO HCV VRMIA | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1233 | PT NO HCV AB/RECV HCV RSLT DOC NR | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1232 | PT RECEIV HCV AB TEST W/REACT RSLT | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1231 | PATIENT RECEIV HCV AB TST W/NR RSLT | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1230 | PT RCTV HCV AB&NO F/U VT/RCTV AB | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1229 | PT RCTV HCV AB & F/U VT DE VREMIA | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1228 | PT RCTV HCV AB&F/U VT VRMIA HCV TX | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1227 | EVIDENCE-BASED TX WAS PRESCRIBED | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | M1226 | IOP MEASUREMENT NOT DOC REASON NOS | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1225 | IOP RED BY VAL GT /EQU 20PCT PRE-INT LVL | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1224 | IOP REDUCED BY LT 20PCT PRE-INT LEVEL | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1223 | GLAUCOMA PLAN OF CARE DOCUMENTED | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1222 | GLAUCOMA POC NOT DOC RSN NOS | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1221 | DRE INT OPH/OPTM/AI INT DOC;NO RET | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1220 | DRE EX INT OPH/OPTM/AI INT DOC;RET | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1218 | PATIENT HAS COPD SYMPTOMS | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1217 | DOC SYS RSN NOT DOC & REV SP RSLTS | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1216 | NO SP RSLT CFM AFO DOC A/O NO SP PR | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1215 | DOC MED RSN NOT DOC & REV SP RSLT | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1214 | SP RSLT CONF AIRFLOW OBS DOC & REV | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1213 | NO HX SP RESULTS WITH CONFD AF OBS | HCPCS - MEDICAL SERVICES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1210 | GT 2ORD HIGH RSK MED SM DG CLS NT ORD | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1209 | GT 2ORD HIGH RSK MED SM DG CLS W/O DX | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1208 | PT NT SCR FD/HS INST TRNS UTL INT S | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | M1207 | PT SCR FD/HS INST TRNS UTL INT SFTY | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1206 | ITCH SEV NOT REDGT 3PT INT FU NOT CMP | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1205 | ITCH SEV ASM RED 3/M INIT SC F/U SC | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1204 | INIT NRS VRS/ITCHYQUNT ASMT SCORGT EQU 4 | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1203 | ACE INH/ARB NOT PRESC MST RSN NT GV | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1202 | DOC NOT RX ACE INHB/ARB THR DUR MST | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1201 | DOC REAS NOT RX ACE INH/ARB TX MSMT | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1200 | ACE INHIBITOR/ARB THERP RX DUR MSMT | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1199 | PATIENTS RECEIVING RRT | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1198 | ITCH SEV NT RD 3PTS INT F/U NOT CMP | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1197 | ITCH SEV RED 3/M PT INI ASMT SC F/U | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1196 | INIT NRS/VRS OR ITCHYQUANT SCORGT EQU 4 | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1195 | SRG P CNCL MMR IMHISTCH MSI DNA NOT | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1194 | DOC RPT NOT MMR IHC MSI DNA NOT INC | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1193 | SURG PATH IMPR MMR IHC MSI DNA TEST | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1192 | PT W DX SQUAMOUS CELL CA ESOPHAGUS | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | M1191 | HOSPICE SVC PROV PT ANYTIME DUR PER | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1190 | DOC KIDNEY EVL NT PF/DEF EGFR &UACR | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1189 | DOC KIDNEY HLTH EVL EGFR & UACR PER | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1188 | PT W/DX CHRONIC KIDNEY DISEASE STG5 | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1187 | PT WITH DX END STAGE RENAL DISEASE | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1186 | PT ORD/RECEIVE HOSPICE/PALLITV CARE | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1185 | DOC IMM CP INH TX NT CCS/IMS RX NOT | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1184 | DOC MED REAS NT RX/AD CCS OR IMS TX | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1183 | DOC IMM CP INHB TX HD&CCS/IMS RX/AD | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1182 | PT NOT ELIG DUE TO PRE-EXISTING IBD | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1181 | GR2/ABV DIARRHEA+/OR GR2/AV COLITIS | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1180 | PT ON IMMUNE CHECKPOINT INHIBITR TX | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1178 | DOC MED RSN NOT ADM PNEUMOCOCCAL VC | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1175 | DOCUM MED RSN NOT ADMIN ZOSTER VACC | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1173 | PT NT REC 1TD OR 1TDAP BTW 9Y PRIOR | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1172 | DOC MED REASON NOT ADM TD/ TDAP VAC | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | M1171 | PT LEAST 1TD OR 1TDAP BTW 9Y PR ENC | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1170 | PT NOT REC INFLUZ BTW 7/1YR PR 6/30 | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1169 | DOC MED REAS NOT ADM INFLUENZA VACC | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1168 | PT RC INFLUZ VACBTW 7/1YR PR6/30 MS | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1167 | IN HOSPICE/HOSPICE SVC DUR MSMT PER | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1166 | PTH RP TS SPC PRO WDE LC EXC/RE-EXC | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1165 | PT USE HOSPICE SVC ANY DUR MSMT PER | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1164 | PT W/DEME TIME DUR PT HIST-END MSMT | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1163 | PT ANA DT HPV VAC ON/BFR PT 13TH BD | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1162 | PT EAE DT TD/PV ON/BFR PT 13TH BD | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1161 | PT ANA DT TD/PA ON/BFR PT 13TH BD | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1160 | PT ANA DT MCV ON/BFR PT 13TH BD | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1159 | HS SVCS PROV PT DUR MSMT PERIOD | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1153 | PT DX OSTEOPOROSIS DATE OF ENCNTR | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1152 | PT HX HEART TRANSPLANT/WITH A LVAD | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1151 | PT HX HEART TRANSPLANT/WITH A LVAD | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | M1149 | PT UN CMPL NCK FS PROM INIT EV&/D/C | HCPCS - MEDICAL SERVICES | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1148 | ONGNG CARE NOT POSS PT SLF-D/C ERLY | HCPCS - MEDICAL SERVICES | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1147 | ONG CRE NOT MED PSS PT D/C E DOC MR | HCPCS - MEDICAL SERVICES | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1146 | ONGNG CARE NOT INDC PT ND HP DOC MR | HCPCS - MEDICAL SERVICES | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1143 | INIT EPI RH TH MED/CHIRO CR NK IMPR | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1142 | EMERGENT CASES | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1141 | FUNC ST NOT MSR OKS/KOOS JR 1 YR PO | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1135 | THE START OF AN EOC DOC MED RECORD | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1134 | ONGO C NO P D/C 1-2 V D/T SPC MD EV | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1132 | ONGO CARE NOT IND PT ND REF OTH PRV | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1131 | DOC STAT DX DEG NEURO CND DX TM EOC | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1130 | ONGOING CARE NOT POSS SLF-D/C EARLY | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1128 | ONGO CAR NOT IND PT ND REF OTH PROV | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1127 | DOC PT DX DEG NEURO COND DX TM EOC | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1126 | THE START OF AN EOC DOC MED RECORD | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1125 | ONGO CARE NOT POSS PT SLF D/C EARLY | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | M1123 | ONGO CR NOT IND PT NEED HM PROG REF | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1122 | DOC PT DX DEGEN NEURO CND DX TM EOC | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1121 | THE START OF AN EOC DOC MED RECORD | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1120 | ONGO CARE NOT POSS PT SLF-D/C EARLY | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1119 | ONGO CR NOT PS PT D/C ERLY DT ME EV | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1118 | ONGOING CARE NO INDICAT PT ND HM PR | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1117 | DOC PT DX DEGEN NEURO COND DX EOC | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1116 | THE START OF AN EOC DOC MED RECORD | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1115 | ONGOING CAR NOT PS PT SLF D/C EARLY | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1113 | ONGOING CAR NOT CLNC INDIC PT ND HM | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1112 | DOC PT DX DEG NEURO COND DX TM EOC | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1111 | START OF EP OF CARE DOC MED RECRD | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1110 | ONGO CAR NOT POSS BC PT SLF-DC ERLY | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1108 | ONGO CR NOT CL IND PT ND HM PRG ONL | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1107 | DOC PT DX DEG NEURO COND DX TM EOC | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1106 | START EPISODE OF CARE DOC MED RECRD | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | M1105 | RAD THER UTERINE CA RAD ONC 90D TCH | HCPCS - MEDICAL SERVICES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1104 | RAD THER UTERINE CA RAD ONC 90D PRF | HCPCS - MEDICAL SERVICES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1103 | RAD THER UPPER GI CA RAD ONC 90D TC | HCPCS - MEDICAL SERVICES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1102 | RAD THER UPPER GI CA RAD ONC 90D PF | HCPCS - MEDICAL SERVICES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1101 | RAD THER PROST CA RAD ONC 90DY TECH | HCPCS - MEDICAL SERVICES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1100 | RAD THER PROST CA RAD ONC 90DY PROF | HCPCS - MEDICAL SERVICES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1099 | RAD THER PANCR CA RAD ONC 90 D TECH | HCPCS - MEDICAL SERVICES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1098 | RAD THER PANCR CA RAD ONC 90 D PROF | HCPCS - MEDICAL SERVICES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1097 | RAD THERAPY LYMPHOMA RAD ON 90D TCH | HCPCS - MEDICAL SERVICES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1096 | RAD THERAPY LYMPHOMA RAD ON 90D PRF | HCPCS - MEDICAL SERVICES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1095 | RAD THER LUNG CANCER RAD ON 90D TCH | HCPCS - MEDICAL SERVICES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1094 | RAD THER LUNG CANCER RAD ON 90D PRF | HCPCS - MEDICAL SERVICES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1089 | RAD THER HD&NCK CA RAD ONC 90D TECH | HCPCS - MEDICAL SERVICES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1088 | RAD THER HD&NCK CA RAD ONC 90D PROF | HCPCS - MEDICAL SERVICES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1087 | RAD THER COLOREC CA RAD ONC 90D TCH | HCPCS - MEDICAL SERVICES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1086 | RAD THER COLOREC CA RAD ONC 90D PRF | HCPCS - MEDICAL SERVICES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | M1085 | RAD THER CNS TUMORS RAD ONC 90D TCH | HCPCS - MEDICAL SERVICES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1084 | RAD THER CNS TUMORS RAD ONC 90D PRF | HCPCS - MEDICAL SERVICES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1083 | RAD THER CERVICAL CA RAD ON 90D TCH | HCPCS - MEDICAL SERVICES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1082 | RAD THER CERVICAL CA RAD ON 90D PRF | HCPCS - MEDICAL SERVICES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1081 | RAD THER BREAST CA RAD ONC 90D TECH | HCPCS - MEDICAL SERVICES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1080 | RAD THER BREAST CA RAD ONC 90D PROF | HCPCS - MEDICAL SERVICES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1079 | RAD THER BRAIN META RAD ONC 90D TCH | HCPCS - MEDICAL SERVICES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1078 | RAD THER BRAIN META RAD ONC 90D PRF | HCPCS - MEDICAL SERVICES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1077 | RAD THER BONE META RAD ONC 90D TECH | HCPCS - MEDICAL SERVICES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1076 | RAD THER BONE META RAD ONCL 90D PRF | HCPCS - MEDICAL SERVICES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1075 | RAD THER BLAD CA RAD ONC 90D TCH CP | HCPCS - MEDICAL SERVICES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1074 | RAD THER BLAD CA RAD ONC 90D PF CMP | HCPCS - MEDICAL SERVICES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1073 | RAD THER ANAL CA RAD ONC 90D TCH CM | HCPCS - MEDICAL SERVICES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1072 | RAD THER ANAL CA RAD ONC 90D PF CMP | HCPCS - MEDICAL SERVICES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1070 | PT NOT SCR FUT FALL RISK NO RSN | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1069 | PT SCREENED FOR FUTURE FALL RISK | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | M1068 | Adults who are not ambulatory | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1067 | HOSPICE SVC PT PROV AT DUR MSR PRD | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1060 | PATIENT DIED PRIOR TO END PERF PRD | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1059 | PT HSPC/RECV PALLIAT C AT DUR P PRD | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1058 | PT PERM NH RESIDENT AT DUR PERF PRD | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1057 | ASPIRIN/ANOTH AP TX NOT USED NO RSN | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1056 | PSCR AC DUR P PRD HX GI BL HX IC BL | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1055 | ASPIRIN/ANOTH ANTIPLATELET TX USED | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1054 | PT HAD ONLY UC VISITS DUR PERF PER | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1052 | LEG PAIN NOT MSR VAS/NPS 1 YR PO | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1051 | PT CA AC FX/INF RL LS/ LB SCOLIOSIS | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1049 | FUNC STATUS NOT MSR ODI 3 MO POSTOP | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1046 | FUNC STS MSR OKS AT 1 YR POSTOP LT 37 | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1045 | FUNC STS MSR OKS 1 YR POSTOP GT /EQU 37 | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1043 | FUNC STS NOT MSR ODI AT 1 YR POSTOP | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1041 | PT CANCER FX/INF REL LSP/PT IDIO/CS | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | M1040 | PATIENTS WITH DX OF LUMBAR IDIO/CS | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1039 | PT W/DX OF LSP REG INF AT TIME PROC | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1038 | PT W/DX OF LSP REG FX AT TIME PROC | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1037 | PT W/DX LSP REG CANCER AT TT PROC | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1036 | AD NOT AL 180 D CN PT OUD O GAPGT 7 D | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1035 | AD DLB PH OUT MAT PRI 80 DA CONT TX | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1034 | AD AL 180D CON PT PSCR OUD N GAPGT 7D | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1032 | ADULTS CURRENTLY TAKING PT FOR OUD | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1029 | IMAGING HEAD NOT OBTD RSN NOT GIVEN | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1028 | DOC PT P HA DX&IMAG OTH THAN CT/MRI | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1027 | IMAGING OF THE HEAD WAS OBTAINED | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1021 | PT HAD ONLY UC VISITS DUR PERF PRD | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1020 | 12-17Y MD/D NR 12M PHQ-9/9M NA/GT /EQU 5 | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1019 | PT 12-17 YR MD/DYSTH R 12 MO SC GT 5 | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1018 | PT ACTV DX/HX CA PT HVY SMKR LC SCR | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1016 | FEMALE PTS UNABLE TO BEAR CHILDREN | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | M1014 | D/C/DISCONT EP OF CARE DOC MED REC | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1013 | D/C/DISCONT EP OF CARE DOC MED REC | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1012 | D/C/DISCONT EP OF CARE DOC MED REC | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1011 | D/C/DISCONT EP OF CARE DOC MED REC | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1010 | D/C/DISCONT EP OF CARE DOC MED REC | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1009 | D/C/DISCONT EP OF CARE DOC MED REC | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1008 | LT 50PCT TOT PT O/P RA ENC ASSESSED | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1007 | GT EQU 50PCT TOT PT O/P RA ENC ASSESSED | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1006 | DISEASE ACTV NOT ASSESSED NO RSN | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1005 | TB SCR NOT PERF/RSLT NOT INT NO RSN | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1004 | DOC MED RSN NOT SCR TB/INTPRET RSLT | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M1003 | TB SCR&RSLT WI 12 MO PRI 1ST BIO DZ | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M0301 | FABRIC WRAPPING ABDOMINAL ANEURYSM | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M0300 | IV CHELATION THERAPY | HCPCS - MEDICAL SERVICES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M0220 | INJ TIXAGVMB&CILGVMB INC INJ&PA MON | HCPCS - MEDICAL SERVICES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M0100 | INTRAGASTR HYPOTHM USE GASTR FREEZ | HCPCS - MEDICAL SERVICES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | M0076 | PROLOTHERAPY | HCPCS - MEDICAL SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M0075 | CELLULAR THERAPY | HCPCS - MEDICAL SERVICES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M0010 | EOM MEOS PMT EOM ENHANCED SERVICES | HCPCS - MEDICAL SERVICES | NO | 04/01/2023 | 04/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M0005 | VALUE IN PRIM CARE MIPS VALUE PATH | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M0002 | OPTIMAL CARE KID HLTH MIPS VAL PATH | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | M0001 | ADVANCING CANCER CARE MIPS VAL PATH | HCPCS - MEDICAL SERVICES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L8702 | POWERED UE ROM ASST DEVICE EWHF UPR | HCPCS - PROSTHETIC PROCED | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L8701 | PWR UE ROM ASST D EWH SNGL/DBL UPR | HCPCS - PROSTHETIC PROCED | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L8698 | MISC COMP SPL/ACS USE W/TOT AH SYS | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L8678 | ELEC STM SUP EXT IMPLNT NEUROSTM PM | HCPCS - DME | NO | 04/01/2023 | 04/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L8658 | IP JOINT SPACER SILICONE/EQU EA | HCPCS - PROSTHETIC PROCED | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L8642 | HALLUX IMPLANT | HCPCS - PROSTHETIC PROCED | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L8641 | METATARSAL JOINT IMPLANT | HCPCS - PROSTHETIC PROCED | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L8630 | METACARPOPHALANGEAL JOINT IMPLANT | HCPCS - PROSTHETIC PROCED | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L8613 | OSSICULA IMPLANT | HCPCS - PROSTHETIC PROCED | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L8608 | MISC EXT COMP SPL/ACCESS ARGUS II | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | L8607 | INJ BLK AGT VC MEDIALIZATION 0.1 ML | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L8606 | INJ SYNTH IMPL URIN TRACT 1 ML SYR | HCPCS - PROSTHETIC PROCED | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L8605 | INJ BLK AGT DX/HA CP IMPL ANAL 1 ML | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L8604 | INJ BULKING AGT URINARY TRACT 1 ML | HCPCS - PROSTHETIC PROCED | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L8603 | INJ COLL IMPL URIN TRACT 2.5 ML SYR | HCPCS - PROSTHETIC PROCED | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L8515 | GELATN CAP APPLC DEV TE VOICE PRSTH | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L8514 | TRACHEOESOPH PUNCT DILAT REPLCMT ON | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L8513 | CLEANING DEVC USED W/TRACHEOESOPH V | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L8512 | GELATIN CAPS/EQUVALNT W/TRACHEOESOP | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L8511 | INSRT INDWLL TRACHEOESOPH PROS W/WO | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L8510 | VOICE AMPLIFIER | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L8417 | PROS SHEATH/SOCK-GEL CUSHN BK/AK EA | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L8033 | NIP PRS CSTM FB RUSABL ANY MTL T EA | HCPCS-PROSTHETIC PROCEDURE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L8032 | NIPPLE PROS PREFAB REUSABL ANY T EA | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L7902 | TENSION RING VAC ERECT DEVC REPL EA | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L7600 | PROSETIC DONNING SLEEVE MATERIAL EA | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | L7520 | REPR PROSTH DEVC LABR CMPNT-15 MIN | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L7402 | ADD UP EXT PROS SD/INTRSCAP THOR | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L7401 | ADD UP EXT PROS ABV ED ULTRALT MATL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L7367 | LITHIUM ION BATT RECHARGEABLE REPL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L6677 | UP EXT ADD HRNSS 3 CNTRL OP DVC&ELB | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L5991 | ADD LE PROSTHES OI EXTRNL PROS CONN | HCPCS - Orthotic Devices & Pro | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L5926 | ADD LE PRSTH ENDOSKL KD AK HD ROT U | HCPCS - PROSTHETIC PROCED | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L5615 | ADD ENDOSKL K-SHN 4 BAR LINK/MXAXL | HCPCS - PROSTHETIC PROCED | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L4394 | REPL SFT INTRFCE MATL FT DROP SPLNT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L4392 | REPLCMT SFT INTERFCE MATL STAT AFO | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L3956 | ADD JNT UP EXTREM ORTHOS MATL; JNT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L3935 | FO NONTORSION JOINT CUSTOM FAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L3921 | HFO 1/GT NONTORSION JOINTS CSTM FAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L3919 | HAND ORTHOSIS W/O JOINTS CUSTOM FAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L3913 | HFO W/O JOINTS CUSTOM FABRICATED | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L3702 | EO W/O JOINTS CUSTOM FABRICATED | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | L3674 | SHOULDER ORTHOSIS ABDUCT PSTN CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L3660 | SHOULDER ORTHOS FIG 8 CANVAS PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L3640 | TRNS ORTHOS SHOE-SHOE DENNS BRWNE B | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L3510 | ORTHOPED SHOE ADD INSOLE RUBBER | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L3500 | ORTHOPED SHOE ADD INSOLE LEATHR | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L3480 | HEEL PAD AND DEPRESSION FOR SPUR | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L3265 | PLASTAZOTE SANDAL EACH | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L3255 | NONSTANDARD SIZE OR LENGTH | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L3254 | NONSTANDARD SIZE OR WIDTH | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L3253 | FOOT MOLD SHOE PLASTAZOTE CSTM FIT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L3252 | FOOT SHOE MOLD PT PLASTAZOTE CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L3251 | FOOT SHOE MOLD PT SILCON SHOE EA | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L3161 | FOOT ADDUCTUS POSITIONING DEVC ADJ | HCPCS - ORTHOTIC PROCEDURES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L3160 | FOOT ADJUSTBL SHOE-STYLD PSTN DEVC | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L2780 | ADD LW EXT ORTH NONCORROSIVE BAR | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L2006 | KAF DVC ANY MATERIAL ADJ CUSTOM FAB | HCPCS-ORTHOTIC PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | L1681 | HO BIL HIP JOINTS & THIGH CUFFS | HCPCS - Orthotic Devices & Pro | NO | 10/01/2023 | 10/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | L0113 | CRANIL CERV ORTHOS TORTICOLLI PRFB | HCPCS - ORTHOTIC PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | K1036 | SUPPLIES & ACC LF US DIA TX DVC PM | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | K1035 | MOL DT RDR NONRX SA&SC USE FDA APRV | HCPCS-K CODES-DMERCS ONLY | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | K1034 | PROV COVID-19 TST NP 1 TST CNT | PATH & LAB - MICROBIOLOGY | NO | 04/04/2022 | 04/04/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | K1030 | EXT RCHG SYS BAT IM CRD CCM GR ONLY | HCPCS-K CODES-DMERCS ONLY | NO | 03/31/2022 | 03/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | K1027 | ORAL DEV/APPL RED U AW COL CSTM FAB | HCPCS-K CODES-DMERCS ONLY | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | K1004 | LOW FREQ US DIA TX DVC FOR HOME USE | HCPCS-K CODES-DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | K0746 | ABSRB WD DR H MDL PAD SZ GT 48 SQ IN | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | K0745 | ABS WD DR PADGT 16 SQ INLT /EQU 48 SQ IN | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | K0744 | ABSRB WD DR H MDL PAD 16 SQ IN/LESS | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | K0743 | SX PUMP HOME MDL PORT FOR WOUNDS | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | K0740 | REPR/SRVC O2 EQP TECH PER 15 MINS | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | K0672 | ADD LOW EXT ORTHOSIS REPL EACH | HCPCS - K CODES -DMERCS ONLY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | K0195 | ELEVATING LEGREST PAIR | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | K0098 | DRIVE BELT FOR POWER WC REPL ONLY | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | J9393 | INJ FULVESTRANT TEVA | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9324 | INJECTION PEMETREXED 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9285 | INJECTION OLARATUMAB 10 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9230 | INJECTION MECHLORETHAMINE HCL 10 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9225 | HISTRELIN IMPLANT VANTAS 50 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9219 | LEUPROLIDE ACETATE IMPLANT 65 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9214 | INJ INTERFERON ALFA-2B RECOMB 1 M U | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

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| ABH of Illinois-Medicaid | J9213 | INJ INTERFERON ALFA-2A RECOM 3 M U | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9064 | INJECTION CABA NOT TE TO J9043 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9051 | INJECTN BTZ NOT TE TO J9041 0.1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9029 | INSTILL ADSTILADRIN TX DOSE | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2023 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9015 | INJ ALDESLEUKIN PER SINGLE USE VIAL | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J8670 | ROLAPITANT ORAL 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J8597 | ANTIEMETIC DRUG ORAL NOS | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J8540 | DEXAMETHASONE ORAL 0.25 MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2020 | 12/04/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J8515 | CABERGOLINE ORAL 0.25 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | J8498 | ANTIEMETIC DRUG RECTAL/SUPP NOS | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7665 | MANNITOL ADMIN THRU AN INHALER 5 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7641 | FLUNISOLIDE INHAL COMP UNIT PER MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7633 | BUDESONIDE INHAL NON-CP CNC 0.25 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7624 | BETAMETHASONE INHAL CP UNIT PER MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7622 | BECLOMETHASONE INHAL CP UNIT PER MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7527 | EVEROLIMUS ORAL 0. 25 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J7520 | SIROLIMUS ORAL 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7518 | MYCOPHENOLIC ACID ORAL 180 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | Regulatory | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7517 | MYCOPHENOLATE MOFETIL ORAL 250 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | Regulatory | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7515 | CYCLOSPORINE ORAL 25 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | Regulatory | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7512 | PDN IMMED RLSE/DELAY RLSE ORAL 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2020 | 12/04/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7509 | METHYLPREDNISOLONE ORAL PER 4 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J7508 | TACROLIMUS EXT RELEASE ORAL 0.1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | J7507 | TACROLIMUS IMMED RELEASE ORAL 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7503 | TACROLIMUS EXT RELEASE ORAL 0.25 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7502 | CYCLOSPORINE ORAL 100 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | Regulatory | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7500 | AZATHIOPRINE ORAL 50 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7353 | ANACAULASE-BCDB 8.8PCT GEL 1 GM | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7352 | AFAMELANOTIDE IMPLANT 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7345 | ALA HCL TOP ADMIN 10PCT GEL 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7342 | INSTILLATION CIPRO OTIC SUSPN 6 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7340 | CRBDPA 5 MG/LVDP 20 MG EN SU 100 ML | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7331 | HYAL/DERIV SYNOJOYNT IA INJ 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7330 | AUTOL CULTURD CHONDROCYTES IMPL | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7316 | INJECTION OCRIPLASMIN 0.125 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7315 | MITOMYCIN OPTHALMIC 0. 2 MG | HCPCS - CHEMO DRUGS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7306 | LEVONORGESTREL CONTRACPTV IMPL SYS | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7196 | INJ ANTITHROMBIN RECOMB 50 I.U. | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7191 | FACTOR VIII AHF PORCINE PER IU | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | J7120 | RINGERS LACTATE INFUSION TO 1000 CC | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7110 | INFUSION DEXTRAN 75 500 ML | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7100 | INFUSION DEXTRAN 40 500 ML | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7070 | INFUSION D-5-W 1000 CC | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7060 | 5PCT DEXTROSE/WATER | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7050 | INFUS NORMAL SALINE SOLUTION 250 CC | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7042 | 5PCT DEXTROSE/NORMAL SALINE | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7040 | INFUS NORMAL SALINE SOL STERILE | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J7030 | INFUS NORMAL SALINE SOL 1000 CC | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J3570 | LAETRILE AMYGDALIN VITAMIN B17 | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J3535 | DRUG ADMIN THRU METERED DOSE INHAL | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J3530 | NASAL VACCINE INHALATION | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J3520 | EDETATE DISODIUM PER 150 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J3486 | INJ ZIPRASIDONE MESYLATE 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J3401 | BEREMAGENE GEPERPAVEC-SVDT TOP ADM | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J3397 | INJECT VESTRONIDASE ALFA-VJBK 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | J3350 | INJECTION UREA UP TO 40 G | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J3303 | INJ TRIAMCINOLONE HEXACETONIDE 5 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J3302 | INJ TRIAMCINOLONE DIACTAT 5 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J3265 | INJECTION TORSEMIDE 10 MG/ML | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J3110 | INJECTION TERIPARATIDE 10 MCG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J3070 | INJECTION PENTAZOCINE 30 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2993 | INJECTION RETEPLASE 18.1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2950 | INJECTION PROMAZINE HCL UP TO 25 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2850 | INJ SECRETIN SYNTH HUMN 1 MICROGM | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2810 | INJECTION THEOPHYLLINE PER 40 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2805 | INJECTION SINCALIDE 5 MICROGRAMS | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2797 | INJECTION ROLAPITANT 0.5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2787 | RIBOFLAVIN 5'-PHO OPHTH SOL TO 3 ML | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2770 | INJ QUINUPRISTIN/DALFOPRISTN 500 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2725 | INJECTION PROTIRELIN PER 250 MCG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2670 | INJECTION TOLAZOLINE HCL TO 25 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | J2650 | INJ PREDNISOLONE ACETATE TO 1 ML | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2599 | INJ VASOPRESSIN AM REG 1 U | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2023 | 07/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2598 | INJECTION VASOPRESSIN 1 UNIT | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2023 | 07/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2561 | INJECTION PHENOBARBITAL SODIUM 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2023 | 07/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2460 | INJ OXYTETRACYCLINE HCL TO 50 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2410 | INJECTION OXYMORPHONE HCL TO 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2404 | INJECTION NICARDIPINE 0.1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2402 | INJ CHLOROPROCAINE HYDROCH CLOR/1MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2401 | INJ CHLOROPROCAINE HYDROCHL PER 1MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2372 | INJECTION PE HCL BIORPHEN 20 MCG | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2023 | 07/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2371 | INJECTION PHENYLEPHRINE HCL 20 MCG | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2023 | 07/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2355 | INJECTION OPRELVEKIN 5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2325 | INJECTION NESIRITIDE 0.1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2320 | INJ NANDROLONE DECANOATE TO 50 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2305 | INJECTION NITROGLYCERIN 5 MG | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2023 | 07/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2265 | INJECTION MINOCYCLINE HCL 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | J2186 | INJ MEM VABORBACTAM 10 MG/10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2180 | INJ MEPRIDIN&PROMTHZIN HCL TO 50 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2170 | INJECTION MECASERMIN 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | Regulatory | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2062 | LOXAPINE FOR INHALATION 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1990 | INJ CHLORDIAZEPOXIDE HCL TO 100 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1960 | INJ LEVORPHANOL TARTRATE TO 2 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1921 | INJ LABETALOL HCL HIKMA 5MG | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2023 | 07/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1920 | INJECTION LABETALOL HCL 5 MG | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2023 | 07/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1835 | INJECTION ITRACONAZOLE 50 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1830 | INJ INTERFERON BETA-1B 0.25 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1806 | INJ ESMOLOL HCL WG CRIT CARE | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2023 | 07/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1805 | INJECTION ESMOLOL HCL 10 MG | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2023 | 07/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1738 | INJECTION MELOXICAM 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 10/01/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1730 | INJECTION DIAZOXIDE UP TO 300 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1729 | INJECTION HPC NOS 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1726 | INJECTION HPC 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | J1700 | INJ HYDROCORTISONE ACTAT TO 25 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1675 | INJ HISTRELIN ACTAT 10 MICROGMS | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J1644 | INJ HEPARIN SODIUM PER 1000 UNITS | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1643 | INJ HEPARIN SODI NOT TX J1644/1000U | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1642 | INJECTION HEPARIN SODIUM 10 UNITS | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1602 | INJECTION GOLIMUMAB 1 MG FOR IV USE | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1600 | INJ GOLD SODIUM THIOMALATE TO 50 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1596 | INJECTION GLYCOPYRROLATE 0.1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1438 | INJECTION ETANERCEPT 25 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1436 | INJ ETIDRONATE DISODIUM PER 300 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1435 | INJECTION ESTRONE PER 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1320 | INJ AMITRIPTYLINE HCL TO 20 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1260 | INJECTION DOLASETRON MESYLATE 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J1230 | INJECTION METHADONE HCL UP TO 10 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | J1180 | INJECTION DYPHYLLINE UP TO 500 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1130 | INJECTION DICLOFENAC SODIUM .5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1105 | DEXMEDETOMIDINE ORAL 1 MCG | HCPCS - DRUGS ( NOT ORAL) | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1095 | INJ DEXAMETHASONE 9PCT INEQU IOL 1 MCG | HCPCS - DRUGS (NOT ORAL) | NO | 06/08/2021 | 06/08/2021 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0945 | INJ BROMPHENIRAMINE MALEATE-10 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0899 | INJ ARGATROBAN NOT TX EQV J0884 1MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0898 | INJ ARGATROBAN NOT TX EQV J0883 1MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0892 | INJ ARGATROBAN NOT TX EQV J0884 1MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0891 | INJ ARG NOT THER EQV TO J0883 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0890 | INJECTION PEGINESATIDE 0.1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0884 | INJ ARGATROBN 1 MG ESRD ON DIALYSIS | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0883 | INJ ARGATROBAN 1 MG NON-ESRD USE | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0751 | EMT 200MG AND TFV AF 25MG ORAL | HCPCS - DRUGS ( NOT ORAL) | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0750 | EMT 200MG AND TFV DF 300MG ORAL | HCPCS - DRUGS ( NOT ORAL) | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0745 | INJ CODEINE PHOSPHATE PER 30 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0717 | INJECTION CERTOLIZUMAB PEGOL 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | J0670 | INJECTION MEPIVACAINE HCL PER 10 ML | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0620 | INJ CALCM GLYCROPHSPHTE&LACTAT-10ML | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0604 | CINACALCET ORAL 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0592 | INJ BUPRENORPHINE HYDROCHLOR 0.1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0575 | BPN/NALOXONE ORAL GT 10 MG BPN | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0574 | BPN/NLX O GT 6 MG BUT LT /EQU TO 10 MG BPN | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0573 | BPN/NLX ORAL GT 3 MG BUT LT /EQU 6 MG BPN | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0572 | BPN/NALOXONE ORAL LT /EQU TO 3 MG BPN | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0571 | BUPRENORPHINE ORAL 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0567 | INJECTION CERLIPONASE ALFA 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0539 | DO NOT USE- invalid codeINJECTION LANADELUMAB-FLYO 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0520 | INJ BETHANECHOL CHLORIDE UP TO 5 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0470 | INJECTION DIMERCAPROL PER 100 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0400 | INJ ARIPIPRAZOLE IM 0.25 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0391 | INJECTION ARTESUNATE 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0390 | INJECTION CHLOROQUINE HCL UP 250 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | J0330 | INJ SUCCINYLCHOLINE CHLORID UP 20MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0275 | ALPROSTADIL URETHRAL SUPPOSITORY | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0270 | INJECTION ALPROSTADIL 1.25 MCG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0248 | INJECTION REMDESIVIR 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 12/23/2021 | 12/23/2021 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0220 | INJ ALGLUCOSIDASE ALFA 10 MG NOS | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0216 | INJECTION ALFENTANIL HCL 500 MCG | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2023 | 07/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0210 | INJ METHYLDOPATE HCL TO 250 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0207 | INJECTION AMIFOSTINE 500 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J0130 | INJECTION ABCIXIMAB 10 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J0120 | INJECTION TETRACYCLINE UP TO 250 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H2041 | COORD SC TM-BSD FST EP PSY PER ENC | HCPCS - MEDICAL SERVICES | NO | 10/01/2023 | 10/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H2040 | COORDINATED SC TM-BSD FST EP PSY PM | HCPCS - MEDICAL SERVICES | NO | 10/01/2023 | 10/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H2038 | SKILLS TRAINING & DVLPMT PER DIEM | HCPCS - PROC/PROF SERVICES (TE | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H2037 | DVLPMNTL DLAY PREV ACTV CHLD 15 MIN | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H2035 | ALCOHOL &OR OTH DRUG TX PROGM-HOUR | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | H2034 | ALC&/RX ABS HALFWAY HOUSE SRVC DIEM | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H2033 | MULTISYS THERAPY JUVS PER 15 MIN | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H2032 | ACTIVITY THERAPY PER 15 MINUTES | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H2031 | MENTAL HEALTH CLUBHOUSE SRVC DIEM | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H2030 | MENTAL HEALTH CLUBHOUSE SRVC 15 MIN | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H2029 | SEXUAL OFFENDER TX SERVICE PER DIEM | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H2028 | SEXLOFFENDER TX SERVICE PER 15 MIN | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H2027 | PSYCHOEDUCATIONAL SERVICE 15 MIN | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H2026 | ONGOING SUPP MNTAIN EMPLOYMENT DIEM | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H2025 | ONGOING SUPP MNTAIN EMPLOY 15 MIN | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H2024 | SUPPORTED EMPLOYMENT PER DIEM | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H2023 | SUPPORTED EMPLOYMENT PER 15 MINUTES | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H2022 | CMTY-BASED WRAP-AROUND SRVC DIEM | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H2021 | CMTY-BASED WRAP-AROUND SRVC 15 MIN | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H2018 | PSYCHOSOCIAL REHAB SRVC PER DIEM | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H2013 | PSYC HEALTH FACL SERVICE PER DIEM | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | H2012 | BEHAVIORAL HEALTH DAY TX PER HOUR | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H2001 | REHABILITATION PROGRAM PER 1/2 DAY | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H1011 | FAM ASSESS LIC BHVAL HLTH STATE DEF | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H1010 | NON-MEDICAL FAM PLANNING ED-SESSION | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H1005 | PRENATAL RISK ENHNCD SRVC PKG | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H1004 | PRENATAL RISK ENHNCD SRVC; F/U HOM | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H1003 | PRENATAL RISK ENHNCD SRVC; ED | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H1002 | PRENATAL RISK ENHNCD SRVC; COORD | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H1001 | PRENATAL RISK ENHNCD SRVC; ANTPRTM | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H0050 | ALCOHOL &/ DRUG SRVC BRF PER 15 MIN | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H0048 | ALC &/OTH RX TST: CLCT&HNDL NOT BLD | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H0044 | SUPPORTED HOUSING PER MONTH | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H0043 | SUPPORTED HOUSING PER DIEM | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H0042 | FOSTER CARE CHLD NON-TX-MONTH | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H0041 | FOSTER CARE CHLD NON-TX-DIEM | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H0040 | ASSERTIVE CMTY TX PROGM PER DIEM | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | H0036 | CMTY PSYC SUPP TX FCE-TO-FCE-15 MIN | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H0035 | MENTAL HEALTH PART HOSP TX LT 24 HR | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H0033 | ORAL MEDADMIN DIR OBSERVATION | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H0032 | MENTL HLTH SRVC PLAN DVLP NON-PHYS | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H0031 | MENTAL HEALTH ASSESS NON-PHYSICIAN | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H0030 | BEHAVIORAL HEALTH HOTLINE SERVICE | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H0029 | ALCOHL &OR RX PREVENTION ALT SRVC | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H0028 | ALCOHL&/RX PREV PROB ID&REF SRVC | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H0027 | ALCOHL &OR RX PREV ENVIR SERVICE | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H0026 | ALCOHL&/RX PREV PRC SRVC CMTY-BASED | HCPCS - ALCOHOL/DRUG ABUSE | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H0025 | BHVAL HEALTH PREV EDUCATION SERVICE | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H0024 | BHVAL HLTH PRV INFORM DISSEMIN SRVC | HCPCS - ALCOHOL/DRUG ABUSE | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H0023 | BEHAVIORAL HEALTH OUTREACH SERVICE | HCPCS - ALCOHOL/DRUG ABUSE | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H0022 | ALCOHOL &OR DRUG INTERVEN SERVICE | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H0021 | ALCOHOL &OR DRUG TRAINING SERVICE | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H0019 | BHVAL HLTH; LNG-TERM RES PER DIEM | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | H0018 | BHVAL HLTH; SHRT-TERM RES PER DIEM | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H0016 | ALCOHL &OR RX SRVC; MEDICAL/SOMATIC | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H0015 | ALCOHL&/RX SRVC; INTENSV OP; INTRVN | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H0014 | ALCOHL &/ RX SRVC; AMB DTOXFICATION | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H0013 | ALCOHL&/RX SRVC;AC DTOX RES PROG OP | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H0011 | ALCOHL&/RX SRVC;AC DTOX RES PROG IP | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H0009 | ALCOHL&/RX SRVC; ACUTE DTOX HOSP IP | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H0008 | ALCOHL&/RX SRVC;SUB-AC DTOX HOSP IP | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H0007 | ALCOHL &OR RX SRVC; CRISIS INTERVEN | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H0003 | ALCOHL&/RX SCR;LAB ANALY ALCOHL&/RX | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | H0001 | ALCOHOL AND/OR DRUG ASSESSMENT | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9998 | DOC MED REAS INTV LT 3 YR LST COLONSC | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9997 | DOC PG DUR MEAS PRI TO&INCL CUR ENC | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9996 | DOC PT REC/OR CURR REC PALL/HOSPICE | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9994 | PT USE PALLIAT CAR SRV DUR MEAS PER | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9993 | PT PROV PALLIAT CAR SRV TIM DUR MSR | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | G9992 | PALLIATIVE USD PT ANY TIME DUR MEAS | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9988 | PALLIAT SRVC PROV TIME DUR MEAS PER | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9970 | CLIN REF PT AN CLN NO REC RPT PT RF | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9969 | CLIN REF PT ANTH CLN RECD RPT PT RF | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9968 | PT REF ANR CLIN/SPEC DUR PRFRM PER | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9965 | PT NOT RECV AT LEAST 1 WCV DUR PER | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9964 | PT RCV AT LEAST 1 WCV PCP DUR PRF P | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9963 | EMB EPT NOT DOC SEP VESS NOT PERF | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9962 | EMB EPT D SEP EA EMBO VES&OA AG/EMB | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9961 | SYSTEMIC ANTIMICROBIALS PRESCRIBED | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9960 | DOC MED RSN PRSCR SYS ANTIMICROBLS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9959 | SYSTEMIC ANTIMICROBIALS NOT PRSCR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9958 | PATIENT DID NOT RECV COMBINATION TX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9957 | DOC MEDICAL REASON NOT RECV COMB TX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9956 | PATIENT RECEIVED COMBINATION TX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9955 | CASES WHICH INO ANES U ONLY FOR IND | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9954 | PT EXH 2/GT RISK FAC P/O VOMITING | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9949 | LEG PAIN NOT MSR VAS/NPS 3MO POSTOP | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9946 | BP NOT MSR VAS WI 3 M PRE&AT 1 Y PO | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9945 | PT CA FX/INF REL LUMB SP/PT IDIO/CS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9943 | BP NOT MSR VAS/NUM PS 3 MO POSTOP | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9940 | DOC MEDICAL RSN FOR NOT ON A STATIN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9939 | PATH/DERMATOPATH SAME CLIN PRFRM BX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9938 | PT 66/GT INST SNP/RSD LTC GT 90 D MSR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9931 | DOC CHA2DS2-VASC RS 0/1M; /0 1/ 2W | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9930 | PTS WHO ARE RECV COMFORT CARE ONLY | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9929 | PT TRANSIENT/REVERSIBLE CAUSE OF AF | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9928 | FDA APV ANTICG NOT PRSC RSN NOT GVN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9926 | SAF CNCRN SCR POS SCR NO PROV MIT R | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9925 | SAFETY CONCRNS SCR NOT PROV RSN NOS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9923 | SAFETY CONCERNS SCR PROVIDED & NEG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9922 | SAF CNCRNS SCR PRV&IF POS DOC MIT R | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | G9918 | FUNCTIONAL STATUS NOT PERF RSN NOS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9917 | DOC ADV STAGE DEMENT & CG KNWL LTD | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9916 | FUNC STS PERF ONCE IN LAST 12 MOS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9915 | NO RECORD OF HBV RESULTS DOCUMENTED | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9914 | PATIENT INITIATED AN ANTI-TNF AGENT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9913 | HBV ASSESS INTRP PR ANTI-TNF NO SPC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9912 | HBV ASSESS INTRP PRI ANTI-TNF TX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9911 | CLIN NODE NEG IBC BEF/AFT NA SYS TX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9910 | PTS 66/GT INST SNP/RSD LTC GT 90 D MSR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9908 | PT ID TOB U NT RECV T CESS INT DURG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9906 | PT ID TOBAC USER RECV TOB CESS INTV | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9905 | PATIENT NOT SCREEN FOR TOBACCO USE | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9903 | PT SCR TOB USE & ID AS TOB NON-USER | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9902 | PT SCR TOB USE & ID AS TOB USER | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9901 | PT 66/GT INST SNP/RSD LTC GT 90 DA MSR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9900 | SCR DX MAMMO RESULT NOT DOC RSN NOS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9899 | SCR DX F DGTL/DBT MAMMO RSLT D&REV | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9898 | PT 66/GT INST SNP/RSD LTC GT 90 DA MSR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9897 | PT NO RX/ADM AD TX COM EBRT PR NO R | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9896 | D PT R NO RX/ADMN AD TX COM EBRT PR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9895 | D M R NOT RX/ADM AD TX COM EBRT PR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9894 | AD TX RX/ADMN COMB EXT BEAM RT PROS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9891 | MDPP S RPT LN-I CLM PAYABL MDPP EM | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9890 | BRDG PMT:1ST MDPP SPL BNF M 1-24 EM | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9888 | MAINTENANCE 5PCT WL FRM BL WT MO 7-12 | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9887 | BEHAVIORAL CNSLG DIA PREV DL 60 MIN | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9886 | BEHAV CNSLG DIA PREV IP GRP 60 MIN | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9885 | 2 MDPP OM S ATD BNF MO 22-24 U EM | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9884 | 2 MDPP OM S ATD BNF MO 19-21 U EM | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9883 | 2 MDPP OM S ATD BNF MO 16-18 U EM | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9882 | 2 MDPP O MS ATD BNF MO 13-15 U EM | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9881 | MDPP BNF ACHV AL 9PCT WL MO 1-24 U EM | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9862 | DOC MED RSN NOT RCM AL 10 Y F/U INT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9861 | PT SPENT GT /EQU 3 DAYS IN HOSPICE CARE | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9860 | PT SPENT LT 3 DAYS IN HOSPICE CARE | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9859 | Patients who died from cancer | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9858 | Patient enrolled in hospice | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9848 | PT DID NOT REC CA TX LST 14 DA LIFE | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9847 | PT RECVD CA DIR TX LAST 14 DAY LIFE | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9846 | Patients who died from cancer | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9845 | PATIENT RCVD ANTI-EGFR MAB TX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9844 | PT DID NOT RECV ANTI-EGFR MAB TX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9843 | RAS GENE MUTATION | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9842 | PATIENT HAS METASTATIC DZ AT DX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9841 | RAS GENE MUT T NOT PRF B4 ANTI-EGFR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9840 | RAS G MUT T P B4 INT ANTI-EGFR MOAB | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9839 | ANTI-EGFR MONOCLONAL ANTIBODY TX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9838 | PATIENT HAS METASTATC DISEASE AT DX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9831 | AJCC STG BREAST CANCR DX EQU II / III | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9830 | HER2/neu positive | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9824 | ENDOMETRL SMP/HSC BX & RSLT NOT DOC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9823 | ENDOMTRL SMP/HYSTROSCPY BX&RSLT DOC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9822 | WOMEN HAD EA DUR 12 MO PRI INDEX DT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9821 | NO DOC CHLAMYDIA SCR TST PROPER F/U | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9820 | DOC CHLAMYDIA SCR TEST PROPER F/U | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9819 | PT USE HOSPC SVC ANY TM DUR MSR PR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9818 | Documentation of sexual activity | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9813 | PT NOT DIE W/I 30 DA PROC/DUR I HSP | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9812 | PT DIED INC ALL D DUR HOS OP PER | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9807 | PT DID NOT RECV CERV CYTOL/HPV TEST | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9806 | PT WHO RECV CERV CYTOLOGY/HPV TEST | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9805 | PT USE HSPC SVC ANY TIME DUR MSR PR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9795 | PATIENT IS NOT ON DAILY ASP/OTH AP | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9794 | DOC MED RSN NOT ON DAILY ASP/OTH AP | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | G9793 | PT CUR ON DAILY ASP/OTH ANTIPLATELT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9792 | MOST RCNT TOBACCO STS NOT TOB FREE | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9791 | MOST RECNT TOBACCO STS TOBACCO FREE | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9789 | BLD PRESSR RCD DUR INPT ER UC VISIT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9788 | MOST RECENT BP LT /EQU TO 140/90 MM HG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9787 | PT ALIVE AS OF LAST DAY OF MSR YEAR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9786 | PR CBC/CSC NOT SNT PA BX C R IN 7 D | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9785 | PR CUT BCC/SCC RVW IN 7 D RECV PATH | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9784 | PATH/DERMATOPATH PRVDG 2ND OP ON BX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9782 | HX OF/ACTV DX FAMILIAL HYPERCHOLEST | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9781 | DOC MED RSN NOT CUR USER/RCV STATIN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9780 | PT HAVE DX RHABDOMYOLYSIS DUR MSRMT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9779 | PT WHO ARE BREASTFEEDING MSMNT PER | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9777 | PT NO 2 PRO PHRM ANTI-EMTC AG DF CL | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9776 | DOC M R NO 2 PRO P ANTI-EMTC DF CL | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9775 | PT RCV 2 PRO PHRM ANTI-EMTC DIF CLS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9773 | AL 1 BT MSR EQU /GT 35.5 C NO ACHV AA ET | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9772 | DC MD RSN NO ACHV 1 BT MSREQU TO/GT 35.5 | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9771 | AT LST 1 BODY TEMP MSREQU /GT 35.5 DEG C | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9770 | PERIPHERAL NERVE BLOCK | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9769 | PT BMDT P 2 YR/RCV OPO M/T P 12 MO | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9768 | PT UTILZ HSPC SVC ANY TM DUR MSR PR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9767 | HOS PT NEWLY DX CVA EVAR STRK TX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9766 | PT TRNS FRM 1 INST TO ANR DX CVA | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9765 | DOC PT DECLIN CHG MED/ALT TX UNAVBL | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9764 | PT TREATED W SYSTEMIC MED PSORIASIS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9763 | PT DID NOT HAVE 2/3 HPV VACC ON/BTW | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9762 | PT HAD 2/3 HPV VACC ON/BTWN 9&13 BD | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9761 | PT USE HOSPC SRVC ANY TM DUR MSR PR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9758 | PT IN HOSPICE ANY TIME DUR MSR PER | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9757 | SURGICAL PROC INCL USE SILICONE OIL | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9756 | SURGICAL PROC INCL USE SILICONE OIL | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9755 | DOC RES NOT INC INTVL MOD FU OR NO | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9754 | A FINDING OF INCIDENTAL PULM NODULE | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9753 | DC MED RSN NOT S DICOM I W/I P 12 M | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9752 | Emergency surgery | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9746 | PT HAS MS/PROS HV/PT TSNT/R CAUS AF | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9745 | DOC RSN FOR NOT SCREEN/REC F/U HBP | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9744 | PATIENT NOT ELIG D/T ACTIVE DX HTN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9741 | PT USE HOSPC SRVC ANY TM DUR MSR PR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9740 | HOSPC SRVC GVN PT ANY TM DUR MSR PR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9737 | PT UN CMPL E/W/H FS PROM I EVL&/D/C | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9736 | Patient refused to participate | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9735 | PT UN CMP SHLD FS PROM INT EVL&/D/C | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9734 | Patient refused to participate | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9733 | PT UN CMPL LB FS PROM INT EVL&/D/C | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9732 | Patient refused to participate | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9731 | PT UN CMPL ANK/FT FS PROM I EV&/D/C | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9730 | Patient refused to participate | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9729 | PT UN CMPL LEPF PROM INI EVL&/D/C | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9728 | Patient refused to participate | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9727 | PT UN CMPL LEPF PROM INI EVL&/D/C | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9726 | Patient refused to participate | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9724 | PATIENTS DOC AC MED OVERLAP MSR YR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9723 | HSPC SRVC PT RECV ANY TM DUR MSR PR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9722 | DOC HX RF/BSE S-CR GT EQU 4.0 MG/DL; | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9721 | PATIENT NOT AMBULATORY BED RIDDEN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9720 | HSPC SRVC PT OCRD ANY TM DUR MSR PR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9719 | PATIENT IS NOT AMBULATORY BED RIDDN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9717 | DOC STAT PT HAD DX OF BIPOLAR D/O | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9716 | BMI DOC FU PLAN NOT CMPL DOC RSN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9714 | PT IS USING HOSPC ANY TM DUR MSR PR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9713 | PT USE HOSPC SRVC ANY TM DUR MSR PR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9712 | DOC MED RSN FOR PRESCRIB/DISP ABX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9711 | PT W/DX PAST HX TOTAL COLECTOMY/CRC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9710 | PT PROV HSPC SRVC ANY TM DUR MSR PR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9709 | HOSPICE SRVC PT ANY TIME DUR MSR PR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9708 | WOMEN WHO HAD BIL MAST/HX BIL MAST | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9706 | LOW RISK RECURRENCE PROSTATE CANCER | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9705 | AJCC BREAST CANCER STAGE I T1B DOC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9704 | AJCC BRST CA STAGE I T1 MIC/T1A DOC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9703 | EPI PT TAK ABX 30 DAYS PRI EPI DATE | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9702 | PT USE HOSPC SRVC ANY TM DUR MSR PR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9700 | PT USE HOSPC SRVC ANY TM DUR MSR PR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9699 | LONG-ACT INHAL BD NOT PRSC RSN NOS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9698 | DOC SYS RSN NOT PRSC LA INHALED BD | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9696 | DOC MED RSN NOT PRSC LA INHALED BD | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9695 | LONG-ACTING INHALED BD PRESCRIBED | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9694 | HOSPC SRVC U PT ANY TIME DUR MSR PR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9693 | PT HOSPICE SRVC ANY TIME DUR MSR PR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9692 | HSPC SRVC RECV PT ANY TM DUR MSR PR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9691 | PT HAD HOSPC SRVC ANY TM DUR MSR PR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9690 | PT RECV HSPC SRVC ANY TM DUR MSR PR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9689 | PT ADM PRFRM ELECT CAROTID INTERVNT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9688 | PT HOSPICE SRVC ANY TIME DUR MSR PR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9687 | HOSPC SVC PROV PT ANY TM DUR MSR PR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9684 | ONSITE AC TX NF RES UTI BILL SID | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9683 | FAC AC TX NSG FL/ELCT DO BILL SID | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9682 | ONSITE AC T NF RES SKN INF BILL SID | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9681 | ONSITE AC T NF RES COPD/AS BILL SID | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9680 | ONSITE AC TX NF RES W/CHF BILL SID | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9679 | ONSITE AC T N FAC RES PNE BILL SID | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9676 | PT 40-75 YRS BEG MSR PRD T 1/2 DIAB | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9675 | PT HAD F/DR LB RSLT LDL-CEQU 190 MG/DL | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9674 | PATIENTS W/CLINICAL ASCVD DIAGNOSIS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9665 | PT NO CUR STATN USR/NO ORD STATN TX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9664 | PT CUR STATIN USR/RCVD ORD STATN TX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9663 | ANY LDL-C LAB RESULT GT EQU 190 MG/DL | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9662 | PRV DX/HV CLIN ASCVD INCL ASCVD PRC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9661 | PT GT /EQU 86 YOA WHO RECV COLONOSCOPY | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9658 | A TRAN CARE PROT/HO TOOL/CHECKLIST | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9656 | PT TR D F AA LOC TO PACE/OTH N-ICU | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9655 | A TRAN OF CARE PROT/H/O TL/CHCKLIST | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9654 | MONITORED ANESTHESIA CARE | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9651 | PSO TL DOC NOT ANY 1 SPEC BENCHMK | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9649 | PSORIASIS DOC ANY 1 BNCHMK BSA SEV | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9648 | PATIENTS WITH 90 DAY MRS SCORE GT 2 | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9646 | PATIENTS W/90 DA MRS SCORE 0 TO 2 | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9645 | PT NOT F ABST SMK PRI ANES D SX/PCR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9644 | PT ABST FROM SMOK PRI ANES D SX/PCR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9643 | ELECTIVE SURGERY | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9642 | CURRENT SMOKER | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9638 | FINAL RPT W/O DOC 1/GT DOS RDUC TECH | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9637 | FINAL RPT DOC 1/MORE DOSE RED TECH | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9630 | PT DID NOT SUSTAIN BOWL INJ AT SURG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9629 | DOC MED RSN NOT REPORT BOWEL INJ | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9628 | PT BOWEL INJ SURG/DISC SUBS 30D PST | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9627 | DIDNT SUST BLAD INJ SRG/NOR 30D P S | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9626 | DOC MED RSN NOT REPORT BLADDER INJ | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9625 | PT SUST BLAD INJ SRG/DSCV SUBSQ GT 30 | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9624 | PT NOT SCR UHLTY AU USING SYS SCR M | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9622 | PT NOT ID UNHLTHY ALC USR SCR ALC U | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9621 | PT ID UNHLTHY ALC USR SCR&BRF COUNS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9611 | ORD AP AG NOT DOC PT R RSN NOT GVN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9610 | DOC MED RSN PT REC NOT ORD AP AGT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9609 | DOC ORDER FOR ANTIPLATELET AGENTS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9608 | IORT CYSTSCPY NOT P EVL LW TRCT INJ | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9607 | D M RSN NOT PRF IO CYSTO/CASE PT D | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9606 | IORT CYSTSCPY PERF EVAL LW TRCT INJ | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9605 | PT SURV SCRE NO IMPRV BASE FLW TX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9603 | PT SURV SCRE IMPRV FROM BASE FLW TX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9599 | AA 6.0 CM/GT MX DIA CL CT/M DIA AX CT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9598 | AA 5.5-5.9 CM MX D CL CT/MI D AX CT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9597 | PED PT MI HD TRMA NOT LW RSK PECARN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9595 | PT HAS DOC VT SHUNT BT/COAGULOPATHY | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9594 | PT MINOR BLUNT HT & HEAD CT TR ECP | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9593 | PED PT M BLNT HD TRMA LW RSK PECARN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9582 | DOOR TO PUNC TIME GT 90 MIN NO RS GVN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9580 | DOOR TO PUNC TIME OF 90 MIN OR LESS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9557 | F RPT CT/A MRI C/NCK WO TH NDLT 1.0 C | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9556 | F RT CT CTA MRI/A CH/N FU IMG NT RC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9555 | DOC MED RSN RECOMMEND F/U IMAGING | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9554 | FNL RT CT CTA MRI/MRA CH/N FU IM RC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9553 | PRIOR THYROID DISEASE DIAGNOSIS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | G9552 | INCIDNTL THYRD NODUL LT 1.0 CM IN RPT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9551 | F RPT IMAG STDY W/O INCDNTL LES NTD | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9550 | FNL RPT IMG STS F/U IMG REC/FNL RPT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9549 | DOC MED RSN F/U IMAGING INDICATED | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9548 | F RPT IMG STDY STAT NO F/U IMG RECM | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9547 | R LS LT /EQU 1.0 CM/GT 1.0 CM BUTLT /EQU 4.0 CM | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9544 | PT THAT DO NOT HAVE THE FILTER RMVD | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9543 | DOC AT LEAST TWO ATTEMPTS REACH PT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9542 | DOC RE-ASSESS APPROP FILTR RMVL 3 M | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9541 | FILTER REMOVED W/I 3 MO OF PLACEMNT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9540 | PATIENT ALIVE 3 MOS POST PROCEDURE | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9539 | INTENT FOR PTNTL REMV TIME OF PLCMT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9537 | IMAG PART CLIN TRL;/OTH CLIN ORD ST | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9533 | PT MIN BLNT HD TRMA NO INDCAT HD CT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9531 | PT DOC VENT SHNT MXSYS TR TAK AP RX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9530 | PT W/MIN BLUNT HD TRMA CT ORD ECP | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | G9529 | PT MIN BLNT HD TRMA APPROP INDCT CT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9522 | TOT ED VST&IPEQU /GT 2 12 M/NO SCR NO R | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9521 | TOT ED VSTS & IP HOSPGT 2 PAST 12 M | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9520 | PT NO FINAL REFR+/-1.0 DIO 90 D SRG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9519 | PT FINL RFR +/- 1.0 D RFR 90 D SURG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9518 | DOCUMENTATION OF ACTIVE INJ DRUG US | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9517 | PT NO IMPRV VA PREOP LVL 90D S NO R | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9516 | PT ACHVD IMPRV VA PREOP LVL 90 D SX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9515 | PT DID NOT RQR RTN OR W/I 90 D SURG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9514 | PT RQR RTN TO OR W/I 90 D OF SURG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9513 | INDIV DID NOT HAVE A PDC OF 0.8/GT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9512 | INDIVIDUAL HAD A PDC OF 0.8/GREATER | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9511 | PHQ-9/9M SCGT 9 DOC DUR 12 M DNM ID P | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9510 | ADLT 18/GT MD NO REM 12M PHQ-9 LT 5 | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9509 | ADULT 18 YR/O MD/DYSTHYMIA R 12 MO | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9508 | DOC PT IS NOT ON STATIN MEDICATION | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9507 | DOC PT ON STATN MED/DOC VALID CNTRA | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9505 | ABX PRSC 10 D AFT ON SX DOC MED RSN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9504 | DOC NOT ASSESS HBV PRI ANTI-TNF TX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9502 | DOC MED RSN FOR NOT PERF FOOT EXAM | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9501 | RE INDCS NOT DOC F RPT FLUORO NT GV | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9500 | RE INDCS DOC FNL RPT PRC USG FLUORO | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9498 | ANTIBIOTIC REGIMEN PRESCRIBED | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9497 | RECV INSTR ANES/PRXY ABSTN SM DA SX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9480 | ADMISSION TO MCCM PROGRAM | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9479 | SRVC PRF QUAL PHARM HOSPICE EA 15 M | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9478 | SRVC PRF OTH QUAL TH HOSPCE EA 15 M | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9477 | SRVC PRF CARE COORD HOSPICE EA 15 M | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9476 | SRVC PRF VOLUNTEER HOSPICE EA15 MIN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9475 | SRVC PERF OTH COUNS HSPCE EA 15 MIN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9474 | SRVC PRF DIET CNSLR HOSPICE EA 15 M | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9473 | SRVC PERF CHAPLN HOSPICE EA 15 MIN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9471 | WI PAST 2 YRS CTR DXA NOT ORDR/DOC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9470 | PT NO CS GT /EQU 10 MG/D PDN EQ 60/GT D | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9468 | PT NOT REC CSGT /EQU 10 MG/D PRD EQ 60 D | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9457 | PT NO A I&NO DOC RSN NO A I SBMS P | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9456 | DOC MED/PT RSN NO ORDR/PERF SCR HCC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9455 | PT ABD IMAG U/S CE CT/C MRI HCC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9452 | DOC MED RS NOT RECV HCV AB D/T LEX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9434 | ASA NOT WC CTR TL NOT U RSN NOT GVN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9432 | ASA WC ACT C-ACT ACQ/ATAQ RSLT DOC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9431 | PTH RPRT NO PT & STM THK ULCR & MR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9430 | SPECIMEN SITE OTH THAN ANAT CUT LOC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9429 | DOC MED RSN NO PT CAT&STM THK U&MR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9428 | PA RPRT PT CAT & STM THK ULCER & MR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9427 | IMP MN TM ED AR-I P MED NOT PRF ADM | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9426 | IMP MED TM ED AR-INIT P MED PRF ADM | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9425 | PRIM LUNG CA RSC DOES NOT DOC PT CT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | G9424 | SPEC SITE OTH THAN LOC L NOT NSCLC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9423 | DOC MED RSN NO RPRT H TYP/NSCLC-NOS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9422 | PRIM LUNG CA RESC RPT DOC PT CAT PN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9421 | P NSCLC BX&CY S NO DOC CL NSCLC-NOS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9420 | SPEC S NOT LOC LUNG/NOT PRIM NSCLC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9419 | DOC M RSN NO H T/NSCLC-NOS CL EXPLN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9418 | P NSCLC BX&CY SPEC DOC CL NSCLC-NOS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9417 | PT NO 1 TET DT TDAP ON/BTW 10&13 BD | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9416 | PT 1 TET DT TDAP ON/BTW 10 & 13 BD | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9415 | PT NOT 1 D MENC VAC ON/B/T 11&13 BD | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9413 | PT NOT ADM WI 180 D POST CIED W/INF | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9412 | PT ADM WI 180 D P CIED INF DVC RMV | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9411 | PT NOT ADM WI 180 D PST CIED W/INF | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9410 | PT ADM WI 180 DAYS POST CIED W/INF | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9409 | PT WO CT &/PERICARDIOCENT WI 30 DA | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9408 | PT CT &/PERICARDIOCENTESIS WI 30 DA | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | G9396 | PT I PHQ-9 SC GT 9 NO ASSESS RM 12 MO | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9395 | PT INIT PHQ-9 SC GT 9 NO RM AT 12 MO | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9394 | PT BPD/PD NH/HOSPCE/PALL DUR ASSESS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9393 | PT I PHQ-9 SCGT 9 RM 12 MO PHQ-9 SCLT 5 | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9386 | SCR HCV NOT REC 12 M P RSN NOT GVN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9385 | DOC PT RSN NOT RECV AN SCR HCV INF | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9384 | DOC MED RSN NOT RECV AN SCR HCV INF | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9383 | PT RECV SCR HCV INF W/I 12 MO PRD | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9382 | PT NOT OFR ASST EOL ISS/XP REV MSR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9380 | PT OFR ASST EOL ISS/XP REV/UPD MSR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9368 | AT LST 2 ORD HIGH RSK MED SM NT ORD | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9367 | AT LST 2 ORD HGH-RK MED SM DRUG CLS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9364 | SINUSITIS CAUS/PRES CAUS BACT INF | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9361 | MED INDICAT DEL C/S OR INDUCT LABOR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9358 | POST-PART SCREEN EVAL EDU NOT PERF | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9357 | POST-PARTUM SCREEN EVAL EDU PERFORM | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9356 | ELEC DEL BY C/SECT /INDUC LABR PERF | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9355 | ELEC DEL C-BIRTH/INDUC LBR NOT PERF | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9354 | 1/NO CT PARNSL SS NOT ORD 90 D DX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9353 | MORE 1 CT PARNSL SS 90 D DX DOC RSN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9352 | MORE 1 CT PARNSL SS 90 D DX NO RSN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9351 | MORE 1 CT PARNSL SINUS 90 D AFTR DX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9347 | F/U REC NOT DOC GLS PNS RSN NOT GVN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9345 | F/U REC DOC INCIDENT DETECTED PNS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9344 | SRCH PRIOR DICOM NOT CMPL SYS RSN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9342 | SRC NOT CD PRI I S PT CT S CPL NO R | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9341 | SEARCH PRIOR CT EXT ENTITIES 12-MO | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9319 | IMAG STDY NOT NOMEN RSN NOT GVN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9318 | IMAGING STUDY NAMED STANDARD NOMEN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9317 | DOC PT RSK ASMT CALC PT/FM NOT CMPL | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9316 | DOC PT RSK ASSESS RSK CALC W/PT/FAM | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9315 | AMOX W/WO CLAV 1ST LINE ABX TIME DX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9314 | AMOX NOT 1ST LINE TM DX RSN NOT GVN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9313 | AMC NOT RX 1ST LN ABX TM DX DOC RSN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9312 | Surgical site infection | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9311 | No surgical site infection | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9310 | UNPLANNED HOSP RDM 30 DAY PRIN PROC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9309 | NO UNPLAN HOSP RDM 30 DAY PRIN PROC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9308 | UNPLAN RTN OP ROOM 30 DAY PRIN PROC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9307 | NO RTN OP ROOM PROC 30 DA PRIN PROC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9306 | INT LEAK ENDOLUM CNT ANASTM REQ | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9305 | INT LEAK ENDOLUM CNT ANASTM NOT REQ | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9299 | PT NOT EVAL VTE CV RSK 30 D PRI PRC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9298 | PT EVAL VTE CV RSK 30 DA PRIOR PROC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9297 | SDM CONSERV TX PRIOR PROC NOT DOC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9296 | PT DOC SDM CONSERV TX PRIOR PROC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9295 | SPEC SITE OTH THAN ANATOMIC CUT LOC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9294 | PATH RPT W/PT CAT THICK ULCR PT1 MR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9293 | PATH RPT NOT PT CAT ULCER PT1 MR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9292 | DOC RSN NOT RPT PT CAT ULCER PT1 MR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9291 | SP SITE NOT LNG NOT NSCLC/NSCLC-NOS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9290 | NSCLC BX CY RPT NOT DOC H TYP/NOS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9289 | NSCLC BX CY RPT DOC H TYP/NSCLC-NOS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9288 | DOC MED RSN NOT RPT H TYP/NSCLC-NOS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9287 | ABX NOT PRSCR 10 DA AFTR ONSET SX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9286 | ABX REG PRSC W/I 10 DA AFTR ONST SX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9285 | SPEC SITE OTH THAN LUNG/NOT NSCLC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9284 | NSCLC BX CYT RPT NOT DOC H TYP/NOS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9283 | NSCLC BX CYT RPT DOC H TYP/NOS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9282 | DOC RSN NOT RPT HIST TYP/NSCLC-NOS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9281 | SCREEN PERF VACC NOT IND/PT REFUSAL | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9280 | PNC V NOT ADM PRI D/C RSN NOT SPEC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9279 | PNC SCRN DOC VACC RECV PRORI D/C | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9278 | DOC PT NOT ON D ASP/ANTI-PLAT REGMN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9277 | DOC PT D ASP/ANTI-PLATLET/DOC CNTRA | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9276 | DOC PATIENT IS CURRENT TOBACCO USER | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9275 | DOC PATIENT CURRNT NON-TOBACCO USER | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9274 | BP SEQU 140 DEQU 90/SLT 140 DEQU 90/SEQU 140 DLT 90 | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9273 | BP SYSTOLIC LT 140 DIASTOLIC LT 90 | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9243 | DOC VIRAL LOAD LT 200 COPIES/ML | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9242 | DOC VLEQU /GT 200 COPIES/ML/VL NOT PRFRM | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9231 | DOC ESRD DIAL RNA TX/PREG MSR PR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9230 | CHLAMYDIA GON SYP NOT SCR NO RSN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9228 | CHLAMYDIA GON SYP SCR RESULTS DOC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9227 | FUNC O/C ASMT CP NOT DOC PT NOT ELG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9226 | FOOT EXAMINATION PERFORMED | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9225 | FOOT EXAM WAS NOT PRFRM RSN NOT GVN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9223 | PCP PRSC 3 MO CD4+ LT 500/CD4 PCT LT 15PCT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9213 | DSM-IVTM CRIT MDD NOT DOC INIT EVAL | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9212 | DSM-IVTM CRITERIA MDD DOC INIT EVAL | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9191 | DOC PT RSN NOT PRSC BETA-BLOCKER TX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9190 | DOC MED RSN NOT PRSC BETA-BLOCKR TX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9189 | BETA-BLCKR TX PRSC/CURR BEING TAKEN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9188 | BETA-BLCKR TX NOT PRSC RSN NOT GIVN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9156 | EVAL WC REQ FACE-FACE VISIT W/PHYS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9153 | MAPCP DEMO PHYSICIAN INCENTIVE POOL | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9152 | MAPCP DEMO COMMUNITY HEALTH TEAMS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9151 | MAPCP DEMO STATE PROVIDED SERVICES | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9150 | NAT COMMITTEE QA LEVEL 3 MED HOME | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9149 | NAT COMMITTEE QA LEVEL 2 MED HOME | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9148 | NAT COMMITTEE QA LEVEL 1 MED HOME | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9147 | OIVIT MSR: RQ; &/UUN; &/GLU; &/K+ | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9143 | WARFARIN RSPN TEST GEN TECH ANY | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9140 | FRONTIER EXTENDED STAY CLIN DEMO; | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9139 | ONC;DZ STS;CML;STAGE NOT LISTED | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9138 | ONC;DZ STS;NHL;STAGE NOT DETERM | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9137 | ONC;DZ STS;NHL;RELAPSED/REFRACTORY | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9136 | ONC;DZ STS;NHL TRNS 2ND CELLR CLSS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9135 | ONC;DIZ STS;NHL;STG 3 4 NOT RELAPS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9134 | ONC;DZ STS;NHL;STAGE 1 2 NOT RELPSD | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9133 | ONC;DZ STS;PROS CA;CLIN METS/M1 | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9132 | ONC;DZ STS;PROS CA;CLIN METS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9131 | ONC;DZ STS;F BRST CA;STG NOT LISTED | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9130 | ONC; MX MYELOMA SYS DZ EXTENT UNKN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9129 | ONC; MX MYELOMA SYS DZ ST II/HIGHER | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9128 | ONC; MX MYELOMA SYS DZ; SMOLDR ST I | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9126 | ONC; CML HEM CYTOGN/MOLECULR REMISS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9125 | ONC; CML BP NOT HEM CYT/MOL REMISS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9124 | ONC;CML; AP NO HEMA CYT/MOL REMISS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9123 | ONC; CML; CP NO HEM CYT/MOL REMISS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9117 | ONC; STATUS; OV CA; EXTENT UNKN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9116 | ONC; OV CA; PROGRSSN&/PLATINM RSIST | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | G9115 | ONC; OV CA; ST III-IV; NO PROG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9114 | ONC; OV CA; ST IA-B; IC; II;NO PROG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9113 | ONC DS STATUS OV CA ST IA-B NO PROG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9112 | ONC; STATUS; H&N CA; EXTENT UNKN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9111 | ONC; STATUS; H&N CA; M1 MET LOC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9110 | ONC;H&N CA; T3-4&/N1-3 M0 NO PROG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9109 | ONC; H&N CA; T1-T2&N0 M0 NO PROG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9108 | ONC; STATUS; PAN CA; EXTENT DZ UNK | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9107 | ONC; PAN CA; UNRESECTBL M1 MET | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9106 | ONC; PAN CA; R1/R2 RESECT NO PROG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9105 | ONC; PAN CA; R0 RESECT NO PROG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9104 | ONC; STATUS; GASTR CA ; EXTENT UNK | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9103 | ONC; STATUS; GASTR CA; CLIN M1 MET | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9102 | ONC; GASTR CA; M0 UNRESECT NO PROG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9101 | ONC; GASTR CA; R1/R2 RESECT NO PROG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9100 | ONC; GASTR CA; R0 RESECT NO PROG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9099 | ONC; STATUS; ESOPH CA; EXTENT UNK | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9098 | ONC; STATUS; ESOPH CA ; M1 METASTAT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9097 | ONC; ESOPH CA; T4 ANY N M0 NO PROG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9096 | ONC;ESOPH CA;T1-T3 N0-N1/NX NO PROG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9095 | ONC; STATUS; RECTAL CA; EXTENT UNK | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9094 | ONC; STATUS; RECTAL CA; M1 MET | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9093 | ONC; RECTAL CA; T4 ANY N M0 NO PROG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9092 | ONC; RECTAL CA;T1-3 N1-2 M0 NO PROG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9091 | ONC; RECTAL CA; T3 N0 M0 NO PROG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9090 | ONC; RECTAL CA; T1-2 N0 M0 NO PROG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9089 | ONC; STATUS; COLON CA; EXTENT UNK | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9088 | ONC; COLON CA; M1 MET NO CURR DZ | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9087 | ONC; COLON CA; M1 MET W/CURR DZ | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9086 | ONC; COLON CA; T1-4 N1-2 M0 NO PROG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9085 | ONC; COLON CA; T4 N0 M0 NO PROG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9084 | ONC; COLON CA; T1-3 N0 M0 NO PROG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9083 | ONC; PROS CA ACA; EXTENT UNKN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9080 | ONC; PROS CA; TX RISING PSA | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9079 | ONC;PROS CA; T3B-T4 N; T N1 NO PROG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9078 | ONC; PROS CA; T2/T3A/PSAGT 20 NO METS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9077 | ONC;PROS CA;T1-T2C& PSALT /EQU 20NO PROG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9075 | ONC; STATUS; F BRST CA; ACA; M1 MET | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9074 | ONC; BRST; ACA; ST III; NEG;NO PROG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9073 | ONC; BRST; ACA; ST III; POS;NO PROG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9072 | ONC; BRST; ACA; ST I/II;NEG;NO PROG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9071 | ONC; BRST; ACA;ST I/II;POS; NO PROG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9070 | ONC;STATUS;SCLC SC&COMB;EXTENT UNKN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9069 | ONC; STATUS; SCLC SC&COMB; EXT MET | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9068 | ONC; STATUS; SC&COMB;LTD NO PROGRSN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9067 | ONC; STATUS; NSCLC; EXTENT DZ UNKN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9066 | ONC; STATUS; NSCLC; ST III B-4 MET | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9065 | ONC;NSCLC; ST III A NO PROGRESSN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9064 | ONC; STATUS; NSCLC;ST II NO PROGRSN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9063 | ONC; STATUS; NSCLC; ST I NO PROGRSN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9062 | ONC; PRAC; MGMT DIFFERS OTH REASON | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9061 | ONC; PTS COND NOT ADDRESSED GUIDE | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9060 | ONC; PRAC; MGMT DIFFER COMORBID ILL | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9059 | ONC;PRAC;MGMT DIFFERS PT OPT ALT TX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9058 | ONC; MGMT DIFFR PHYS DISAGREE GUIDE | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9057 | ONC; PRAC; MGMT DIFFER CLIN TRIAL | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9056 | ONC;PRAC GUIDE;MGMT ADHERS TO GUIDE | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9055 | ONC;PRIM;OTH UNS NOT OTHERWISE LIST | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9054 | ONC;PRIM;SUP PT TERM CA;PALLIATV TX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9053 | ONC; PRIM; EXPECT MGMT EVIDENCE CA; | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9052 | ONC; PRIM; SURVEILLANCE RECUR; | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9051 | ONC; PRIM FOCUS; TX DECISION OPTNS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9050 | ONC; PRIM FOCUS; WRKUP EVAL/STAG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9016 | SMOK CESSATN CNSL IND ABSNC/ADD E&M | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9014 | ESRD DEMO EXPND BUNDLE W/VENUS ACSS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9013 | ESRD DEMO BASIC BUNDLE LEVEL I | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9009 | COORD CARE FEE RISK ADJ MAINT LVL 3 | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9006 | COORD CARE FEE HOME MONITORING | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G9003 | COORD CARE FEE RISK ADJUSTD HI INIT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8970 | NO RISK FACTOR/1 MOD RISK FACTOR TE | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8969 | DOC PT RSN NT RX ORL AC FDA APV TE | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8968 | DOC MED RSN NOT RX FDA APV ANTICOAG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8967 | FDA APPR ORAL ANTICOAGULANT PRESCRB | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8962 | CARD STRESS IMAG TEST PERF ANY RSN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8961 | CRD SS IMAG L RSK PT PREOP 30 D SRG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8958 | ASMT ADEQ VOL M NOT DOC RSN NOT GVN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8956 | PT RCV MAINT HEMODIAL O/P DIALY FAC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8955 | MOST RCNT ASMT ADEQUCY VOL MGMT DOC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8952 | ELVTD/HTN BP DOC F/U NOT RSN NOT GV | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8950 | ELVATE/HTN BP DOC & INDICAT F/U DOC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G8946 | MIN INVSV BX METH ATMPT NO DX BR CA | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8944 | AJCC MELANOMA CANCER STGE 0-IIC MEL | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8942 | FUNC O ASMT TL DOC PREV 30D&CP 2D | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8937 | CLN NOT PRSC ACE INH/ARB RSN NOT GV | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8936 | CLN DOC PT NOT ELIG CAND ACE/ARB TX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8935 | CLINICIAN PRSC ACE INHIB/ARB TX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8924 | SPIROMETRY RSLTS DOC FEV1/FVC LT 70PCT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8918 | PT NO PREOP ORD IV ABX SSI PROPH | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8917 | PT PREOP ORD IV ABP SSI NOT INIT TM | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8916 | PT PREOP ORD IV ABP SSI ABX INIT TM | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8915 | PT DOC NOT EXP HOSP TRF/ADM D/C ASC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8914 | PT DOC EXP HOSP TRNSF/ADM D/C ASC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8913 | PT DOC NO EXP WRG SITE S PT P/IMPL | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8912 | PT DOC EXP WRG SITE S PT PRO/IMPL | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8911 | PT DOC NOT EXPERIENCED FALL IN ASC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8910 | PT DOC HAVE EXPERIENCED FALL IN ASC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G8909 | PT DOC NOT HAVE REC BURN PRIOR D/C | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8908 | PT DOC HAVE RECEIVED BRN PRIOR D/C | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8907 | PT DOC NO:BRN;WRG EVNT;/TRF/ADM D/C | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8882 | SENTINEL LN BX NOT PERF RSN NOT GVN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8881 | STAGE BREAST CA GT T1N0M0/T2N0M0 | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8880 | DOC REASON SLN BIOPSY NOT PERFORMED | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8878 | SENTINEL LYMPH NODE BX PROC PERFORM | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8877 | CLN NOT DX BR CA PRE BX RSN NOT GVN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8876 | DOC RSN NO MI BX DIAG BRST CA PREOP | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8875 | CLIN DX BR CA PREOP MIN INV BX METH | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8869 | PT HAS DOC IMM HB&INIT ANTI-TNF TX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8867 | PCV NOT ADM/PREV RECV RSN NOT GIVEN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8866 | DOC PT RSN NOT ADM/PREV RECV PN VAC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8865 | DOC MED RSN NOT ADM/PREV REC PN VAC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8864 | PNEUMOCOCCL VACC ADMIN/PREV RECEIVE | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8863 | PTS NOT ASSESS RSK BL RSN NOT GVN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G8858 | REF PHYS OTOLOG EVAL NOT PRF N GVN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8857 | PT NOT ELIG REF OTOLOGIC EVAL MSR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8856 | REFER PHYS OTOLOGIC EVAL PERFORMED | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8855 | ADH TX NOT ASSD ANNU OBJ INFO N RSN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8854 | DOC RSN NO OBJ RP ADH EVID-BSD TX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8851 | ADH TX ASSD ANNULY THU OBJ INFO/SR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8850 | PAP TX NOT PRSC REASON NOT GIVEN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8849 | DOC REASON NOT PRESCRIBED PAP TX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8846 | MOD/SEV OBSTRUCTIVE SLEEP APNEA | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8845 | PAP THERAPY PRESCRIBED | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8841 | SLP APNEA SX NOT ASSESS RSN NOT GVN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8840 | DOC RSN NOT DOCUMENT ASMT SLEEP SYM | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8839 | SLEEP APNEA SX ASSESS SNOR DAY SSS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8838 | PT NOT D/C HOME BY PO DAY 2 FLW CEA | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8834 | PT D/C HOM NO LATR PO DA 2 FLW CEA | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8833 | PT NOT D/C HOM POSTOP D 2 FLW EVAR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G8826 | PT D/C HOM NO LATR PO DA 2 FLW EVAR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8817 | STATIN TX NOT PRSC D/C RSN NOT GVN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8816 | STATIN MEDICATION PRESCRIBED AT D/C | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8815 | DOC RSN MED REC STATIN TX NOT PRSC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8808 | TRANS-ABD/VAG U/S NOT P RSN NOT GVN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8807 | TAS/TVS U/S NOT PERF RSN DOC CLIN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8806 | PERF TRNSABD/TRNSVAG U/S&PG LOC DOC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8798 | SPECIMEN SITE OTH THN ANAT LOC PROS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8797 | SPEC SITE OTH THAN ANAT LOC ESOPH | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8785 | BP READING NOT DOC REASON NOT GIVEN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8783 | NORMAL BP READING DOC F/U NOT RQR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8756 | NO DOC BP MSR REASON NOT GIVEN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8755 | MOST RECENT DIASTOLIC BP GT EQU 90MM HG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8754 | MOST RECENT DIASTOLIC BP LT 90MM HG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8753 | MOST RECENT SYSTOLIC BP GT EQU 140MM HG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8752 | MOST RECENT SYSTOLIC BP LT 140MM HG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | G8749 | ABSENCE SIGNS MEL/ABSENCE SX MEL | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8735 | ELDER MALTX POS F/U NOT DOC NOT GVN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8734 | ELDER MALTX SCR DOC NEG F/U NOT RQR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8733 | ELD MALTX SCR DOC POS & F/U PLN DOC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8724 | PT PN CAT&HG NOT DOC PATH RP NO RSN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8723 | SITE IS OTH THAN ANAT LOC PRIM TUMR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8722 | DOC MED RSN NO PT PN/HG PATH REPRT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8721 | PT CAT PN CAT&HIST GR DOC PATH RPRT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8712 | ANTIBIOTIC NOT PRESCRIBED/DISPENSED | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8711 | PRESCR ANTIBIOTIC ON W/I 3D EPISODE | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8710 | PATIENT PRESCRIBED ANTIBIOTIC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8709 | URI EP COMPET DX ON/3 D AFT EP DT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8708 | PATIENT NOT PRESCRIBED ANTIBIOTIC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8670 | RESID SCOR E W H IMPR NO MSR NO RSN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8668 | RESID SCORE ELB WR HND IMPR SC LT 0 | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8667 | RS ELB WRST/HND IMP CALC & SCEQU 0/GT 0 | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | G8666 | RESID SC SHLDR IMPR NOT MSR NO RSN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8664 | RS SHOULDER IMPR SUC CALC & SC LT 0 | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8663 | RS SHLDR IMPR SUC CALCU & SC EQU 0/GT 0 | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8662 | RS LOW BACK IMPR NOT MSR NO RSN GVN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8661 | RSK-AD F ST CH R S LB IMPR PT N APP | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8660 | RS LOW BACK IMPR SUC CALC & SC LT 0 | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8659 | RS LW BACK IMPR SUC CALC & SC EQU 0/GT 0 | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8658 | RS LW LEG FT/ANK IMPR NO MSR NO RSN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8656 | RS LW LEG FT/ANK IMPR SUC CALC&SCLT 0 | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8655 | RS LOW LEG FT/ANK IMPR CALC&SC EQU /GT 0 | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8654 | RS HIP IMPR NOT MSR RSN NOT GIVEN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8652 | RS HIP IMPR SUC CALC & SCORE LT 0 | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8651 | RS HIP IMPR SUC CALC & SCORE EQU 0/GT 0 | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8650 | RS KNEE IMPR NOT MSR NO RSN GIVEN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8648 | RS KNEE IMPR SUC CAL & SCR LT 0 | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8647 | RS KNEE IMPR SUC CALC & SC EQU 0/GT 0 | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G8635 | PHARM TX OP NOT PRSC REASON NOT GVN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8633 | PHARM TX FOR OSTEOPOROSIS PRESCRIB | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8602 | IV TT NOT INIT WI 4.5 HR LKW NO RSN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8601 | IV TT NOT INT 4.5 H LKW RSN DOC CLN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8600 | IV TT INIT WI 4.5 HRSLT EQU 270 MINS LKW | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8599 | ASP/OTH ANTITHROMB NOT USED NO RSN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8598 | ASPIRIN/ANOTHER ANTIPLATELT TX USED | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8576 | NO PO RENAL FAIL/DIALYSIS NOT REQ | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8575 | DEV POSTOP RENAL FAIL/REQ DIALYSIS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8570 | PROLONGED POSTOP INTUBATION NOT RQR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8569 | PROLONGED POSTOP INTUBATION RQR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8568 | PT WAS NOT REF PHYS OTO EVAL NO RSN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8567 | PT NO VERIFICATION SUDDEN HEAR LOSS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8566 | PT NOT ELIG REF OTO HEAR LOSS MSR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8565 | VEIFICATION & DOC SUDDEN HEAR LOSS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8564 | PT REF OTO EVAL REASON NOT SPEC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G8563 | PT NOT REF PHYS OTO EVAL RSN NOT GV | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8562 | PT NO HX DRAINGE EAR PREV 90 DAYS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8561 | PT NOT ELIG REF OTO EVAL HX DRAIN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8560 | PT HX ACTIVE DRAIN EAR PREV 90 DAYS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8559 | PT REF TO PHYS FOR OTOLOGIC EVAL | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8543 | DOC POS FO ASMT;CP NO DM WI 2D NO R | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8542 | FCN OC ASMT; NO DEFICT PLN NOT RQR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8541 | FUNC OUTCOME ASSESS NOT DOC NO RSN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8540 | FNC OC ASMT NO D P D PT NOT ELG ENC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8539 | FO ASMT POS CP BSD ID DEF DOC WI 2D | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8536 | NO DOC ELDER MALTX SCR RSN NOT GIVN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8535 | EM SCR NO D-D PT NOT ELG EM SCR ENC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8511 | SCR DEP DOC POS F/U PLN NO DOC NO R | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8478 | BP MSR NOT PERF/DOC RSN NOT GIVEN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8477 | MOST RECNT BP SYSTGT EQU 140 &/ DIASGT EQU 90 | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8476 | MOST RECENT BP SYST LT 140 & DIAS LT 90 | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | G8475 | ACE INH/ARB TX NOT PRSC RSN NOT GVN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8474 | ACE I/ARB TX NOT PRSC RSNS DOC CLIN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8473 | ACE INHIBITOR/ARB THERAPY PRESCRIBD | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8465 | HIGH/VERY HIGH RISK RECURR PROS CA | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8452 | BETA-BLOCKER THERAPY NOT PRESCRIBED | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8451 | BB TX LVEFLT EQU 40PCT NO RX RSN DOC CLIN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8450 | BETA-BLOCKER THERAPY PRESCRIBED | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8433 | SCR DEPR NOT COMPLT DOCUMENTED RSN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8432 | DEPRESSION SCR NOT DOC RSN NOT GVN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8430 | DOC MED RSN NOT DOC REV PT CUR RX L | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8428 | CUR MEDS NO DOC ELG CLN RSN NOT GVN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8427 | ELIG CLIN DOC M UPDTD REC PT MEDS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8421 | BMI NOT DOCUMENTED & NO REASON GVN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8420 | BMI DOC NML PARAM & NO F/U PLAN RQR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8419 | BMI DOC OUT NL PARM NO F/U DOC NO R | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8418 | BMI DOC BLW NML PARAM & F/U PLN DOC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | G8417 | BMI DOC ABV NML PARAM & F/U PLN DOC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8416 | CLIN DOC PT NOT ELIG FOOTWEAR EVAL | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8415 | FOOTWEAR EVAL WAS NOT PERFORMED | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8410 | FOOTWEAR EVAL PERFORMED AND DOC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8405 | LOWER EXTREM NEURO EXAM NOT PRFRM | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8404 | LOWER EXTREM NEURO EXAM PERFORM&DOC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8400 | PT W/CNTRL DXA RSLTS NOT DOCUMENTED | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8399 | PT DOC RSLT CENTRAL DXA EVER PERF | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8397 | DILATED MACULAR/FUNDUS EXAM PERFORM | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8396 | LVEF NOT PERFORMED OR DOCUMENTED | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G8395 | LVEF GT EQU 40PCT OR NORMAL/MILD DEPR LVS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4038 | VASCULAR SURGERY MIPS SPECIALTY SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4037 | UROLOGY MIPS SPECIALTY SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4036 | URGENT CARE MIPS SPECIALTY SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4035 | THORACIC SURGERY MIPS SPECIALTY SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4034 | SPEECH LANGUAGE PATH MIPS SPEC SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | G4033 | SKILLED NURS FACILITY MIPS SPECIALT | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4032 | RHEUMATOLOGY MIPS SPECIALTY SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4031 | RADIATION ONCOLOGY MIPS SPECIALTY | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4030 | PULMONOLOGY MIPS SPECIALTY SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4029 | PREVENTIVE MEDICINE MIPS SPECIALTY | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4028 | PODIATRY MIPS SPECIALTY SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4027 | PLASTIC SURGERY MIPS SPECIALTY SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4026 | PHYSICAL/OCCUPAT THER MIPS SPECIALT | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4025 | PHYSICAL MEDICINE MIPS SPECIALT SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4024 | PEDIATRICS MIPS SPECIALTY SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4023 | PATHOLOGY MIPS SPECIALTY SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4022 | OTOLARYNGOLOGY MIPS SPECIALTY SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4021 | ORTHOPEDIC SURGERY MIPS SPECIAL SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4020 | OPHTHALMOL/OPTOMETRY MIPS SPEC SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4019 | ONCOLOGY/HEMATOLOGY MIPS SPECIALTY | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4018 | OBSTETRICS/GYNEC MIPS SPECIALTY SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | G4017 | NUTRITION/DIETIC MIPS SPECIALTY SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4016 | NEUROSURGICAL MIPS SPECIALTY SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4015 | NEUROLOGY MIPS SPECIALTY SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4014 | NEPHROLOGY MIPS SPECIALTY SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4013 | MENTAL/BEHAV & PSYCH MIPS SPLTY SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4012 | INTERVENTIONAL RADIOL MIPS SPECIALT | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4011 | INTERNAL MEDICINE MIPS SPECIALT SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4010 | INFECTIOUS DISEASE MIPS SPECIALTY | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4009 | HOSPITALISTS MIPS SPECIALTY SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4008 | GERIATRICS MIPS SPECIALTY SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4006 | GASTROENTEROLOGY MIPS SPECIALTY SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4005 | FAMILY MEDICINE MIPS SPECIALTY SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4004 | ENDOCRINOLOGY MIPS SPECIALTY SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4003 | EMERGENCY MEDICINE MIPS SPECIAL SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4002 | ELECTROPHY CARDIAC SPC MIPS SPEC ST | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G4001 | DIAGNOSTIC RADIOLOGY MIPS SPECL SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | G4000 | DERMATOLOGY MIPS SPECIALTY SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2216 | TAKE HM SPLY INJ NLXLIST SEP ADD CD | HCPCS - PROC/PROF SERVICES (TE | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2215 | TAKE H SPLY NSL NLX 2PK LST SEP ADD | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2210 | RS NCK IMPR NO MSR PT NO NFS PROM | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2209 | PATIENT REFUSED TO PARTICIPATE | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2208 | PT DID NOT RECV ADJUVANT TX COURSE | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2207 | RSN NOT ADM ADJ TX CRS CHMO&HER2-TT | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2206 | PT RCV ADJ TX CRS CHEMO&HER2-TGT TX | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2205 | PT WITH PREGNANCY DUR ADJ TX CRS | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2200 | PT IDENT UH ALC USER RCV BRF CNSLG | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2199 | PT NOT SCR UH ALC USE SYS SCR METH | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2197 | PT SCR UH ALC USE NOT ID UH ALC USR | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2196 | PT IDENT UH ALC USR SCR UH ALC USE | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2195 | PT CLIN IND IMAG HEAD: OCC HA CHILD | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2194 | PT CLN IND IMG HD;NU ON HA PD PT DB | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2193 | PT CLIN IND IMG HD:NEW ON HA LT 6 YOA | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | G2192 | PT CLN IND IMG HD:TMP HA PT O 55 YA | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2191 | PT CLIN IND IMAG HEAD: POSIT HA | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2190 | PT CLIN IND IMAG HEAD: HA RAD NECK | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2189 | PT CLIN IND IMAG HEAD: ABN NEURO EX | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2188 | PT CLN IND IMG HD:NW/CHG HA GT 50 YA | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2187 | PT CLIN IND IMAG HEAD: HEAD TAURMA | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2186 | PT/CG DYAD RF APP RS & CON RES CNF | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2185 | DOC CAREGIV IS TRN & CERT DEM CARE | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2184 | PATIENT DOES NOT HAVE A CAREGIVER | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2183 | DOC PT UNABL TO COM & INF NOT AVAIL | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2182 | PT RECV FT BIOL &/IMM RSP MOD TX | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2181 | BMI NOT DC MD RSN/PT REFS HT/WT MSR | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2180 | CLIN DOC PT NOT ELG EVAL FTWR B LEA | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2179 | CLIN DOC PT MED RSN NO LE NEURO EX | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2178 | CLIN DC PT NO LE NEUR EX MSR B AMP; | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2177 | AC BR EP PT NU/RFL RX ABX 30 D EP D | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | G2176 | OP ED/OBS VISITS RSLT IN IP ADM | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2175 | EPIS PT COMORBID CND DUR 12M EPIS D | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2174 | URI EPI PT ANTIB IN 30D PRI EPIS DT | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2173 | URI EP PT COMORBD CND DUR 12M EP DT | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2172 | AI PMT SRVC REL HI COORD&INT OUD TX | HCPCS - PROC/PROF SERVICES (TE | NO | 04/01/2021 | 04/01/2021 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2169 | SRVC PRFRM OT ASST HH SET EA 15 MIN | HCPCS-PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2168 | SRVC PRFRM PT ASST HH SET EA 15 MIN | HCPCS-PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2167 | RS NCK IMPR SUC CALC & SCORE LT 0 | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2152 | RS NCK IMPR SUC CALC & SC EQU 0/GT 0 | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2151 | DOC PT DX DGN NEU CND DX ANY TM EOC | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2150 | MULTIMODAL PAIN MGMNT WAS NOT USED | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2149 | DOCUM MED REASON NOT USE MU | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2148 | MULTIMODAL PAIN MANAGEMENT WAS USED | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2147 | LEG PN MSR VAS 1YR POGT 3.0 IMP LT 5 PT | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2146 | LP MSR VAS 1 YR PO GT EQU 3.0 IMP 5 PT/GT | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2145 | ODI 3MO PO GT 22 ODI 3 MN PREO PO 30GT | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | G2144 | ODI 3MO POLT EQU 22 ODI 3 MN PREO PO 30GT | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2143 | ODI 1YR PO GT 22 ODI 3 MN PREO PO 30GT | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2142 | ODI 1YR POLT EQU 22 ODI 3 MN PREO PO 30GT | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2141 | LP MSR VAS 3 MOS PO GT 3.0 IMP LT 5 PT | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2140 | LP MSR VAS 3 MO PO LT /EQU 3.0IMPLT 5.0 PT | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2139 | BP MSR VAS 1 YR PO GT 3.0 IMP LT 5.0 PT | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2138 | BP MSR VAS 1 YR POLT /EQU 3.0 IMP 5.0/GT | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2137 | BACK PN MSR VAS 3MO POGT 3.0 POLT 5 PTS | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2136 | BP MSR VAS 3 M POLT ./EQU 3.0 IMP 5.0/GT | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2129 | PROC REL BP'S NOT TAKEN DUR OP VST | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2128 | DOC MED RSN NOT ON DAILY ASP/OTH AP | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2127 | PT 66-80 Y AL 1 CL FR D MP&D RX DEM | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2125 | PT 81 Y&GT AL 1 CL FRLTY DUR MSR PRD | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2122 | DEPRS ANX APATHY & PSYCH NOT ASSESS | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2121 | DEPRESSION ANXT APATHY & PSY ASSESS | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2118 | PT 81 Y &GT AL 1 CL FRLTY DUR MSR PRD | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | G2115 | PT 66 -80 Y CLM FRLTY&D MED DMNT MP | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2113 | PT RCVGT 5MG D PRGT 6MO&IMP/NO CHG D AC | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2112 | PT RCVLT EQU 5 MG D PR/RA AC WRS/GCLT 6 MO | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2106 | PT 66 Y&GT 1 CLM FRLTY&D MED DMNT MP | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2105 | PT 66/GT INST SNP/RSD LTCGT 90 D DR MSR | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2100 | PT 66 Y&GT 1 CLM FRLTY&D MED DMNT MP | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2098 | PT 66 Y&GT 1 CLM FRLTY&D MED DMNT MP | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2097 | EP PT HAD COMPET DX 3 DAY AFT EP DT | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2096 | ACE INHB/ARB/ARNI TH NO PRSC NO RSN | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2094 | DOC PT RSN N PRSC ACE INHB/ARB/ARNI | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2093 | DC MD RSN N PRSC ACE INHB/ARB/ARNIX | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2092 | ACE I/ARB/ARNI TH PRSC/CUR BNG TKN | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2090 | PT 66 Y&GT 1 CLM FRLTY&D MED DMNT MP | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2081 | PT 66 &GT INST SNP/RES LTC GT 90 D MSR | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2080 | EA ADD 30 MIN CNSL WK MED ASST TX; | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2079 | TH SUP BPN ORAL;TO 7 ADD D SUP; | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | G2078 | TH SUP METHADONE;TO 7 ADD D SUP; | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2075 | MAT MEDICATION NOS; WEEKLY BUNDLE | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2074 | MED ASST WKLY BUNDLE NOT INCL DRUG | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2073 | MED ASST TX NALTREXONE;WKLY BUNDLE | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2068 | MAT BUPRENORPHINE ORAL; WKLY BUNDLE | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2067 | MED ASST TX METHADONE;WEEKLY BUNDLE | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2022 | MDL PRTCP BNEF RFS SRVC CVR UND MDL | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2021 | HEALTH CARE PRACTITION RENDRING TIP | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2020 | SRVC FOR HI INTENS CLIN SRVC ASSOC | HCPCS - PROC/PROF SERVICES (TE | NO | 04/01/2021 | 04/01/2021 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G2000 | BLINDED ADMN OF CONVULSIVE TX PROC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G1028 | TK HM NAS NALOX 2PK 8MG/0.1 ML NASL | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G1027 | NUM AD M DEN HD LST HD MO CATH LT 3MO | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G1026 | NUM ADT M DEN HD CTH 3LT M PRC LST HD | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G1025 | PT MONTH GT 1 MCP PROV LIST FOR MONTH | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0918 | SATISFCTN CARE NOT 90 D FLW CAT SRG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0917 | PATIENT CARE SURVEY NOT CMPL PT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G0916 | SATISFACTN CARE IN 90 D FLW CAT SRG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0915 | IMPRV VF NOT IN 90 DA FLW CAT SURG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0914 | PT CARE SURVEY WAS NOT COMPLETED PT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0913 | IMPRV VF ACHV IN 90 DA FLW CAT SURG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0501 | RES-INT SVC PT SPZ M-ASST TECH MN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0499 | HEP B SCR IN NON-PREG HIGH RISK IND | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0498 | CTX IV INF T; INI INF OFC/CLIN SET | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0496 | SKD SVC LPN T&/E PT/F HH/HSPC E 15M | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0495 | SKD SRVC RN T&/E PT/F HH/HSPC E 15M | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0494 | SKD SRVC LPN OBS&ASMT PT C E 15 MIN | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0493 | SKD SRVC RN OBV&ASMT PT C EA 15 MIN | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0492 | DIALY 1 EVL PHYS AC KID INJ NO ESRD | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0491 | DIALYSIS MC ESRD AC KID INJ NO ESRD | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0490 | FTF HHN VST RHC/FQHC AREA SHTG HHA | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0476 | INF AGT DTCT DNA/RNA; HPV ADD PAP T | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0471 | COLL V BLD VP/URN SMP CATH IND SNF | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G0467 | FQHC VISIT ESTABLISHED PATIENT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0465 | AUTO PRP/OT B-D PD DB CW FDA-CL DVC | HCPCS - PROC/PROF SERVICES (TE | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0460 | AUTO PRP/OTH B-DERIV PD ND CW Q TX | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0458 | LDR PROSTATE BT SERVICE COMPOS RATE | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0448 | INS/RPL PRM CV-DFIB TV LEADS PACE E | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0438 | ANNUAL WELLNES VST; PERSNL PPS INIT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0428 | COLL MENISC IMPL FIL MENISCAL DEFEC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0416 | SURG PATH PROS NEEDLE BX ANY METHOD | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0411 | INTRCTV GRP PSYCHTX HSP/OP 45-50MIN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0410 | GRP PSYCHTX NOT GP HSP/OP 45-50 MIN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0400 | HST TYPE IV PRTBLE MON MIN 3 CH | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0399 | HST TYPE III PRTBLE MON MIN 4 CH | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0398 | HST W/TYPE II PRTBLE MON MIN 7 CH | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0390 | TRAUMA RESPONSE TEAM W/HOSP CC SERV | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0379 | DIRECT ADMISSION PT HOSP OBS CARE | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0378 | HOSPITAL OBSERVATN SERVICE PER HOUR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G0333 | PHRM DISPN FEE INHL RX;1ST 30-DAY | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0330 | FS DNTL REHAB PROC PT RQRS MON ANES | HCPCS - PROC/PROF SERVICES (TE | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0327 | CRC SCR; BLOOD-BASED BIOMARKER | HCPCS - PROC/PROF SERVICES (TE | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0322 | COL PHYSIOL DATA DIG STR&/T PT-HHA | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0321 | HH SRVC TMED TEL/OTH RT AUD-ONLY TS | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0320 | HH SRVC TMED REND RT TW AUD & VITS | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0315 | IM CNSL PHYS/HCP COV-19 ALT 21 5-15 M | HCPCS-PROC/PROF SERVICES (TE | NO | 05/11/2022 | 05/11/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0314 | IM CNSL PHYS/HCP COV-19 ALT 21 16-30M | HCPCS-PROC/PROF SERVICES (TE | NO | 05/11/2022 | 05/11/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0313 | IM CNSL PH V NA S DOS ALT 21 16-30 M | HCPCS-PROC/PROF SERVICES (TE | NO | 05/11/2022 | 05/11/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0312 | IM CNSL PHYS V NA S DOS ALT 21 5-15 M | HCPCS-PROC/PROF SERVICES (TE | NO | 05/11/2022 | 05/11/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0311 | IM CNSL PHYS VAC NA SME DOS 16-30 M | HCPCS-PROC/PROF SERVICES (TE | NO | 05/11/2022 | 05/11/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0310 | IM CNSL PHYS VAC NA SME DOS 5-15 M | HCPCS-PROC/PROF SERVICES (TE | NO | 05/11/2022 | 05/11/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0305 | POST-D/C PULM SURG SRVC AFTER LVRS | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0304 | PRE-OP PULM SURG PREP LVRS 1-9 DA | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0303 | PRE-OP PULM SURG PREP LVRS 10-15 DA | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0302 | PRE-OP PULM SURG SRVC PREP LVRS CMP | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G0300 | DIR SNS LPN HH/HOSPCE SET EA 15 MIN | 2004 Codeset | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0299 | DIR SNS RN HH/HOSPICE SET EA 15 MIN | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0295 | ELECMAGNET TX 1/GT AREA NOT G0329/OTH | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0294 | NONCOVR PROC NO ANES/LOC-MCR QUAL | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0293 | NONCOVR SURG SEDAT ANES-MCR QUAL | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0276 | PILD/PLACEBO CONTROL CLIN TR | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0271 | MED NUT TX REASSESS GRP EA 30 MIN | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0270 | MED NUT TX; REASSESS W/PT EA 15 MIN | HCPCS - PROC/PROF SERVICES (TE | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0250 | PHYS REV INTEPR HOME INR MON; Q WK | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0249 | PRVS TST MATL&EQUIP HM INR MON;Q WK | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0248 | DEMONSTRATION HOME INR MONITOR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0235 | PET IMAGING ANY SITE NOS | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0177 | TRN&ED PTS DISABL MENTL HLTH-SESS | HCPCS - PROC/PROF SERVICES (TE | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0176 | ACTV TX PTS DISABL MENTL HLTH-SESS | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0175 | SCHED INTRDISCIPLN TEAM CONF PT PRS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0162 | SKILLED SRVC RN M&E POC; EA 15 MINS | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G0156 | SRVC HH/HOSPICE AIDE EA 15 MIN | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0137 | INT OP SERV WK BUND MIN 9SRV OVR 7D | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0129 | OCCUP TX REQ QUAL THER H/OP PER SES | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0128 | DIR SKLED SERV RN OP REHAB EA 10MIN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0090 | PROF ADM IV CT/COP INFS RX H EA 15M | HCPCS - PROC/PROF SERVICES (TE | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0089 | PROF SVC INI V ADM SUB IMT/OTH INF | HCPCS - PROC/PROF SERVICES (TE | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0088 | P SVC INI V ADM ANT-INF PM H EA 15M | HCPCS - PROC/PROF SERVICES (TE | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0070 | PROF SRVC ADM CHEMO ADM CD H E 15 M | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0069 | PROF SRVC ADM SQ IMT ADM CD H E 15M | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0068 | PS ADM ANTI-INF PM ADM CD H E 15M | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0067 | DENTISTRY MIPS SPECIALTY SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0066 | CLINICAL SOCIAL WORK MIPS SPEC SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0065 | CHIROPRACTIC MEDICINE MIPS SPEC SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0064 | CERTIF NURSE MIDWIFE MIPS SPEC SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0063 | CARDIOLOGY MIPS SPECIALTY SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0062 | AUDIOLOGY MIPS SPECIALTY SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | G0061 | ANESTHESIOLOGY MIPS SPECIALTY SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0060 | ALLERGY/IMMUNOLOGY MIPS SPECIAL SET | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0059 | PT SAFETY SUP POS EXP ANES MIPS VAL | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0058 | IMPROV CARE LW EXTR JNT REPAIR MIPS | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0057 | PROP ADPT PRCT PRM SFTY EM MED MIPS | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0055 | ADVNC CARE HEART DIS MIPS VAL PTHWY | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0054 | COORD STROK PRV CULT +OUT MIPS PATH | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0053 | ADVANC RHEUMAT PT MIPS VALUE PATHWY | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0052 | PT PERITONEAL DIALY ANY PRT RPT MTH | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0051 | PT HOSPICE CARE CURRENT REPORT MNTH | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0050 | PT W/CATHETER HV LIMITD LIFE EXPECT | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0049 | W MAINT HEMODIALYSIS CMPL RPT MONTH | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0048 | PT RC PALLIAT CR INTK PER END MS YR | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0047 | PED BLNT HD TRMA &PECARN NOT ASSESS | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0046 | CLIN MRS SCR NOT AS 90D FLW EV STRK | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0045 | CLIN FU MRS SCR 90DAY FLW EV STROKE | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G0044 | PT W/ MOD OR SEVERE MITRAL STENOSIS | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0043 | PT W/ MECHANICAL PROSTH HEART VALVE | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0042 | REF PHYS OCCUP SPEECH/ RECREAT THER | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0041 | PT AND/OR CARE PARTNER DECLINE REF | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0040 | PT RECV PHYS/OCC/SP/REC THER DURING | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0039 | PATIENT NOT REFERRED REASON NOS | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0038 | CLINICIAN DET PT DOES NOT REQ REFER | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0037 | PT NOT ASSESS NVB DEL APH DV VIS/HR | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0036 | PT OR CARE PARTNER DECLINE ASSESMNT | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0035 | PT ED ENC DUR PERF PR W/ POS IND 23 | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0034 | PT REC PALLIATIVE CARE DUR MEAS PER | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0033 | 2LT BENZOD SEIZ REM BNZ ETH GAD IPSD | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0032 | 2LT ANTIPSYCH RX SCZ BP 1/1 YR RX AP | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0031 | PALLIAT CR SRV GVN PT TIME DUR MEAS | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0030 | PT SC TU RECV TC INV 6 MO PT MSR PD | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0029 | TOB SCR NOT PR/TC INV NO PRV MSR PD | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | G0027 | SEMEN ANALY; PRES/MOT EXCLD HUHNER | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0010 | ADMINISTRATION HEPATITIS B VACCINE | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0009 | ADMINISTRATION PNEUMOCOCCAL VACC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | G0008 | ADMINISTRATION INFLUENZA VIRUS VACC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E3000 | SPEECH VOL MOD SYS INC ALL COMP&ACC | HCPCS - DME | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E2610 | WHEELCHAIR SEAT CUSHION POWERED | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E2398 | WHEELCHAIR AC DYN POS HARDWARE BACK | HCPCS-DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E2367 | PWR WC ACSS BATTRY CHARGER DUL MODE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E2358 | PWR WC GRP 34 NONSEALED LA BATT EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E2120 | PULSE GEN SYS TYMPANIC TX INNR EAR | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E2103 | NONADJUNCTIVE NONIMPLANTED CGM/RECV | HCPCS - DME | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E2102 | ADJUNCTIVE NONIMPLANTED CGM/RECEIVR | HCPCS - DME | NO | 03/31/2022 | 03/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E2101 | BLD GLU MON INTGRT LANCING/BLD SAMP | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E2001 | SUCTION PUMP EXT MGMT SYS | HCPCS - DME | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1905 | VR REAL CBT INCL PP TX SOFTWARE | HCPCS - DME | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1902 | CMNCT BD NON-ELEC AUG/ALTERNTV DEVC | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | E1831 | STATIC PROGRESSIVE STRETCH TOE DEVC | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1821 | REPL SFT INTERFCE MATL/CUFF BI-DIR | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1820 | REPL SFT INTERFCE MATL DYN EXT/FLX | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1812 | DYN KNEE EXT/FLEX DEVC RESIST CNTRL | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1702 | REPL MSR SCLS JAW MOT REHAB SYS 200 | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1701 | REPL CUSHNS JAW MOT REHAB SYS PKG 6 | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1699 | DIALYSIS EQUIPMENT NOS | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1637 | HEMOSTATS EACH | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1636 | SORBENT CARTRIDGES HEMODIAL PER 10 | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1635 | COMPACT TRAVEL HEMODIALYZER SYSTEM | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1634 | PERITONEAL DIALYSIS CLAMPS EACH | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1632 | WEARABLE ARTIFICIAL KIDNEY EACH | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1630 | RECIPROCAT PERITON DIALYSIS SYSTEM | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1629 | TABLO HEMO SYS BILLABLE DIALYSIS SV | HCPCS - DME | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1625 | WATER SOFTENING SYSTEM HEMODIALYSIS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1620 | BLOOD PUMP HEMODIALYSIS REPLACEMENT | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | E1615 | DEIONIZER H2O PURIF SYS HEMODIAL | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1610 | RVRS OSMOSIS H2O PURIF SYS HEMODIAL | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1600 | DEL &OR INSTL CHARGES HEMODIAL EQP | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1594 | CYCLR DIALYSIS MACH PERITON DIALYS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1592 | AUTO INTERMIT PERITON DIALYSIS SYS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1590 | HEMODIALYSIS MACHINE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1580 | UNIPUNCTURE CONTROL SYSTEM HEMODIAL | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1575 | TRNSDUCR PRTCTR/BARR HEMODIAL SZ-10 | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1570 | ADJUSTABLE CHAIR FOR ESRD PATIENTS | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1560 | BLD LEAK DETECTOR HEMODIAL EA REPL | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1550 | BATH CONDUCTIVITY METER HEMODIAL EA | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1540 | PRESSURE ALARM HEMODIAL EA REPL | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1530 | AIR BUBBLE DETECTR HEMODIAL EA REPL | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1520 | HEPARIN INFUSION PUMP HEMODIALYSIS | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1510 | KIDNEY DIALYSAT DEL SYS KIDNEY MACH | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1500 | CENTRIFUGE FOR DIALYSIS | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | E1406 | O2&WATR VAPR ENRCH SYS NO HEAT DEL | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1405 | O2&WATR VAPR ENRICH SYS W/HEAT DEL | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1358 | O2 ACCESS DC POWER ADAPTER REPL EA | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1357 | O2 ACCESS BATTRY CHARGER REPL EA | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1356 | O2 ACCESS BTTRY PACK/CRTRDGE REPL | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1355 | STAND/RACK | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1354 | O2 ACCESS CART PRTBLE CYL/CONC REPL | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1301 | WHIRLPOOL TUB WALK-IN PORTABLE | HCPCS - DME | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1298 | SPCL WHLCHAIR SEAT DPTH&/WDTH CNSTR | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1297 | SPECIAL WHLCHAIR SEAT DEPTH UPHLSTR | HCPCS - DME | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1270 | LGHTWT WHLCHR; FIX ARM DTACH LEGRST | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1239 | POWER WHEELCHAIR PEDIATRIC SIZE NOS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1221 | WHEELCHAIR WITH FIXED ARM FOOTRESTS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1200 | AMP WHLCHAIR; FIX ARM DTACH FOOTRST | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1190 | AMP WHLCHAIR; DTACHBL ARMS LEGRESTS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1180 | AMP WHLCHAIR; DTACHBL ARMS FOOTRSTS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | E1172 | AMP WHLCHR;DTACH ARM NO FOOT/LEGRST | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1171 | AMP WHLCHAIR;FIX ARM NO FOOT/LEGRST | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1170 | AMP WHLCHAIR; FIX ARM DTACH LEGREST | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1100 | SEMI-RECLN WHLCHR;FIX ARM DTACH LEG | HCPCS - DME | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1085 | HEMI-WHLCHAIR;FIX ARM DTACH FOOTRST | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1083 | HEMI-W/C; FIXED ARM DETACH LEGREST | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1039 | TRNSPRT CHAIR ADLT PT WT CAPGT 300 LB | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1038 | TRNSPRT CHAIR PT WT CAP TO&EQU 300 LB | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1036 | MX-PSTN PT TRNSF SYS PT GT 300 LBS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E1035 | MX-PSTN PT TRNSF SYS PT LT /EQU 300 LBS | HCPCS - DME | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0968 | COMMODE SEAT WHEELCHAIR | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0946 | FX FRAM DUAL CROSS BARS ATTACH BED | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0945 | EXTREMITY BELT/HARNESS | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0941 | GRAVITY ASSTD TRAC DEVICE ANY TYPE | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0856 | CERVICAL TRAC DEVC INFL AIR BLADDER | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0855 | CERV TRACT EQUIP NOT RQR ADD STAND | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | E0830 | AMB TRACTION DEVICE ALL TYPES EACH | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0787 | EXT AMB INFUS PUMP INSULIN D R ADJ | HCPCS-DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0769 | ESTIM/ELECMAGNET WOUND TX DEVC NOC | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0762 | TRANSCUT ELEC JOINT STIM DEVC SYS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0761 | NON-THRML PULS RADIOWAVE ELECMAGNET | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0755 | ELEC SALIVARY REFLEX STIMULATOR | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0746 | ELECTROMYOGRAPHY BIOFEEDBACK DEVICE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0744 | NEUROMUSCULAR STIMULATOR SCOLIOSIS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0735 | NONINVASIVE VAGUS NERVE STIMULATOR | HCPCS - DME | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0734 | EXT UP LMB TRMR STIM PERIP NRV WRST | HCPCS - DME | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0733 | TRANSQ ELEC NRV STM ELEC TRIGEM NRV | HCPCS - DME | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0732 | CRANIAL ELECTROTH STM SYST ANY TYPE | HCPCS - DME | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0731 | FORM FIT CONDUCT GARM TENS/NMES | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0711 | UE MED TUBING/LINE DVC RSTR ELB ROM | HCPCS - DME | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0700 | SAFETY EQP DEVICE/ACCESSRY ANY TYPE | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0682 | NONPNEUM SEQ COMPRES GRMNT FULL ARM | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | E0681 | NONPNEUM CMPR CNTRL WO CALIBR GRD P | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0680 | NONPNEUM COMPR CNTRL W/CALIBR GRD P | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0679 | NONPNEUM SEQ COMPRES GRMNT HALF LEG | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0678 | NONPNEUM SEQ COMPRES GRMNT FULL LEG | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0677 | NONPNEU SEQUENTIAL COMP GMT TRUNK | HCPCS - DME | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0639 | PT LIFT MOVEABLE DISASSMBL&REASSMBL | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0620 | SKN PIERC DEVC CLCT CAPLRY BLD LASR | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0607 | HOME BLOOD GLUCOSE MONITOR | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0585 | NEBULIZER W/COMPRESSOR AND HEATER | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0572 | AROSL COMPRS ADJSTBL PRSS INTERMIT | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0560 | HUMDIFIR SUPLMNTL DUR IPPB TX/O2 | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0530 | ELEC POSIT OSA TX W/SENSOR COMP ACC | HCPCS - DME | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0493 | ORAL DVC NM ELC STIM TONGUE MUSC 90 | HCPCS - DME | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0492 | PWR SRC&CTRL ELC ORL D NEUR ELC TNG | HCPCS - DME | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0491 | O DVC/APPL NM ELECT STIM TNG MUSC | HCPCS - DME | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0490 | PS&CEU O DVC/APP NM EL ST TNG MUSC | HCPCS - DME | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | E0487 | SPIROMETER ELECTRONIC INCL ACCESS | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0462 | ROCKING BED W/WO SIDE RAILS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0459 | CHEST WRAP | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0457 | CHEST SHELL | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0446 | TOPICAL OXYGEN DELIVERY SYSTEM NOS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0440 | STATION LIQUID O2 SYS PURCHASE; | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0435 | PRTBLE LIQUID O2 SYS PURCHASE; | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0433 | PORTBL LIQ O2 SYS RENT; HOME LIQUIF | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0430 | PRTBLE GASEOUS O2 SYS PURCHASE; | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0424 | STATION COMPRS GASOUS O2 SYS RENT; | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0352 | DISPBL PACK W/ELEC BOWEL IRRIG/EVAC | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0350 | CNTRL U ELEC BOWEL IRRIG/EVAC SYS | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0315 | BED ACCESS: BOARD/TABL/SUPPRT DEVC | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0291 | HOS BED FIX HT W/O RAIL W/O MATTRSS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0290 | HOS BED FIX HT W/O RAIL W/MATTRSS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0274 | OVER-BED TABLE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | E0273 | BED BOARD | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0270 | HOSP BED INST TYPE: W/MATTRSS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0239 | HYDROCOLLATOR UNIT PORTABLE | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0232 | WOUND WARMING WOUND COVER | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0231 | NON-CNTC WND WARM DEVC W/CARD&COVR | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0225 | HYDROCOLLATOR UNIT INCLUDES PADS | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0221 | INFRARED HEATING PAD SYSTEM | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0203 | TX LTBOX MINI 10000 LUX TABLE TOP | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0183 | PWR PRESS RDUC UNDRLAY/PAD ALT PUMP | HCPCS - DME | YES | 10/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0171 | COMMODE CHAIR SEAT LIFT MCH NONELEC | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0162 | SITZ BATH CHAIR | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0118 | CRUTCH SUBSTITUTE LW LEG PLATFORM | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | E0117 | CRTCH UNDERARM ARTIC SPRNG ASSTD EA | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9997 | DENTAL CASE MGMT-PTS SPCL HC NEEDS | HCPCS-DENTAL-UNKNOWN | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9994 | D CASE MGMT-PT ED IMP OR H LITERACY | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9993 | DENTAL CASE MGMT - MOTIVATIONL INTV | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | D9992 | DENTAL CASE MGMT - CARE COORDINATN | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9991 | DENTAL CASE MGMT - ADR APPT CA BARR | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9990 | CERTI TRANS/SIGN-LANG SER PER VISIT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9987 | CANCELLED APPOINTMENT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9986 | MISSED APPOINTMENT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9985 | SALES TAX | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9975 | EXT BLEACH HOM APP-ARCH;MATL&TRAYS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9974 | INTERNAL BLEACHING - PER TOOTH | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9973 | EXTERNAL BLEACHING - PER TOOTH | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9972 | EXTERNAL BLEACH-PER ARCH-PRFRM OFF | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9971 | ODONTOPLASTY - PER TOOTH | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9970 | ENAMEL MICROABRASION | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9961 | DUPLICATE/COPY PATIENT'S RECORDS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9957 | SCREENING SLEEP RELATED BREATH D/O | HCPCS-DENTAL-Tests and Lab | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9956 | ADM OF HOME SLEEP APNEA TEST | HCPCS-DENTAL-Tests and Lab | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9955 | ORAL APPLIANCE TX TITRATION VISIT | HCPCS - DENTAL | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | D9954 | FBR & DEL OAT MRNG REPOS DEV | HCPCS - DENTAL | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9953 | RELINE CUSTOM SLEEP APNEA APPLIANCE | HCPCS - DENTAL | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9952 | OCCLUSAL ADJUSTMENT - COMPLETE | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9951 | OCCLUSAL ADJUSTMENT - LIMITED | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9950 | OCCLUSION ANALYSIS - MOUNTED CASE | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9949 | REPAIR OF CUSTOM SLEEP APNEA APPL | HCPCS-DENTAL-Misc Svcs | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9948 | ADJUSTMENT CUSTOM SLEEP APNEA APPL | HCPCS-DENTAL-Misc Svcs | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9947 | CUSTOM SLEEP APNEA APPL FAB & PLCMT | HCPCS- DENTAL-Misc Svcs | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9946 | OCCLU GUARD HARD APPLNCE, PART ARCH | HCPCS-DENTAL-Misc Svcs | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9945 | OCCLU GUARD SOFT APPLNCE FULL ARCH | HCPCS-DENTAL-Misc Svcs | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9943 | OCCLUSAL GUARD ADJUSTMENT | Misc Svcs | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9942 | REPAIR &/ RELINE OF OCCLUSAL GUARD | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9941 | FABRICATION OF ATHLETIC MOUTHGUARD | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9939 | PLCMT CSTM RMV CLR PLST TEMP AE APP | HCPCS - DENTAL | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9938 | FBR CSTM RMV CLR PLST TEMP AE APPL | HCPCS - DENTAL | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9935 | CLEAN&INSPECT REMV PART DENTUR MAND | HCPCS-DENTAL-Misc Svcs | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | D9934 | CLEAN&INSPECT REMV PRT DENTUR MAXIL | HCPCS-DENTAL-Misc Svcs | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9933 | CLEAN&INSPECT REMV CMPL DENTUR MAND | HCPCS-DENTAL-Misc Svcs | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9932 | CLEAN&INSPCT REMV CMPL DENTUR MAXIL | HCPCS-DENTAL-Misc Svcs | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9930 | TX COMPS - UNUSUL CIRCUMSTANCES RPT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9912 | PRE-VISIT PATIENT SCREENING | HCPCS-DENTAL-Oral Surg-Other | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9911 | APPLIC DESENZT RSN CERV&/ROOT-TOOTH | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9910 | APPLICATION DESENZT MEDICAMENT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9612 | TX PARENTERAL RX 2/GT ADMIN DIFF MED | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9450 | CASE PRES SUBS DTL&EXTSV TX PLN | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9440 | OV-AFTER REGULARLY SCHEDULED HOURS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9430 | OV OBS - NO OTH SERVICES PERFORMED | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9410 | HOUSE/EXTENDED CARE FACILITY CALL | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9311 | CONSULTATION W/MED HEALTH CARE PROF | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9219 | EVAL MOD/DEEP SEDAT/GEN ANESTHESIA | HCPCS- DENTAL-Anesthesia | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9215 | LOCAL ANESTH CONJUNCT OP/SURG PROC | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9212 | TRIGEMINAL DIVISION BLOCK ANES | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | D9211 | REGIONAL BLOCK ANESTHESIA | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9210 | LOC ANES-NOT CONJUNC W/OP/SURG PROC | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9130 | TMJ DYSFUNCTION - NON-INVASIVE PT | HCPCS- DENTAL-Palliative | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D9120 | FIXED PARTIAL DENTURE SECTIONING | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D8704 | REPL LOST/BROKEN RETAINER - MAND | HCPCS-DENTAL-Orthodontic | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D8703 | REPL LOST/BROKEN RETAINER - MAX | HCPCS-DENTAL-Orthodontic | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D8702 | REPR FIX RETAIN INCL REATTCH - MAND | HCPCS-DENTAL-Orthodontic | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D8701 | REPR FIX RETAIN INCL REATTACH - MAX | HCPCS-DENTAL-Orthodontic | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D8699 | RE-CEMENT/RE-BOND FIX RETAIN - MAND | HCPCS-DENTAL-Orthodontic | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D8698 | RE-CEMENT/RE-BOND FIX RETAIN - MAX | HCPCS-DENTAL-Orthodontic | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D8697 | REPAIR ORTHODONTIC APPLIANCE - MAND | HCPCS-DENTAL-Orthodontic | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D8696 | REPAIR ORTHODONTIC APPLIANCE - MAX | HCPCS-DENTAL-Orthodontic | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D8695 | REMV F ORTHO APPL RSN OTH THAN C TX | HCPCS-DENTAL-Orthodontic | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D8681 | REMOVABLE ORTHODONTIC RETAINER ADJ | Orthodontic-Oth | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D8220 | FIXED APPLIANCE THERAPY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D8210 | REMOVABLE APPLIANCE THERAPY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | D8090 | COMP ORTHODONTIC TX ADULT DENTITION | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D8070 | COMP ORTHODONT TX TRNSITNL DENTITN | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D8040 | LTD ORTHODONTIC TX ADULT DENTITION | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D8030 | LTD ORTHODONTIC TX ADOLES DENTITION | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D8020 | LTD ORTHODONT TX TRNSITIONL DENTITN | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D8010 | LTD ORTHODONT TX PRIMARY DENTITION | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7998 | INTRAORAL PLCMT FIX DEVC NOT W/FX | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7997 | APPLIANCE REMV INCL REMV ARCHBAR | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7996 | IMPLNT-MANDIB-AUGMENTATION BR | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7995 | SYNTH GFT-MAND/FACE BONES BY RPT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7994 | SURGICAL PLACEMENT: ZYGOMATIC IMPL | HCPCS- DENTAL-Procedure-Other | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7993 | SURG PLCMT OF CF IMPL - EXTRA ORAL | HCPCS- DENTAL-Procedure-Other | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7991 | CORONOIDECTOMY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7990 | EMERGENCY TRACHEOTOMY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7983 | CLOSURE OF SALIVARY FISTULA | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7982 | SIALODOCHOPLASTY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | D7981 | EXCISION SALIVARY GLAND BY REPORT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7980 | SURGICAL SIALOLITHOTOMY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7979 | NON - SURGICAL SIALOLITHOTOMY | HCPCS-DENTAL-Procedure-Other | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7972 | SURGICAL RDUC FIBROUS TUBEROSITY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7971 | EXCISION OF PERICORONAL GINGIVA | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7970 | EXC HYPERPLASTIC TISSUE-PER ARCH | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7957 | GTR EDENT AREA-NON-RESORBL BR/SITE | HCPCS - DENTAL | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7956 | GTR EDENT AREA-RESORBABL BR/SITE | HCPCS - DENTAL | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7955 | REPR MAXLOFACL SOFT&/HARD TISS DFCT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7953 | BONE REPLCMT GRAFT RIDGE PRES -SITE | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7952 | SINUS AUGMENTATION VERTICAL APPR | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7951 | SINUS AUG BONE/BONE SUBST LAT OPN | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7950 | OSS OSTEOPERIOSTL CART GFT MAND/MAX | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7949 | LEFORT II/LEFORT III - W/BONE GRAFT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7948 | LEFORT II/LEFORT III - W/O BONE GFT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7947 | LEFORT I MAXILLA SEGMENTED | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | D7946 | LEFORT I MAXILLA TOTAL | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7945 | OSTEOTOMY-BODY OF MANDIBLE | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7944 | OSTEOTOMY SEGMENTED OR SUBAPICAL | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7943 | OSTEOT-MAND RAMI BN GFT; OBTAIN GFT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7941 | OSTEOTOMY - MANDIBULAR RAMI | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7940 | OSTEOPLASTY - ORTHOGNATHIC DEFORM | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7939 | IDX OT USING DYN ROB ASST/DYN NAV | HCPCS - DENTAL | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7922 | PLCMT INTRA-SOC BIOL DRSG AID HEMO | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7921 | COLLECT&APPLIC AUTO BLOOD CONC PROD | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7920 | SKIN GRAFT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7912 | COMPLICATED SUTURE GT 5 CM | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7911 | COMPLICATED SUTURE UP TO 5CM | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7910 | SUTURE RECENT SMALL WOUNDS UP 5 CM | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7899 | UNSPECIFIED TMD THERAPY BY REPORT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7881 | OCCLUSAL ORTHOTIC DEVICE ADJUSTMENT | TMJ | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7880 | OCCLUSAL ORTHOTIC DEVICE BY REPORT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | D7877 | ARTHROSCOPY: DEBRIDEMENT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7876 | ARTHROSCOPY: DISCECTOMY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7875 | ARTHROSCOPY: SYNOVECTOMY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7874 | ARTHROSCOPY: DISC REPOS & STBL | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7873 | ARTHROSCOPY: LAVAGE & LYSIS OF ADH | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7872 | ARTHROSCOPY DIAGNOSIS W/WO BIOPSY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7871 | NON-ARTHROSCOPIC LYSIS AND LAVAGE | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7870 | ARTHROCENTESIS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7865 | ARTHROPLASTY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7860 | ARTHROTOMY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7858 | JOINT RECONSTRUCTION | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7856 | MYOTOMY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7854 | SYNOVECTOMY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7852 | DISC REPAIR | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7850 | SURGICAL DISCECTOMY W/WO IMPLANT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7840 | CONDYLECTOMY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | D7830 | MANIPULATION UNDER ANESTHESIA | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7820 | CLOSED REDUCTION OF DISLOCATION | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D7780 | FCE BNS-COMP RDUC FIX & MX APPRCHES | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7771 | ALVEOL CLOS RDUC STBL TEETH | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7770 | ALVEOL - OPEN RDUC STBL TEETH | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7760 | MALAR&/ZYGO ARCH CLOSED REDUCTION | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7750 | MALR&/ZYGOMATIC ARCH-OPEN RDUC | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7740 | MANDIBLE CLOSED REDUCTION | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D7680 | FCE BNS-COMP RDUC FIX&MX APPRCH | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7671 | ALVEOLUS-OPN RDUC INCL STABIL TEETH | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7670 | ALVEOLUS-CLS RDUC INC STABIL TEETH | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7660 | MALAR&/ZYGO ARCH-CLOSED REDUCTION | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7650 | MALAR&/ZYGO ARCH-OPEN REDUCTION | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7640 | MANDIBLE-CLOSED REDUCTION | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D7560 | MAXIL SINUSOT REMV TOOTH FRAG/FB | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | D7550 | PART OSTEC/SEQECT REMV NON-VITAL BN | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7540 | REMV REACT-PRODUC FB MUSCLOSKEL SYS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7530 | REMV FB MUCOS SKN/SUBQ ALVEOL TISS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7521 | I & D ABSC XTRAORAL SOFT TISS COMP | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7520 | I&D ABSC EXTRAORAL SOFT TISS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7511 | I & D ABSC INTRAORAL SOFT TISS COMP | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D7509 | MARSUPIALIZATION ODONTOGENIC CYST | HCPCS - DENTAL | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7490 | RADICAL RESECTION MAXLA OR MANDIBLE | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7485 | REDUCTION OF OSSEOUS TUBEROSITY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7473 | REMOVAL OF TORUS MANDIBULARIS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7472 | REMOVAL OF TORUS PALATINUS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7471 | REMOVAL OF LATERAL EXOSTOSIS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7465 | DESTRUCT LES PHYS/CHEM METH BY RPRT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7461 | REMV BEN NONODONTOGNIC TUMRGT 1.25 CM | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D7441 | EXC MALIG TUMOR/LES GT 1.25CM | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | D7440 | EXC MALIG TUMR - UP 1.25 CM SEE CPT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7415 | EXCISION MALIG LESION COMPLICATED | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7414 | EXCISION MALIGNANT LESION GT 1.25 CM | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7413 | EXCISION MALIG LESION UP 1.25 CM | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7412 | EXCISION BENIGN LESION COMPLICATED | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7411 | EXCISION OF BENIGN LESION GT 1.25 CM | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7410 | EXCISION BENIGN LESION TO 1.25 CM | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7350 | VESTBULPLSTY RIDGE EXT SFT TISS GFT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7340 | VESTIBULOPLASTY RIDGE EXT SEC EPITH | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7311 | ALVEOLOPLSTY CONJNC XTRCT 1-3 TEETH | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D7310 | ALVEOLOPLASTY W/EXT 4/GT TEETH/SPACE | HCPCS- DENTAL-Alveoplasty | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D7300 | REMOVAL OF TEMP ANCH DEVC W/O FLAP | HCPCS-DENTAL-Oral Surg-Other | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7299 | REMOVAL OF TEMP ANCH DEVC REQR FLAP | HCPCS-DENTAL-Oral Surg-Other | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7298 | REMOVAL OF TEMP ANCH DEVC REQR FLAP | HCPCS-DENTAL-Oral Surg-Other | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7297 | CORTICOTOMY-4/GT TEETH/TOOTH SP QUAD | HCPCS-DENTAL-Oral Surg-Other | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | D7296 | CORTICOTOMY-1-3 TEETH/TOOTH SP QUAD | HCPCS-DENTAL-Oral Surg-Other | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7295 | HARVEST BONE USE AUTOGEN GRAFT PROC | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7294 | PLACEMENT TEMP ANC DEVC W/O FLAP | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7293 | PLACEMENT TEMP ANCH DEVC RQR FLAP | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7292 | PL TMP ANC DVC SCR RTN PLT RQR FLP | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7291 | TRNSSEPTL/SUPRA CRESTAL FIBEROT BR | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7290 | SURGICAL REPOSITIONING OF TEETH | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7288 | BRUSH BX TRANSEPITH SAMPLE CLCTION | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7287 | EXFOLIATIVE CYTOLOG SAMPLE CLCTION | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7285 | BIOPSY OF ORAL TISSUE HARD | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7284 | EXCISIONAL BX OF MINOR SALIVARY GLD | HCPCS - DENTAL | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7282 | MOBILZ ERUPT/MALPSTN TOOTH AID ERUP | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7272 | TOOTH TRANSPLANTATION | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7270 | TOOTH REIMPL&/STBL ACC DISPLCD | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D7261 | PRIMARY CLOSURE SINUS PERFORATION | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7260 | OROANTRAL FISTULA CLOSURE | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | D7251 | CORONECT-INTEN PRTL TT RMV IMP TH | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7241 | REMV IMP TOOTH-CMPL BNY W/SURG COMP | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D7240 | REMOVAL IMPACTED TOOTH - CMPL BONY | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D7230 | REMOVAL IMPACT TOOTH - PARTLY BONY | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D7210 | EXTN ERU TT RQR REMV BONE &/SECT TT | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D7111 | EXTRACT CORONAL RMNNTS-PRIM TOOTH | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6999 | UNSPEC FIX PROSTHODONTIC PROC BR | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D6980 | FXD PRT DNTR REPR NEC RSTRTV MTL FL | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6950 | PRECISION ATTACHMENT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6940 | STRESS BREAKER | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6920 | CONNECTOR BAR | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6794 | RETAINER CROWN - TI & TI ALLOYS | HCPCS-DENTAL-Bridge-Abuts | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6793 | INTRM RET CR-TX/CMPL DX B4 FNL IMP | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6790 | RETNR CRWN-FULL CAST HI NOBLE METAL | HCPCS-DENTAL-Bridge-Abuts | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D6783 | RETAINER CROWN-3/4 PORCELAIN/CERAMC | HCPCS-DENTAL-Bridge-Abuts | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | D6782 | RETAINER CROWN-3/4 CAST NOBLE METAL | HCPCS-DENTAL-Bridge-Abuts | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6781 | RETNR CRWN-3/4 CAST PDMT BASE METAL | HCPCS-DENTAL-Bridge-Abuts | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6780 | RETNER CROWN-3/4 CAST HI NOBLE METL | HCPCS-DENTAL-Bridge-Abuts | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6754 | RETAINER CROWN 3/4 - TI & TI ALLOYS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6752 | RETNR CRWN-PORCELN FUSD NOBLE METAL | HCPCS-DENTAL-Bridge-Abuts | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D6751 | RET CROWN-PORC FUSED PDMT BASE METL | HCPCS-DENTAL-Bridge-Abuts | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D6750 | RET CROWN-PORC FUSED HI NOBLE METL | HCPCS-DENTAL-Bridge-Abuts | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D6740 | RETAINER CROWN - PORCELAIN/CERAMIC | HCPCS-DENTAL-Bridge-Abuts | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6722 | RETAINER CROWN-RESIN W/NOBLE METAL | HCPCS-DENTAL-Bridge-Abuts | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6720 | RETAINER CROWN-RESIN HI NOBLE METAL | HCPCS-DENTAL-Bridge-Abuts | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6710 | RET CROWN-INDIR RESIN BASED COMPOS | HCPCS-DENTAL-Bridge-Abuts | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6634 | RETAINER ONLAY - TITANIUM | HCPCS-DENTAL-Bridge-Abuts | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6624 | RETAINER INLAY - TITANIUM | HCPCS-DENTAL-Bridge-Abuts | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6615 | RET ONLAY-CST NOBLE METL 3/MORE SRF | HCPCS-DENTAL-Bridge-Abuts | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6614 | RET ONLAY-CAST NOBLE METAL 2 SURF | HCPCS-DENTAL-Bridge-Abuts | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | D6613 | RET ON-CST PDMT BSE METL 3/MORE SRF | HCPCS-DENTAL-Bridge-Abuts | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6612 | ONLAY-CAST PREDOM BASE METL 2 SURF | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6611 | RET ON-CST HI NOBLE METL 3/MORE SRF | HCPCS-DENTAL-Bridge-Abuts | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6610 | RET ONLAY-CAST HI NOBLE METL 2 SURF | HCPCS-DENTAL-Bridge-Abuts | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6609 | RETAINR ONLAY-PORC/CERAM 3/MORE SRF | HCPCS-DENTAL-Bridge-Abuts | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6608 | RETAINER ONLAY-PORCELN/CERAM 2 SURF | HCPCS-DENTAL-Bridge-Abuts | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6607 | RET INLAY-CAST NOBLE METL 3/MRE SRF | HCPCS-DENTAL-Bridge-Abuts | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6606 | RETAIN INLAY-CAST NOBLE METL 2 SURF | HCPCS-DENTAL-Bridge-Abuts | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6605 | RET INLA-CST PDMT BSE MTL 3/MOR SRF | HCPCS-DENTAL-Bridge-Abuts | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6604 | RET INLAY-CAST PDMT BASE METL 2 SRF | HCPCS-DENTAL-Bridge-Abuts | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6603 | RET INLA-CST HI NOBL MTL 3/MORE SRF | HCPCS-DENTAL-Bridge-Abuts | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6602 | RET INLAY-CAST HI NOBLE METL 2 SURF | HCPCS-DENTAL-Bridge-Abuts | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6601 | RETAINER INLAY-PORC/CERAM 3/MOR SRF | HCPCS-DENTAL-Bridge-Abuts | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6600 | RETAINER INLAY-PORCELN/CERAM 2 SURF | HCPCS-DENTAL-Bridge-Abuts | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6549 | RETAINER - RESIN BONDED FIXED PROS | HCPCS- DENTAL-Bridge-Abuts | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6548 | RETN-PORCELN/CERAM RSN BOND PROSTH | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | D6545 | RETN-CAST METL RSN BOND FIX PROSTH | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6253 | INTRM PONTC-TX/CMPL DX NEC B4 F IMP | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6252 | PONTIC RESIN W/NOBLE METAL | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6250 | PONTIC - RESIN W/HIGH NOBLE METAL | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6245 | PONTIC - PORCELAIN/CERAMIC | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6243 | PONTIC - PORCELN FU TIT & TIT ALY | HCPCS-DENTAL-Bridge-Pontic | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6241 | PONTIC-PORCLN FUSD PREDOM BASE METL | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D6214 | PONTIC - TITANIUM & TITANIUM ALLOYS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6210 | PONTIC - CAST HIGH NOBLE METAL | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D6205 | PONTIC INDIRECT RESIN BASED COMPOS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6199 | UNSPEC IMPLANT PROCEDURE BY REPORT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6198 | REMOVE INTERIM IMPLANT COMPONENT | HCPCS-DENTAL-Implant Svcs | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6197 | RPL RSTR MTL CL OPN SR I PROS/IMPL | HCPCS-DENTAL-Implant Svcs | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6195 | ABUT SUP RET-PRCLN FU TIT & TIT ALY | HCPCS-DENTAL-Implant Svcs | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6194 | ABUT SUP RET CRWN FPD TIT & TIT ALY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | D6192 | SEMI-PRECISION ATTACHMENT - PLCMT | HCPCS-DENTAL-Implant Svcs | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6191 | SEMI-PRECISION ABUTMENT - PLACEMENT | HCPCS-DENTAL-Implant Svcs | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6190 | RADIOGRAPHIC/SURG IMPLANT INDX RPT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6123 | IMPL SUP RET MTL FPD TIT & TIT ALY | HCPCS-DENTAL-Implant Svcs | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6122 | IMPL SUP RET METAL FPD - NOBLE AL | HCPCS-DENTAL-Implant Svcs | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6121 | IMPL SUP RET MTL FPD PREDM BASE ALY | HCPCS-DENTAL-Implant Svcs | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6120 | IMPL SUP RET PRCLN FU TIT & TIT ALY | HCPCS-DENTAL-Implant Svcs | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6119 | IMPL/ABUT SPT INT F D EDNT ARCH-MAX | HCPCS-DENTAL-Implant Svcs | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6118 | IMP/ABUT SPTD INT D EDENT ARCH-M | HCPCS-DENTAL-Implant Svcs | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6117 | IMPL/ABUT SP FIXD D PR EDENT ARCH-M | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6116 | IMPL/ABUT SUP F D PR EDENT ARCH-MAX | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6115 | IMPL/ABUT SUP FIXD D EDENT ARCH-MND | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6114 | IMPL/ABUT SP FIXED D EDENT ARCH-MAX | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6113 | IMPL/ABUT SP RMV D PR EDNT ARCH-MND | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6112 | IMPL/ABUT SUP RMV D PR EDNT ARCH-MX | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6111 | IMPL/ABUT SUPP RMV D EDENT ARCH-MND | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | D6110 | IMPL/ABUT SUPP RMV D EDENT ARCH-MAX | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6107 | GUID TISS REGEN-NON-RESORB BR/IMPL | HCPCS - DENTAL | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6106 | GUID TISS REGEN-RESORB BR PER IMPL | HCPCS - DENTAL | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6105 | RMV IMPL BDY NOT RQR BR/FLAP ELEV | HCPCS - DENTAL | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6104 | BONE GRAFT TIME IMPLANT PLACEMENT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6103 | BONE GRAFT REPAIR PERI-IMPL DEFECT | HCPCS-DENTAL-Implant Svcs | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6102 | DEBR&OSS CNTR PRIIMPL DEF;CLN SURF | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6101 | DEBR PRIIMPL DEF CLN EXPSD IMPL FLP | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6100 | SURGICAL REMOVAL OF IMPLANT BODY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6099 | IMPL SUP RTN FPD-PORCELN FU NBL ALY | HCPCS-DENTAL-Implant Svcs | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6098 | IMPL SUPP RETN - PORC FU PDMT B ALY | HCPCS-DENTAL-Implant Svcs | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6097 | ABUT SUPP CR-PORCELN FU TI & TI ALY | HCPCS-DENTAL-Implant Svcs | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6096 | REMOVE BROKEN IMPL RETAINING SCREW | HCPCS-DENTAL-Implant Svcs | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6094 | ABUTMENT SUPP CROWN - TI & TI ALLOY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6093 | RECEMENT IMPL/ABUT FIX PART DENTURE | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6092 | RECEMENT IMPL/ABUT SUPPORTED CROWN | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | D6091 | REPL RP ATT IMPL/ABUT S PROS PER | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6089 | ACC & RETORQ LOOSE IMPL SCR-PER SCR | HCPCS - DENTAL | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6088 | IMPLANT SUPP CROWN - TI & TI ALLOYS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6087 | IMPLANT SUPP CROWN - NOBLE ALLOYS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6086 | IMPLANT SUPP CRWN - PREDOM BASE ALY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6085 | INTERIM IMPLANT CROWN | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6084 | IMPLANT SUPPORTED CROWN - PORCELN F | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6083 | IMPLANT SUPP CRWN - PORCELN FU NBL | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6082 | IMPL SUP CR-PRCLN FU PREDM BASE ALY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6077 | IMPL SUPP RET METAL FPD-HI NBL ALY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6076 | IMPL SUP RET FPD-PRCLN F HI NBL ALY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6075 | IMPLANT SUPP RETAIN CERAMIC FPD | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6074 | ABUT RETN CAST METL FPD NOBL METL | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6073 | ABUT RETN CAST METL FPD BASE METL | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6072 | ABUT SUPP RETAIN CAST METAL FPD | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6071 | ABUT SUPP RETN PORCLN FUSD METL FPD | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | D6070 | ABUT RETN PORCLN METL FPD BASE METL | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6069 | ABUT RETN PORCLN MTL FPD HI NOBL MT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6068 | ABUT SUPP RETAIN PORCELN/CERAM FPD | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6067 | IMPLANT SUPP CROWN-HI NOBLE ALLOYS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6066 | IMPL SUPP CR-PORCELN FU HI NBL ALY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6065 | IMPLANT SUPP PORCELN/CERAMIC CROWN | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6064 | ABUT SUPP CAST METL CROWN NOBL METL | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6063 | ABUT SUPP CAST METL CROWN BASE METL | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6062 | ABUT SUPP CAST MTL CRWN HI NOBL MTL | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6061 | ABUT PORCLN TO MTL CROWN NOBLE MTL | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6060 | ABUT PORCLN TO METL CROWN BASE METL | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6059 | ABUT PORCLN TO MTL CRWN HI NOBL MTL | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6058 | ABUT SUPP PORCELN/CERAMIC CROWN | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6057 | CUSTOM FAB ABUTMENT-INCL PLACEMENT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6056 | PREFAB ABUTMENT-INCL MOD & PLCMNT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6055 | CONNECTING BAR IMPLANT/ABUT SUPPORT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | D6050 | SURG PLACEMENT: TRANSOSTEAL IMPLANT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6040 | SURG PLACEMENT: EPOSTEAL IMPLANT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6013 | SURGICAL PLACEMENT OF MINI IMPLANT | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6012 | SURG PLCMT INTERIM IMPL PROS: ENDOS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6011 | SURGICAL ACCESS TO AN IMPLANT BODY | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D6010 | SURG PLCMT IMPL BODY: ENDOSTEAL | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5999 | UNS MAXILLOFACIAL PROSTH BY REPORT | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5996 | PDL MED CAR PRIPH SL-LAB PROCD-MAND | HCPCS-DENTAL-Maxillofacial | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5995 | PDL MED CAR PRIPH SL-LAB PROCD-MAX | HCPCS-DENTAL-Maxillofacial | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5993 | MAINT CLEAN MFP OTH THAN REQ ADJ | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5992 | ADJ MAXILLOFACIAL PROSTH APPL BR | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5991 | VESICULOBULLOUS DZ MEDICAMENT CARR | HCPCS-DENTAL-Misc Svcs | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5875 | MOD REMV PROSTH FOLLOW IMPL SURG | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5862 | PRECISION ATTACHMENT BY REPORT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5851 | TISSUE CONDITIONING MANDIBULAR | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5850 | TISSUE CONDITIONING MAXILLARY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | D5821 | INTERIM PARTIAL DENTURE MANDIBULAR | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5811 | INTERIM COMPLETE DENTURE MANDIBULAR | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5810 | INTERIM COMPLETE DENTURE MAXILLARY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5765 | SOFT LNR CMPL/PRTL REM DNTR - INDIR | HCPCS- DENTAL-Denture Reline | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5725 | REBASE HYBRID PROSTHESIS | HCPCS- DENTAL-Denture-Partial | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5721 | REBASE MANDIBULAR PARTIAL DENTURE | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5720 | REBASE MAXILLARY PARTIAL DENTURE | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5711 | REBASE COMPLETE MANDIBULAR DENTURE | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5710 | REBASE COMPLETE MAXILLARY DENTURE | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5671 | REPL ALL TEETH&ACRYLC FRMEWRK MAND | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5670 | REPL ALL TEETH&ACRYLC FRMEWRK MAX | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5660 | ADD CLASP XST PRT DENTURE-PER TOOTH | HCPCS-DENTAL-Denture Repair | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5622 | REPAIR CAST PARTIAL FRAMEWORK MAX | HCPCS-DENTAL-Denture Repair | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5621 | REPAIR CAST PARTIAL FRAMEWORK MAND | HCPCS-DENTAL-Denture Repair | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5422 | ADJUST PARTIAL DENTURE - MANDIBULAR | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | D5421 | ADJUST PARTIAL DENTURE - MAXILLARY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5411 | ADJUST COMPLETE DENTUR - MANDIBULAR | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5410 | ADJUST COMPLETE DENTURE - MAXILLARY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5286 | REMV UNI PD - 1 PECE RESIN-PER QUAD | HCPCS-DENTAL-Denture-Partial | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5284 | REMV UNI PD-1 PECE FLEX BS-PER QUAD | HCPCS-DENTAL-Denture-Partial | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5283 | REMV UNI PRT D - 1 PC C METL MAND | HCPCS-DENTAL-Denture-Partial | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5282 | REMV UNI PRT D - 1 PC CAST METL MAX | HCPCS-DENTAL-Denture-Partial | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5228 | IMMED MAND PRTL DENTURE - FLEX BASE | HCPCS- DENTAL-Denture-Partial | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5227 | IMMED MAX PRTL DENTURE - FLEX BASE | HCPCS- DENTAL-Denture-Partial | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5226 | MANDIBULAR PART DENTURE - FLEX BASE | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D5222 | IMMED MAND PRTL DENTURE - RESN BASE | HCPCS-DENTAL-Denture-Partial | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5221 | IMMED MAX PRTL DENTURE - RESIN BASE | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D4999 | UNSPEC PERIODONTAL PROCEDURE REPORT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D4921 | GINGIVAL IRRIG MEDICINAL AGT-/QUAD | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D4920 | UNSCHEDULED DRESSING CHANGE | HCPCS-DENTAL-Perio - Other | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | D4381 | LOC DEL ANTIM DZ CRVICUL TISS-TOOTH | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D4346 | SCALING PRES GEN MOD/SEV GING INF | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D4323 | SPLINT - EXTRA-COR; NT/PROSTH CR | HCPCS- DENTAL-UNKNOWN | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D4322 | SPLINT - INTRA-COR; NT/PROSTH CR | HCPCS- DENTAL-UNKNOWN | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D4286 | REMOVAL OF NON-RESORBABLE BARRIER | HCPCS - DENTAL | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D4285 | NON-AUTOGEN CNCT TISSUE GRAFT PROC | HCPCS-DENTAL-Perio Surgical | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D4283 | AUTOGEN CONNECTIVE TISS GRAFT PROC | HCPCS-DENTAL-Perio Surgical | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D4276 | COMB CNCTIV TISS&PED GRFT PER TOOTH | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D4275 | NON-AUTOGENOUS CONNECTIVE TISS GRFT | HCPCS-DENTAL-Perio Surgical | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D4274 | MESIAL/DISTAL WEDGE PROC 1 TOOTH | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D4268 | SURGICAL REVISION PROC PER TOOTH | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D4267 | GTR REGEN NAT TT-NON-RESORB BR/SI | HCPCS-DENTAL-Perio Surgical | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D4266 | GUIDED TISS REG NAT TH-RESORB BR/SI | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D4265 | BIOL MATL AID SFT&OSS TISS REG-SITE | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D4264 | BRG-RET NAT TOOTH-EA ADD SITE QUAD | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |

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| ABH of Illinois-Medicaid | D4260 | OSSEOUS SURG 4/GT CNTIG TEETH QUAD | HCPCS- DENTAL-Perio Surgical | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D4245 | APICALLY POSITIONED FLAP | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D4231 | ANAT CRN EXP 1-3 T/BND TT SP QUAD | HCPCS-DENTAL-Perio Surgical | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D4230 | ANAT CRN EXP-4/GT CONT/BND TT SP QUAD | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D4212 | GING/GINGIVOPLASTY RES PROC-TOOTH | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D4210 | GINGIVECT/PLSTY 4/GT CNTIG TEETH QUAD | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D3999 | UNSPEC ENDODONTIC PROCEDURE REPORT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D3950 | CANAL PREP&FIT PREFORMED DOWEL/POST | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D3921 | DECORONATION/SUBMG ERUPTED TOOTH | HCPCS- DENTAL-UNKNOWN | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D3920 | HEMISECTION NOT INCL RC THERAPY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D3911 | INTRAORIFICE BARRIER | HCPCS- DENTAL-UNKNOWN | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D3910 | SURG PROC ISOLAT TOOTH W/RUBBER DAM | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D3503 | SUR EXP RS NO APICOECT/RPR RR - MOL | HCPCS- DENTAL-Apicoectomy | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D3502 | SURG EXP RS NO APCECTOMY/REPR RR-PM | HCPCS- DENTAL-Apicoectomy | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D3501 | SURG EXP RS NO APCECTMY/REPR RR-ANT | HCPCS- DENTAL-Apicoectomy | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | D3473 | SURG REPR OF ROOT RESORPTN - MOLAR | HCPCS- DENTAL-Apicoectomy | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D3472 | SURG REPR OF ROOT RESORPTION - PM | HCPCS- DENTAL-Apicoectomy | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D3471 | SURG REPR OF ROOT RESORPTION - ANT | HCPCS- DENTAL-Apicoectomy | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D3470 | INTENTIONAL REIMPLANTATION | HCPCS-DENTAL-Apicoectomy | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D3460 | ENDODONTIC ENDOSSEOUS IMPLANT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D3450 | ROOT AMPUTATION - PER ROOT | HCPCS-DENTAL-Apicoectomy | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D3432 | GUIDE TISS REGEN PERIRADICULAR SURG | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D3431 | BIOL MATL TSS REGEN PERIRADICLR SRG | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D3430 | RETROGRADE FILLING - PER ROOT | HCPCS-DENTAL-Apicoectomy | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D3429 | BONE GRAFT PERIRADICULR SURG EA ADD | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D3428 | BONE GRAFT PERIRADICULR SURG 1 SITE | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D3426 | APICOECTOMY | HCPCS-DENTAL-Apicoectomy | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D3425 | APICOECTOMY - MOLAR FIRST ROOT | HCPCS-DENTAL-Apicoectomy | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D3421 | APICOECTOMY - PREMOLAR | HCPCS-DENTAL-Apicoectomy | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D3357 | PULPAL REGENERATION - COMPLETION TX | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D3356 | PULPAL REGENERATION - MED REPLACMNT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | D3355 | PULPAL REGENERATION - INITIAL VISIT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D3352 | APEX/RECALCIFICATN INTRM MED REPLAC | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D3351 | APEX/RECALCIFICATION INITIAL VISIT | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D3348 | RETX PREVIOUS RC THERAPY - MOLAR | HCPCS-DENTAL-Endo-RCT | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D3347 | RETREATMENT PREVIOUS RC TX-PREMOLAR | HCPCS-DENTAL-Endo-RCT | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D3346 | RETX PREVIOUS RC THERAPY - ANTERIOR | HCPCS-DENTAL-Endo-RCT | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D3333 | INTERNAL ROOT REPAIR PERF DEFECTS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D3332 | INCMPL ENDO TX;INOP UNRSTR/FX TOOTH | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D3331 | TX RC OBSTRUCTION; NON-SURG ACCESS | HCPCS-DENTAL-Endo-RCT | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D3222 | PART PULPOTMY APEXOGNEIS PERM TOOTH | HCPCS-DENTAL-Pulpotomy | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D3221 | PULPAL DEBRID PRIMARY&PERM TEETH | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D3120 | PULP CAP - INDIRECT | HCPCS-DENTAL-Pulp capping | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2999 | UNSPEC RESTORATIVE PROC BY REPORT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2991 | APPL HAP REGEN MEDICAMENT PER TOOTH | HCPCS - DENTAL | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2990 | RESIN INFIL INCIPIENT SMTH SURF LES | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | D2989 | EXC TT RSLT DETERM NON-RSTRBILITY | HCPCS - DENTAL | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2983 | VENEER REPR NEC RESTORATV MATL FAIL | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2982 | ONLAY REPR NEC RESTORATV MATL FAIL | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2981 | INLAY REPR NEC RESTORATV MATL FAIL | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2980 | CROWN REPR NEC RESTORATV MATL FAIL | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2976 | BAND STABILIZATION-PER TOOTH | HCPCS-DENTAL-Orthodontic | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2975 | COPING | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2971 | ADD PRC CSTMZ CR UND XST PRT D FRWK | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2962 | LABIAL VNR PORCELAIN LAM - INDIRECT | HCPCS-DENTAL-Veneers | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2961 | LABIAL VENEER RESIN LAM - INDIRECT | HCPCS-DENTAL-Veneers | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2960 | LABIAL VENEER - DIRECT | HCPCS-DENTAL-Veneers | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2957 | EA ADD PREFABR POST - SAME TOOTH | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2955 | POST REMOVAL | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2953 | EA ADD INDIRECT FAB POST SAME TOOTH | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2952 | POST & CORE ADD CROWN INDIRECT FAB | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2949 | RESTORATIV FOUNDATN INDIR RESTORATN | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | D2933 | PRFABR STNLSS STEEL CROWN RSN WNDOW | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2929 | PREFAB PORC/CERAMC CROWN-PRIM TOOTH | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2928 | PREFAB PORC/CER CROWN - PERM TOOTH | HCPCS-DENTAL-Crowns - Single | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2921 | REATTCH TOOTH FRAG INCISL EDGE/CUSP | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2799 | INTRM CR-TX/CMPL DX NES PRI FNL IMP | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2794 | CROWN - TITANIUM AND TITANIUM ALY | HCPCS-DENTAL-Crowns - Single | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2783 | CROWN - 3/4 PORCELAIN/CERAMIC | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2782 | CROWN - 3/4 CAST NOBLE METAL | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2781 | CROWN - 3/4 CAST PREDOM BASE METL | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2780 | CROWN - 3/4 CAST HIGH NOBLE METAL | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2722 | CROWN - RESIN WITH NOBLE METAL | HCPCS-DENTAL-Crowns - Single | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2721 | CROWN - RESIN PREDOM BASE METAL | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2720 | CROWN - RESIN WITH HIGH NOBLE METAL | HCPCS-DENTAL-Crowns - Single | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2712 | CROWN - 3/4 RESIN-BASED COMPOSITE | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2710 | CROWN - RESIN-BASED COMPOSITE | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2664 | ONLAY RESIN COMPOSITE 4/GT SURFACES | HCPCS-DENTAL-Inlay/Onlay | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | D2663 | ONLAY-RSN COMPOS COMPOS/RSN-3 SURF | HCPCS-DENTAL-Inlay/Onlay | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2662 | ONLAY-RSN COMPOS COMPOS/RSN-2 SURF | HCPCS-DENTAL-Inlay/Onlay | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2652 | INLAY RESIN COMPOSITE 3/GT SURFACES | HCPCS-DENTAL-Inlay/Onlay | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2651 | INLAY RESIN COMPOSITE TWO SURFACES | HCPCS-DENTAL-Inlay/Onlay | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2650 | INLAY RESIN COMPOSITE ONE SURFACE | HCPCS-DENTAL-Inlay/Onlay | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2643 | ONLAY - PORCELN/CERAMIC - 3 SURF | HCPCS-DENTAL-Inlay/Onlay | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2642 | ONLAY - PORCELN/CERAMIC - 2 SURF | HCPCS-DENTAL-Inlay/Onlay | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2630 | INLAY - PORCELN/CERAM - 3/MORE SURF | HCPCS-DENTAL-Inlay/Onlay | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2620 | INLAY - PORCELN/CERAMIC - 2 SURF | HCPCS-DENTAL-Inlay/Onlay | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2610 | INLAY - PORCELN/CERAMIC - 1 SURFACE | HCPCS-DENTAL-Inlay/Onlay | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2544 | ONLAY METALLIC FOUR OR MORE SURF | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2530 | INLAY - METALLIC - 3/MORE SURFACES | HCPCS-DENTAL-Inlay/Onlay | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2520 | INLAY - METALLIC - TWO SURFACES | HCPCS-DENTAL-Inlay/Onlay | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2510 | INLAY - METALLIC - ONE SURFACE | HCPCS-DENTAL-Inlay/Onlay | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2430 | GOLD FOIL - THREE SURFACES | HCPCS-DENTAL-Gold Foil | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | D2420 | GOLD FOIL - TWO SURFACES | HCPCS-DENTAL-Gold Foil | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D2410 | GOLD FOIL - ONE SURFACE | HCPCS-DENTAL-Gold Foil | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D1999 | UNS PREVENTIVE PROCEDURE BY REPORT | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D1783 | VACC ADM-HMN PAPILLOMAVIRUS-DOSE 3 | HCPCS - DENTAL | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D1782 | VACC ADM-HMN PAPILLOMAVIRUS-DOSE 2 | HCPCS - DENTAL | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D1781 | VACC ADM-HMN PAPILLOMAVIRUS-DOSE 1 | HCPCS - DENTAL | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D1714 | PFIZR-BIONTCH COV-19 VA TS PD-2ND D | HCPCS - DENTAL | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D1713 | PFIZR-BIONTCH COV-19 VA TS PD-1ST D | HCPCS - DENTAL | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D1711 | MODERNA COVID-19 VAC ADM-BSTR DOSE | HCPCS - DENTAL | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D1710 | MODERNA COVID-19 VACCINE ADM-3RD D | HCPCS - DENTAL | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D1709 | PFIZR-BIONTECH COVD-19 V ADM-BSTR D | HCPCS - DENTAL | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D1708 | PFIZER-BIONTECH COVID-19 VA-3RD D | HCPCS - DENTAL | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D1704 | MODERNA COVID-19 VAC ADM - 2ND DOSE | HCPCS - DENTAL | NO | 01/01/2021 | 01/01/2021 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D1703 | MODERNA COVID-19 VAC ADM - 1ST DOSE | HCPCS - DENTAL | NO | 01/01/2021 | 01/01/2021 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D1702 | PFIZER-BIONTCH COV-19 VAC ADM-2ND D | HCPCS - DENTAL | NO | 01/01/2021 | 01/01/2021 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D1701 | PFIZER-BIONTECH COVID-19 VAC ADM-FD | HCPCS - DENTAL | NO | 01/01/2021 | 01/01/2021 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | D1575 | DIST SHOE SPC MNTNR - FIX UNI-QUAD | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D1558 | REMOVAL FIX BIL SPACE MNTNR - MAND | Space Maint | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D1557 | REMOVAL FIXED BIL SPACE MNTNR - MAX | Space Maint | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D1556 | REMV FIX UNI SPACE MNTNR - PER QUAD | HCPCS-DENTAL-Space Maint. | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D1526 | SPACE MAINTAIN- REMOVE-BILAT, MAXIL | HCPCS-DENTAL-Space Maint | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D1355 | CARIES PREV MED APPLIC - PER TOOTH | HCPCS- DENTAL-Preventive Oth | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D1353 | SEALANT REPAIR - PER TOOTH | HCPCS- DENTAL-Sealants | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D1330 | ORAL HYGIENE INSTRUCTIONS | HCPCS-DENTAL-Preventive Oth | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D1321 | CNSL ORAL BEHAV & SYS HLTH EFF HI-R | HCPCS- DENTAL-Preventive Oth | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D1320 | TOBACCO CNSL CNTRL&PREVION ORL DZ | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D1310 | NUTRITION COUNSEL CONTROL DENTAL DZ | HCPCS-DENTAL-Preventive Oth | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D1301 | IMMUNIZATION COUNSELING | HCPCS-DENTAL-Office Visits | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0804 | 3D FACIAL SURFACE SCAN-INDIRECT | HCPCS - DENTAL-Radiographs | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0803 | 3D FACIAL SURFACE SCAN-DIRECT | HCPCS - DENTAL-Radiographs | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0802 | 3D DENTAL SURFACE SCAN-INDIRECT | HCPCS - DENTAL-Radiographs | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0709 | INTRAORL-COMP SER RAD IMG-IMG CAPTR | HCPCS- DENTAL-Radiographs | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | D0708 | INTRAORAL - BW RAD IMG-IMG CAP ONLY | HCPCS- DENTAL-Radiographs | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0707 | INTRAOR - PA RAD IMG - IMG CAP ONLY | HCPCS- DENTAL-Radiographs | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0706 | INTRAOR - OCCL X-RAY - IMG CAP ONLY | HCPCS- DENTAL-Radiographs | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0705 | EO POST DENT RAD IMG - IMG CAP ONLY | HCPCS- DENTAL-Radiographs | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0703 | 2-D ORL/FAC PH IMG - IMG CAP ONLY | HCPCS- DENTAL-Radiographs | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0702 | 2-D CR IMAGE - IMAGE CAPTURE ONLY | HCPCS- DENTAL-Radiographs | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0701 | PANORAMIC RAD IMG - IMG CAP ONLY | HCPCS- DENTAL-Radiographs | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0606 | MOLECULAR TST PH REL PATH INCL COV | HCPCS- DENTAL-Tests and Lab | NO | 01/01/2021 | 01/01/2021 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0605 | ANTI-D TST FOR PH REL PATH INCL COV | HCPCS-DENTAL-Tests and Labs | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0604 | ANTIG TST FOR PH REL PATH INCL COV | HCPCS-DENTAL-Tests and Labs | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0600 | NON-IONIZ DX P CPBL QUANTIF MON & R | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0502 | OTHER ORAL PATHOLOGY PROC REPORT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0486 | LAB ACCSS TRNSEPI CYTL SMP MICRO EX | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0485 | CNSLT W/PREP SLIDES BX SPL REF SRC | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0484 | CONSULTATION SLIDES PREPARED ELSW | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0483 | INDIRECT IMMUNOFLUORESCENCE | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | D0482 | DIRECT IMMUNOFLUORESCENCE | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0481 | ELECTRON MICROSCOPY DIAGNOSTIC | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0480 | ACESS EXFOLIATIVE CYT SMER MIC EXAM | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0479 | TISS INSITU HYBRIDIZATION W/INTEPR | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0478 | IMMUNOHISTOCHEMICAL STAINS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0477 | SPECIAL STAINS NOT MICROORGANISMS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0476 | SPECIAL STAINS FOR MICROORGANISMS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0475 | DECALCIFICATION PROCEDURE | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0474 | ACSS TISS GR&MIC SURG MARG PREP/RPT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0473 | ACCESS TISS-GROSS/MICRO-PREP/REPRT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0472 | ACCESS TISS-GROSS EXAM-PREP & REPRT | HCPCS-DENTAL-Tests and Lab | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0470 | DIAGNOSTIC CASTS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0460 | PULP VITALITY TESTS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0431 | ADJUNCT PREDX TST NO CYTOL/BX PROC | HCPCS-DENTAL-Tests and Lab | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0425 | CARIES SUSCEPTIBILITY TESTS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0423 | GENETIC TEST SUSCEPT DZ-DPEC ANALY | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | D0422 | CLCT & PREP GENETIC SAMPLE MATERIAL | HCPCS-DENTAL-Tests and Labs | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0419 | ASSESSMENT SALIVARY FLOW MEASUREMNT | HCPCS-DENTAL-Tests and Lab | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0416 | VIRAL CULTURE | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0415 | COLLECT MICROORAGNISMS CULT & SENS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0414 | LAB PROC MICROB SPEC INC C & S STS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0412 | BLOOD GLUCOSE LEV TST IN-OFF METER | HCPCS-DENTAL-Office Visits | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0411 | HBA1C IN OFFICE POS TESTING | HCPCS-DENTAL-Office Visits | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0396 | 3D PRINT OF 3D DENTAL SURFACE SCAN | HCPCS-DENTAL-Radiographs | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0395 | FUSION 2/GT 3D IMAG VOL 1/GT MODAL | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0394 | DIGTL SUBTR 2/GT IMAGES/VOL SAME MOD | HCPCS-DENTAL-Radiographs | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0393 | VIRTUAL TX SIM 3D IMG VOL/SURF SCAN | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0391 | INT DX IMAG P NOT ASSO CAP IMAG RPT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0389 | INTRAORL TS-PERIAP RAD IMG-IMG CAP | HCPCS - DENTAL-Radiographs | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0388 | INTRAORL TS-BW RAD IMG-IMG CAP ONLY | HCPCS - DENTAL-Radiographs | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0387 | INTRAORL TS-CMP SE RAD IMGS-IMG CAP | HCPCS - DENTAL-Radiographs | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0386 | MAXILLOFACIAL ULTRASOUND IMAGE CAP | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | D0385 | MAXILLOFACIAL MRI IMAGE CAPTURE | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0384 | CONE BM CT IMAG CAP TMJ SER2/GT EXPOS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0383 | CONE BEAM CT CAP FD VIEW BOTH JAWS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0382 | CONE BEAM CT 1 FULL DENT ARCH-MAX | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0381 | CONE BEAM CT 1 FULL DENT ARCH-MAND | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0374 | INTRAORAL TS-PERIAPICAL RAD IMAGE | HCPCS - DENTAL-Radiographs | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0373 | INTRAORAL TS-BITEWING RAD IMAGE | HCPCS - DENTAL-Radiographs | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0372 | INTRAORAL TS-COMP SERIES RAD IMGS | HCPCS - DENTAL-Radiographs | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0371 | SIALOENDOSCOPY CAP & INTERPRETATION | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0370 | MAXILLOFACIAL U/S CAP & INTERPRET | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0369 | MAXILLOFACIAL MRI CAP & INTERPRET | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0368 | CONE BM CT CAP&INT TMJ SER2/GT EXPOS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0367 | CONE BEAM CT CAP&INT FD VW BOTH JWS | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0366 | CONE BEAM CT 1 FULL DENT ARCH-MAX | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0365 | CONE BEAM CT 1 FULL DENT ARCH-MAND | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0364 | CONE BM CT CAP&INT LTD FD VWLT 1 W JW | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | D0350 | ORAL/FACIAL PHOTOGRAPH IMAGES IO/EO | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0340 | 2D CEPHALOMET X-RAY-ACQN MSR&ANALY | HCPCS-DENTAL-Radiographs | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0322 | TOMOGRAPHIC SURVEY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0321 | OTH TMJ FILMS BY REPORT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0320 | TMJ ARTHROGRAM INCLUDING INJ | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0310 | SIALOGRAPHY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0273 | BITEWINGS-THREE RADIOGRAPHIC IMAGES | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0251 | EXTRA-ORAL POSTERIOR DENTAL X-RAY | Radiographs | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0250 | EXTRA-ORAL - 2D PROJECTION X-RAY | HCPCS-DENTAL-Radiographs | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0240 | INTRAORAL-OCCLUSAL RADIOGRAPH IMAGE | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0191 | ASSESSMENT OF A PATIENT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0190 | SCREENING OF A PATIENT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0180 | COMP PERIODONTAL EVAL - NEW/EST PT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0171 | RE-EVALUATION-POST-OP OFFICE VISIT | HCPCS- DENTAL-Exams | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0170 | RE-EVALUATION - LTD PROBLEM FOCUSED | HCPCS-DENTAL-Exams | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | D0145 | ORL EVAL PTLT 3 YR CNSL PRIM CAREGIVR | HCPCS-DENTAL-Exams | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | C9899 | IMPL PROS DEVC PAYBL IP NO IP COV | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9898 | RADIOLABELED PROD PROV HOS IP STAY | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9792 | BL/NONBL PD NYHA CL II III IVA HF; | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9791 | MRI WITH INH HPX CONTRAST AGT CHEST | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2010 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | C9789 | IT ANTNEOPLST PHARM/BIOL AGT RP ANY | HCPCS - C CODES - OUTPATIENT PP | NO | 10/01/2023 | 10/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9785 | ENDO OUT RD GP APPL ENDO & IL T INS | HCPCS - C CODES-OUTPATIENT PP | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9783 | BLD PROC TC IMP CS RD DVC/PLB CTRL | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9782 | BL P NYHA II/III HF/CCS III/IV CRA | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9781 | ARTHROSC SHLDR SX; W/IMP SA SPACER | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9780 | INS CVC THRU CVO VIA I-S APP INC IG | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9779 | ESD INCL ENDOSC/COLON MUCOSAL CLOSR | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9778 | COLPOPEXY VAGINAL; MI EXP APPRCH | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9777 | ESO MUCOSAL INTEGR TST ELEC IMPD TO | HCPCS-C CODES-OUTPATIENT PP | YES | 04/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9776 | IO NIR FLUOR IMAG MAJ EXTRA-HEP BD | HCPCS-C CODES-OUTPATIENT PP | YES | 04/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9775 | RVSC EVAR O/P TB/PA; IVL & TSP & AT | HCPCS-C CODES-OUTPATIENT PP | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9774 | RVSC EVAR O/PC TIB/PA;IVASC LITH&AT | HCPCS-C CODES-OUTPATIENT PP | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | C9773 | RVSC EVAR O/PC TB/PA;IVASC LTH&TSP | HCPCS-C CODES-OUTPATIENT PP | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9772 | RVSC EVAR OPN/PERC TB/PA IVASC LITH | HCPCS-C CODES-OUTPATIENT PP | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9767 | REV EVR LE AA; IV LITHO & TL ST&ATH | HCPCS-C CODES-OUTPATIENT PP | YES | 06/04/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9766 | REV EVAR LE AA; IV LITHO & ATHERECT | HCPCS-C CODES-OUTPATIENT PP | YES | 06/04/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9765 | REV EVR LE AA;IV LITH&TL STNT PLCMT | HCPCS-C CODES-OUTPATIENT PP | YES | 06/04/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9764 | REV EVAR OPEN/PERQ LE AA; IV LITHO | HCPCS-C CODES-OUTPATIENT PP | YES | 06/04/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9760 | NRND NBLD PD NYHA CLS II III IV HF; | HCPCS-C CODES-OUTPATIENT PP | YES | 06/04/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9758 | BI PRC NYHA 3/4 HF;TRNSCTH I IAS/PC | HCPCS-C CODES-OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9757 | LAMINOTOMY DECOMP NRV RT;1 ISP LUMB | HCPCS-C CODES-OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9756 | IO NIR FLUOR LM OF LYM W/ADMIN ICG | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9740 | CYSTOSCPY INSRT TRNSPRSTAT IMPL;4/GT | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9739 | CYSTOSCPY INSRT TRNSPRSTAT IMPL;1-3 | HCPCS - C CODES - OUTPATIENT PP | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9738 | ADJUNCT BLUE LT CYSTO FLUO IMAG AGT | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9733 | NONOPHTHALMIC FLUOR VASCULAR ANGIO | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9728 | PLCMT INTERSTIT DEV NOT ABD PROS RP | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9727 | INSRT IMPL SOFT PALATE; MIN 3 IMPL | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | C9726 | PLCMT&REMV AA BR IORT ADD-ON BR PRO | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9725 | PLCMT ENDORECTAL APPLIC BRACHYTX | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9678 | DO NOT USE-- REFER TO G9678---"Oncology Care Model (OCM) Monthly Enhanced Oncology Oncology Services (MEOS) payment for enhanced care management services for OCM beneficiaries. MEOS covers care management services for Medicare beneficiaries in a 6-month | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9608 | PC TL REV CHRN TOT OCCL; EA ADD BR | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9507 | FFP HT COV-19 CONV FRZ 8 H CLL EA U | HCPCS - C CODES - OUTPATIENT PP | NO | 12/28/2021 | 12/28/2021 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9488 | INJ CONIVAPTAN HYDROCHLORIDE 1 MG | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9482 | INJECTION SOTALOL HYDROCHLORID 1 MG | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9462 | INJECTION DELAFLOXACIN 1 MG | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9460 | INJECTION CANGRELOR 1 MG | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9399 | UNCLASSIFIED DRUGS OR BIOLOGICALS | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9364 | PORCINE IMPLANT PERMACOL PER SQ CM | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9363 | SKIN SUB INTEGRA BILAYER PER SQ CM | HCPCS - C CODES - OUTPATIENT PP | YES | 08/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9362 | POROUS COLL BN FILLER STRIP 0.5 CC | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9361 | COLL MATRIX NRV WRAP PER 0.5 CM LEN | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | C9360 | DERM SUBST NEONAT BOV ORIG 0.5 CM | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9359 | POROUS COLL BN FILLER PUTTY 0.5 CC | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9358 | DERM SUB NATV FET BOV PER 0.5 SQ CM | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9356 | TENDON MATRIX COLLAGEN & GAG SQ CM | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9355 | COLLAGEN NERVE CUFF 0.5 CM LENGTH | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9354 | ACCELLULR PERICARDIAL TISS NH SQ CM | HCPCS - C CODES - OUTPATIENT PP | YES | 08/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9353 | MICROPOROUS COLL IMPL SLIT TUBE CM | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9352 | MICROPOROUS COLL IMPLANTBLE TUBE CM | HCPCS - C CODES - OUTPATIENT PP | YES | 08/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9293 | INJECTION GLUCARPIDASE 10 UNITS | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9285 | LIDO 70 MG/TETRACAINE 70 MG PATCH | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9257 | INJECTION BEVACIZUMAB 0.25 MG | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | C9254 | INJECTION LACOSAMIDE 1 MG | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9250 | HUMAN PLASMA FIBRIN SEALANT 2ML | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9145 | INJECTION APREPITANT APONVIE 1 MG | HCPCS - C CODES - OUTPATIENT PP | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | C9144 | INJECTION BUPIVACAINE 1 MG | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9143 | COCAINE HYDROCHLORIDE NASL SOL 1 MG | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9101 | INJECTION OLICERIDINE 0.1 MG | HCPCS - C CODES - OUTPATIENT PP | YES | 10/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9047 | INJECTION CAPLACIZUMAB-YHDP 1 MG | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9046 | COCAINE HCI NASAL SOL TOP ADMN 1 MG | HCPCS-C CODES-OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C8957 | IV INFUS TX/DX;INIT PROLNG RQR PUMP | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C8937 | CAD INCL CMP ALG ANALYS BRST MRI ID | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C8936 | MRA NO CONTRST FLW W/CONTRST UP EXT | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C8935 | MRA WITHOUT CONTRST UPPER EXTREMITY | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C8934 | MRA WITH CONTRAST UPPER EXTREMITY | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C8933 | MRA NO CONTRST CONTRST SP CANAL CNT | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C8932 | MRA W/O CONTRST SP CANAL CONTENTS | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C8931 | MRA W/CONTRST SPINAL CANAL CONTENTS | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C8930 | TTE CMPL DUR REST&CVST I&R PHYS SUP | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | C8929 | TTE CMPL SPC & COLR FLOW DPPLR ECHO | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | C8927 | TEE MON ASSESS CARDIAC PUMP FUNCT | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | C8926 | TEE CONG CARDIAC ANOMAL; PROBE I&R | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C8925 | TEE REAL TIME 2D; PROBE PLCMT I&R | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C8924 | TTE R-T 2D INCL M-MODE REC FU/LTD | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | C8923 | TTE R-T DOC 2D INCL M-MODE REC CMPL | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | C8920 | MRA NO CONTRST FLWED W/CONTRST PELV | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C8919 | MRA WITHOUT CONTRAST PELVIS | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C8918 | MR ANGIOGRAPHY WITH CONTRAST PELVIS | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C8914 | MR ANGIO NO CNTRST FLW CON LW EXTRM | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C8913 | MR ANGIO WITHOUT CONTRST LOW EXTREM | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C8912 | MR ANGIO W/CONTRST LOWER EXTREMITY | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C8911 | MR ANGIO NO CONTRST FLW CNTRST CHST | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C8910 | MR ANGIO WITHOUT CONTRST CHEST | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C8909 | MR ANGIOGRAPHY WITH CONTRAST CHEST | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C8908 | MR NO CONTRST FLW CNTRST BRST; BIL | HCPCS - C CODES - OUTPATIENT PP | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C8906 | MR IMAGING W/CONTRST BREAST; BIL | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C8905 | MR NO CONTRST FLW W/CNTRST BRST;UNI | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | C8903 | MR IMAGING W/CONTRAST BREAST; UNI | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C8902 | MR ANGIO W/O CONTRST W/CONTRST ABD | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C8901 | MR ANGIOGRAPHY WITHOUT CONTRST ABD | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C8900 | MR ANGIOGRAPHY W/CONTRAST ABDOMEN | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7903 | GRP PSY DX EV/TX MH/SUBST USE DISOR | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7902 | SRVC DX EV/TX MH/SUD Q 15 M REM HS | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7901 | SV DX EV/TX MH/SUD 30-60 M PROV RMT | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7900 | SV DX EV/TX MH/SUD 15-29 M PROV RMT | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7560 | ERCP REM FB/ST BIL/PD CN PAP PC/CBD | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7557 | CTH PL CA CAG INJ CAG LT HC LT VNT | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7556 | BRONC RIFL W/BAL&TRN EBUS DX/TX FLR | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7555 | THYROIDECTOMY TOTAL/COMP PTH AT | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7554 | CS ADJ BLU LGT CYSTO FLUOR IMG AGT | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7553 | CATH PLCMT COR A;RT & LT HEART CATH | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7552 | CATH PLCMNT COR A CA;CR PLCMNT BPG | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7551 | EX MAJ PN NROMA NO SC IMP NE TO B/M | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | C7550 | CS BX ADJ BLU LGT CYSTO FLUO IM AGT | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7549 | CHNG URETEROSTOMY TUBE/EXT ACC URS | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7548 | EXCH NPHROST CATH PC UE STX BLN DIL | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7547 | CVT NEPHROSTMY CATH TO NU CATH PERQ | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7546 | R&R EXT ACC NEPHROURETERAL CATH | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7545 | PC EX BD CT REM CALCULI/DEB BD&/GB | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7544 | ERCP REM CALCULI/DEB FRM BILIARY/PD | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7543 | ERCP SE/PAPILLOT ENDO CANNULATN PAP | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7542 | ERCP BX SGL/MX ENDO CANNULATION PAP | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7541 | DX ERCP INCL COLL SPEC BY BR/W | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7540 | RMVL PP P GEN REPL PM PG D LEAD SYS | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7539 | INS NU/REPLC PP ATRL & V TV ELECTRD | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7538 | INS NU/REPLC PP VENT TV ELECTRODE | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7537 | INS NU/REPLC PP ATRIAL TV ELECTRD | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7535 | REVASC EVAR FEMORAL PA UNI TL SP | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7534 | REVASC EVAR FEMRAL PA UNI ATH | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | C7533 | PERQ TL COR ATL SGL MAJ COR ART/BR | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7532 | TRANSLUM BALLN ANGIOPLASTY INI ART | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7531 | REVASC EVR FEMORAL POP ART UNI TA | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7530 | DLYS CIRC I TBS PERIPHERAL DLYS SEG | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7529 | CT PL COR A CA RT&LHC PLC BPG ANGIO | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7528 | CT PL COR A CA RT&LHC IV DV&/P DERV | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7527 | CT PL COR A CA RL HC DX EV&/TX INT | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7526 | CT PL CR A CA LHC CT PL BPG BPG AG | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7525 | CATH PL COR A CA LHC DX EVAL &/ TI | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7524 | CT PL COR A LHC IV DV&/P DRVD CFR M | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7523 | CT PL COR A LHC EL IMG INIT COR V/G | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7522 | CATH PLCMNT CORONARY ART RHC IV DV | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7521 | CT PL COR A RHC EL IMG INIT CA V/GR | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7520 | CT PL COR A CR PL BPG AG IL&/FA AG | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7519 | CATH PL COR ART CATH PL BPG DUR CA | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7518 | CATH PLCMNT COR ART CATH PLCMNT BPG | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | C7517 | CATH PL COR ART ILIAC&/FA ANGIO | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7516 | CT PL COR A EL IMG INIT COR VES/GR | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7515 | DI CIRC PT EVAR EMB/O MAIN CIRC/AV | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7514 | DLYS CIRC ATL C DLYS SEG&TC PL IVAS | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7513 | DLYS CIRC TBA CENTR DLYS SEG | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7512 | BRONCHO TRANSENDO EBUS DUR BRONCHO | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7511 | BRONCHOSCOPY CA IMAGE-GUIDED NAV | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7510 | BRONCHOSCOPY BRON ALV LAV CA IG NAV | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7509 | BRONCHOSCOPY DX CW PERF CA IG NAV | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7508 | PERQ VA 1ST LMB & ANY ADD THOR/L VB | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7507 | PERQ VA AUG 1ST T & ANY ADD T/L VB | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7506 | ARTHRODESIS IPJS INTERNAL FIXATION | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7505 | PERQ VTP 1ST LS & ANY ADD CT/LS VB | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7504 | PERQ VTP 1ST CT & ANY ADD CT/LS VB | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7503 | OPN BX/EXC DEEP CERV NODE IO ID SLN | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7502 | PC BBX MR GUID PLCMT BREAST LOC DEV | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | C7501 | PERQ BREAST BX PLCMT BRST LOC DEV | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C7500 | DEBR BONE 1ST 20 SQ CM/LT M PREP | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C2699 | BRACHYTX NONSTRANDED NOS PER SOURCE | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | C2698 | BRACHYTX STRANDED NOS PER SOURCE | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | C2645 | BRT PLANAR SOURCE PD-103 PER SQ MM | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C2644 | BT SRC CESIUM-131 CHLOR SOL PER MCI | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C2643 | BRACHYTX NONSTRANDED CESIUM-131 SRC | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | C2642 | BRACHYTX STRANDED CESIUM-131 SRC | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | C2641 | BRACHYTX NONSTRND PALLADIUM-103 SRC | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | C2640 | BRACHYTX STRANDED PALLADIUM-103 SRC | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | C2639 | BRACHYTX NONSTRAND IODINE-125 SRC | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | C2638 | BRACHYTX STRANDED IODINE-125 SOURCE | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | C2637 | BRACHYTX NONSTRAND YTTERBIUM-169 | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C2636 | BRACHYTX LIN NONSTRAND PD-103 1 MM | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | C2635 | BRACHYTX NONSTRAND PD-103 GT 2.2 MCI | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | C2634 | BRACHYTX NONSTRAND I-125 GT 1.01 MCI | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | C2631 | REPR DEVC URIN INCONT W/O SLING GFT | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C2630 | CATH EP DX/ABLAT NOT MAP COOL-TIP | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | C2629 | INTRDCR/SHTH NOT GUID NO IC EEG LSR | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C2628 | CATHETER OCCLUSION | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C2627 | CATHETER SUPRAPUBIC/CYSTOSCOPIC | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C2626 | INFUS PUMP NON-PROGMMABLE TEMPORARY | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C2625 | STENT NON-COR TEMP W/DELIV SYSTEM | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C2624 | IMPL WL PULM ART PRSS SNSR DEL CATH | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C2623 | CATHETER TA DRUG-COATED NON-LASER | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C2622 | PROSTHESIS PENILE NON-INFLATABLE | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C2618 | PROBE/NEEDLE CRYOABLATION | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C2617 | STENT NON-COR TEMP W/O DELIV SYSTEM | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C2616 | BRACHYTX NONSTRAND YTTRIUM-90 SRC | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | C2615 | SEALANT PULMONARY LIQUID | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C2614 | PROBE PERCUT LUMBAR DISCECTOMY | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C2613 | LUNG BIOPSY PLUG WITH DELIVERY SYST | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C2596 | PROBE IMAG GUID ROBOTC WATERJET ABL | HCPCS-C CODES-OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | C1900 | LEAD LT VENTRICULAR CORON VENUS SYS | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1899 | LEAD PACEMKR/CARDIOVERT-DEFIB COMB | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1898 | LEAD PACEMKR NOT TRNS VDD 1 PASS | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1897 | LEAD NEUROSTIMULATOR TEST KIT | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1896 | LEAD CARDIOVRT-DFIB NOT ENDOCARD | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1895 | LEAD CARDIOVRT-DFIB ENDOCARD DUL | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1894 | INTRDUCR/SHEATH NOT GUID NON-LASR | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1893 | INTRDUCR/SHEATH EP CURVE NOT PEEL | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1892 | INTRDUCR/SHEATH EP CURVE PEEL-AWAY | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1890 | NO IMPL/INSRT DEVC U DEVC-INT PROC | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1889 | IMPLANTABLE/INSERTABLE DEVICE NOC | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1888 | CATH ABLATION NON-CARDIAC ENDOVASC | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1887 | CATHETER GUIDING | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1886 | CATH EXTRAVASCULAR TISS ABLAT MODAL | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1885 | CATHETER TRNSLUM ANGPLSTY LASER | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1884 | EMBOLIZATION PROTECTIVE SYSTEM | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | C1883 | ADAPTR/EXT PACE LEAD/NEUROSTIM LEAD | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1881 | DIALYSIS ACCESS SYSTEM | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1880 | VENA CAVA FILTER | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1878 | MATL VOCAL CORD MEDIZATION SYNTH | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1877 | STNT NON-COAT/NON-COVR W/O DEL SYS | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1876 | STNT NON-COATED/NON-COVR DELIV SYS | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1875 | STENT COATED/COVR W/O DELIV SYSTEM | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1874 | STENT COATED/COVR W/DELIVERY SYSTEM | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1840 | LENS INTRAOCULAR TELESCOPIC | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1839 | IRIS PROSTHESIS | HCPCS-C CODES-OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1833 | MNTR CARD INC IC LEAD &ALL SYS COMP | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1832 | AGRFT SUSP IN CELL PC &APPL SYS COM | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1831 | INTERBODY CAGE ANT LATL/POST PRSNL | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1830 | POWERED BONE MARROW BIOPSY NEEDLE | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1827 | GEN NS NON-RC ST LD&EXT PRD ST CTRL | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1826 | GEN NS RC BATT & CHRG SYS | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | C1825 | GN NROSTM NONRCHRGBL CR SN BR STM L | HCPCS-C CODES-OUTPATIENT PP | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1824 | GENERATOR CARDIAC CONTRACTILITY MOD | HCPCS-C CODES-OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1823 | GEN NEUROSTM NON-RECHRG TV S&STM LD | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1822 | GEN NEUROSTIM HI FREQ RECHARG BATT | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1821 | INTERSPINOUS PRC DISTRACT DEVC IMPL | HCPCS - C CODES - OUTPATIENT PP | YES | 08/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1819 | SURG TISSUE LOC & EXC DEVICE | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1818 | INTEGRATED KERATOPROSTHESIS | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1817 | SEPTAL DEFEC IMPL SYSTEM INTRACARD | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1815 | PROSTHESIS URINARY SPHINCTER | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1814 | RETINAL TAMPONADE DEVICE SILCON OIL | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1813 | PROSTHESIS PENILE INFLATABLE | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1789 | PROSTHESIS BREAST | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1788 | PORT INDWELLING | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1784 | OCULR DEVC INTRAOP DETACHED RETINA | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1783 | OCULAR IMPL AQUEOUS DRAIN ASST DEVC | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1782 | MORCELLATOR | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | C1781 | MESH | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1780 | LENS INTRAOCULAR | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1779 | LEAD PACEMKR TRNS VDD SINGLE PASS | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1778 | LEAD NEUROSTIMULATOR | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1777 | LEAD CARDIOVRT-DFIB ENDOCARD 1 COIL | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1776 | JOINT DEVICE | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1773 | RETRIEVAL DEVICE INSERTABLE | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1771 | REPR DEVICE URIN INCONT W/SLING GFT | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1770 | IMAGING COIL MAGNETIC RESONANCE | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1768 | GRAFT VASCULAR | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1766 | INTRDUCR/SHEATH EP NOT PEEL-AWAY | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1765 | ADHESION BARRIER | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1764 | EVENT RECORDER CARDIAC | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1763 | CONNECTIVE TISSUE NON-HUMAN | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1762 | CONNECTIVE TISSUE HUMAN | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1761 | CATHETER TRANSLUM IVASC LITHOTR COR | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | C1760 | CLOSURE DEVICE VASCULAR | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1759 | CATHETER INTRACARD ECHOCARDIOGRAPHY | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1758 | CATHETER URETERAL | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1757 | CATHETER THROMBECTOMY/EMBOLECTOMY | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1756 | CATHETER PACING TRANSESOPHAGEAL | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1755 | CATHETER INTRASPINAL | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1754 | CATHETER INTRADISCAL | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1753 | CATHETER INTRAVASCULAR ULTRASOUND | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1752 | CATHETER HEMODIALYSIS SHORT-TERM | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1751 | CATH INFUS INSRT PERIPH CNTRL/MIDLN | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1750 | CATH HEMODIAL/PERITON LONG-TERM | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1749 | ENDO RETRO IMAG/ILLUM COLONOSCOPE | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1747 | ENDOSCOPE SGL-USE UT IMG/ILLUM DEV | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1734 | ORTHO/DEVC/DX MX OPP BTB/SFT T-TO B | HCPCS-C CODES-OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1733 | CATH EP DX/ABLAT NOT MAP/COOL-TIP | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1732 | CATH EP DX/ABLAT 3D/VECTOR MAP | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | C1731 | CATH EP DX OTH THAN 3D MAP 20/GT | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1730 | CATH EP DX OTH THAN 3D MAP 19/LT | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1729 | CATHETER DRAINAGE | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1728 | CATHETER BRACHYTHERAPY SEED ADMIN | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1727 | CATH BALLN TISS DISSECTOR NON-VASC | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1726 | CATHETER BALLOON DILAT NON-VASCULAR | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1725 | CATHETER TRNSLUM ANGPLSTY NON-LASER | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1724 | CATH TRNSLUM ATHERECT ROTATIONAL | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1719 | BRACHYTX NONSTRND NONHD IRIDIUM-192 | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | C1717 | BRACHYTX NONSTRAND HD IRIDIUM-192 | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | C1716 | BRACHYTX NONSTRAND GOLD-198 PER SRC | HCPCS - C CODES - OUTPATIENT PP | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | C1715 | BRACHYTHERAPY NEEDLE | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1714 | CATH TRNSLUM ATHERECT DIRECTIONAL | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | C1713 | ANCHR/SCREW OPPOS BN-BN/SFT TISS-BN | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1604 | GFT TRANSM TV ART BYP W/ALL SYS CMP | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1603 | RETRIEVAL DEVICE INSERTABLE LASER | HCPCS - C CODES - OUTPATIENT PP | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1602 | ORT/DV/DG MTRX/AB BON VOID FL AM-EL | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1601 | ENDO SING-USE PULM IMAGING/ILLUM DV | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1600 | CATH TRANSL INTRAVASC LES DV BLD SH | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1062 | INTRAVERTEBRAL BODY FX AUG IMPLANT | HCPCS-C CODES-OUTPATIENT PP | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C1052 | HEMOSTATIC AGT GASTROINTESTINAL TOP | HCPCS-C CODES-OUTPATIENT PP | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | B5200 | PARNTRL NUT AMINO ACID & CARS STRSS | HCPCS - ENTERAL & PARENTERAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | B5100 | PARENTERL NUT SOL AMINO ACID & CARB | HCPCS - ENTERAL & PARENTERAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | B5000 | PARNTRAL NUT; AMINO ACID&CARBS RENL | HCPCS - ENTERAL & PARENTERAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | B4222 | PARNTRAL NUT SPL KIT; HOM MIX-DAY | HCPCS - ENTERAL & PARENTERAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | B4220 | PARNTRAL NUTRIT SPL KIT; PREMIX-DAY | HCPCS - ENTERAL & PARENTERAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | B4216 | PARNTRAL NUT; ADDITIVES-HOM MIX-DAY | HCPCS - ENTERAL & PARENTERAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | B4199 | PARNTRAL NUT;AMINO ACID&CARB GT 100GM | HCPCS - ENTERAL & PARENTERAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | B4197 | PARNTRL NUT;AMINOACID&CARB 74-100GM | HCPCS - ENTERAL & PARENTERAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | B4193 | PARNTRAL NUT;AMINOACID&CARB 52-73GM | HCPCS - ENTERAL & PARENTERAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | B4189 | PARNTRAL NUT;AMINOACID&CARB 10-51GM | HCPCS - ENTERAL & PARENTERAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | B4187 | OMEGAVEN 10 G LIPIDS | HCPCS-ENTERAL & PARENTERAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | B4185 | PARENTERAL NUTR SOL NOS 10 G LIPIDS | HCPCS - ENTERAL & PARENTERAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | B4180 | PARNTRAL NUT SOL; CARBS GT 50PCT HOM | HCPCS - ENTERAL & PARENTERAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | B4178 | PARNTRAL NUT SOL; AMINO ACID GT 8.5PCT | HCPCS - ENTERAL & PARENTERAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | B4176 | PARNTRAL NUT SOL; AMINO ACID 7-8.5PCT | HCPCS - ENTERAL & PARENTERAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | B4172 | PARNTRAL NUT SOL; AMINO ACID 5.5-7PCT | HCPCS - ENTERAL & PARENTERAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | B4168 | PARNTRAL NUT SOL; AMINO ACID 3.5PCT | HCPCS - ENTERAL & PARENTERAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | B4164 | PARNTRAL NUT SOL; CARBS 50PCT /LT HOM | HCPCS - ENTERAL & PARENTERAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | B4148 | EEF SPLY KIT; ELAST CTRL FED PD | HCPCS - MED-SURG SUPPLIES | NO | 10/01/2023 | 10/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | B4104 | ADDITIVE FOR ENTERAL FORMULA | HCPCS - ENTERAL & PARENTERAL | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | B4083 | STOMACH TUBE - LEVINE TYPE | HCPCS - ENTERAL & PARENTERAL | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | ATP23 | Automated Test and Panel 23+ tests | MEDICARE CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | ATP22 | Automated Test and Panel 22 tests | MEDICARE CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | ATP21 | Automated Test and Panel 21 tests | MEDICARE CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | ATP20 | Automated Test and Panel 20 tests | MEDICARE CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | ATP19 | Automated Test and Panel 19 tests | MEDICARE CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | ATP18 | Automated Test and Panel 17-18 tests | MEDICARE CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | ATP16 | Automated Test and Panel 13-16 tests | MEDICARE CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | ATP12 | Automated Test and Panel 12 tests | MEDICARE CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | ATP11 | Automated Test and Panel 11 tests | MEDICARE CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | ATP10 | Automated Test and Panel 10 tests | MEDICARE CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | ATP09 | Automated Test and Panel 9 tests | MEDICARE CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | ATP08 | Automated Test and Panel 8 tests | MEDICARE CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | ATP07 | Automated Test and Panel 7 tests | MEDICARE CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | ATP06 | Automated Test and Panel 6 tests | MEDICARE CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | ATP05 | Automated Test and Panel 5 tests | MEDICARE CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | ATP04 | Automated Test and Panel 4 tests | MEDICARE CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | ATP03 | Automated Test and Panel 3 tests | MEDICARE CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | ATP02 | Automated Test and Panel 1-2 tests | MEDICARE CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9700 | SUP OF INJ CONTRST MAT-ECHO P/STUDY | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | A9698 | NON-RADIOACTV CONTRST IMAG MATL NOC | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9697 | INJ CARBOXYDEXTRN-CTD SPM IO Q ST D | HCPCS - MED-SURG SUPPLIES | NO | 10/01/2023 | 10/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9609 | FLUDEOXYGLUCOSE F18 UP TO 15 MCI | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9603 | INJECTION PAFOLACIANINE 0.1 MG | HCPCS - MED-SURG SUPPLIES | NO | 10/01/2023 | 10/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9600 | STRONTIUM SR-89 CHLORID TX PER MCI | HCPCS - ADMIN MISC & INVEST | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | A9598 | PET RADIOPHARM DX NON-TUMOR ID NOC | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9597 | PET RADIOPHARMA DX TUMOR ID NOC | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9594 | GALLIUM GA-68 PSMA-11 DX UCLA 1 MCI | HCPCS-ADMIN MISC & INVEST | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9593 | GALLIUM GA-68 PSMA-11 DX UCSF 1 MCI | HCPCS-ADMIN MISC & INVEST | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9592 | COPPER CU-64 DOTATATE DIAGNOSTIC 1 | HCPCS-ADMIN MISC & INVEST | NO | 04/01/2021 | 04/01/2021 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9590 | IODINE I-131 IOBENGUANE 1 MCI | HCPCS-ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9589 | INSTILLATION HAL HCI 100 MG | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9588 | FLUCICLOVINE F-18 DIAGNOSTIC 1 MCI | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9587 | GALLIUM GA-68 DOTATATE DX 0.1 MCI | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9585 | INJECTION GADOBUTROL 0.1 ML | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | A9584 | IODINE I-123 IOFLUPAN DX UP 5 MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9583 | INJ GADOFOSVESET TRISODIUM 1 ML | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9582 | I-123 IOBENGUANE DX DOSE TO 15 MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9581 | INJ GADOXETATE DISODIUM 1 ML | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9580 | NAF F-18 DX STUDY DOSE TO 30 MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9579 | INJ GADOLINIUM MR CONTRAST NOS ML | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9578 | INJ GADOBENATE DIMEGLUMIN MXPACK ML | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9577 | INJ GADOBENATE DIMEGLUMINE PER ML | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9576 | INJECTION GADOTERIDOL PER ML | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9575 | INJ GADOTERATE MEGLUMINE 0.1 ML | HCPCS - Radiopharmaceuticals & | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9574 | AIR POLY-TYPE A INTRAUT FOAM 0.1 ML | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9573 | INJECTION GADOPICLENOL 1 ML | HCPCS - MED-SURG SUPPLIES | NO | 10/01/2023 | 10/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9572 | IN-111 PENTETREOTIDE DX TO 6 MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9571 | INDIUM IN-111 AUTOLG PLATELETS DX | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9570 | INDIUM IN-111 AUTOLG WBC DX DOSE | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9569 | TC-99M EXAMETAZIME AUTOLG WBC DX | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | A9568 | TC-99M ARCITUMOMAB DX TO 45 MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9567 | TC-99M PENTETATE DX AROSL TO 75 MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9566 | TC-99M FANOLESOMAB DX UP TO 25 MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9562 | TC-99M MERTIATIDE DX UP TO 15 MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9561 | TC-99M OXIDRONATE DX UP TO 30 MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9560 | TC-99M LABELED RBC DX UP TO 30 MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9559 | CO-57 CYANOCOBALAMN ORL DX TO 1 UCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9558 | XENON XE-133 GAS DX PER 10 MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9557 | TC-99M BICISATE DX UP TO 25 MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9556 | GALLIUM GA-67 CITRATE DX PER MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9555 | RUBIDIUM RB-82 DX UP TO 60 MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9554 | I-125 SODUM IOTHALAMTE DX TO 10 UCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9553 | CR-51 SODIUM CHROMATE DX TO 250 UCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9552 | FDG F-18 FDG DX UP TO 45 MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9551 | TC-99M SUCCIMER DX UP TO 10 MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9550 | TC-99M SODIM GLUCEPTAT DX TO 25 MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | A9548 | INDIUM IN-111 PENTETATE DX 0.5 MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9547 | IN-111 OXYQUINOLIN DX 0.5 MILLICURE | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9546 | CO-57/58 CYANOCOBALAMIN DX TO 1 UCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9542 | IN-111 IBRITUMAB TIUXTN DX TO 5 MCI | HCPCS - ADMIN MISC & INVEST | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | A9541 | TC-99M SULFUR COLL DX UP TO 20 MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9540 | TC-99M MAA DX UP TO 10 MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9539 | TC-99M PENTETATE DX UP TO 25 MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9538 | TC-99M PYROPHOSHATE DX UP TO 25 MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9537 | TC-99M MEBROFENIN DX UP TO 15 MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9536 | TC-99M DEPREOTIDE DX UP TO 35 MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9532 | I-125 SERUM ALB DX PER 5 MICROCURIE | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9531 | I-131 SODIM IODIDE DX UP TO 100 UCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9530 | I-131 SODIUM IODIDE SOL TX PER MCI | HCPCS - ADMIN MISC & INVEST | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | A9529 | I-131 SODIM IODIDE SOL DX PER MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | A9528 | I-131 SODIUM IODIDE CAPS DX PER MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9526 | NITRO N-13 AMMONIA DX UP TO 40 MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9524 | I-131 IODINATD SERUM ALB DX 5 UCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9521 | TC-99M EXETAZIME DX UP TO 25 MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9520 | TC-99M TILMANOCEPT DX TO 0.5 MCI | HCPCS - Radiopharmaceuticals & | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9516 | I-123 SODIUM IODIDE DX TO 999 UCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9515 | CHOLINE C-11 DX STUDY DOS TO 20 MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9512 | TC-99M PERTECHNETATE DX PER MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9510 | TC-99M DISOFENIN DX UP TO 15 MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9509 | IODINE I-123 SODIM IODIDE DX MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9508 | I-131 IOBENGUANE SULFATE DX 0.5 MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9507 | IN-111 CAPROMB PENDETD DX TO 10 MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9505 | TL-201 THALLOUS CHLORID DX PER MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9504 | TC-99M APCITIDE DX UP TO 20 MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9503 | TC-99M MEDRONATE DX UP TO 30 MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9502 | TC-99M TETROFOSMIN DX - STUDY DOSE | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | A9501 | TC-99M TEBOROXIME DX PER STUDY DOSE | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9500 | TC-99M SESTAMIBI DX PER STUDY DOSE | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9300 | EXERCISE EQUIPMENT | HCPCS - ADMIN MISC & INVEST | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9292 | RX D VIS TX SW-ONLY FDA CL Q CRS TX | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9291 | RX DIG COG&/BT FDA-CLRD PER CRS TX | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9286 | HYG I/DVC DISPBL/NON-DISPBL ANY T E | HCPCS - MED-SURG SUPPLIES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9285 | INVERSION/EVERSION CORRECTION DEVC | HCPCS - MED-SURG SUPPLIES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9283 | FOOT PRESSURE OFF LOAD/SUPP DEV EA | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9282 | WIG ANY TYPE EACH | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9280 | ALERT OR ALARM DEVICE NOC | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9276 | SNSR; I DISP NONDME INT CGM 1UEQU 1D | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9275 | HOME GLU DISPBL MON W/TEST STRIPS | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9273 | COLD/HOT FL BTL IC/C HT&/CLD W ANY | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9272 | WND SCTN DISPBL DRSG ACC ANY TYP EA | HCPCS - ADMIN MISC & INVEST | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9270 | NONCOVERED ITEM OR SERVICE | HCPCS - ADMIN MISC & INVEST | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9269 | PROG TR PO ING CAP USE EXT PROG PM | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | A9268 | PROGRAMMER TRANSIENT ORALLY ING CAP | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9180 | PEDICULOSIS TX TOP ADMN PT/CARETAKR | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9156 | ORAL MUCOADHESIVE ANY TYPE PER 1 ML | HCPCS - MED-SURG SUPPLIES | NO | 10/01/2023 | 10/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9153 | MULTIPLE VITAMINS ORAL PER DOSE NOS | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9152 | 1 VIT/MINERL/TRACE ELEM ORLDOSE NOS | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A9150 | NONPRESCRIPTION DRUG | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A7509 | FLTR HLDR&INTGR FLTR HOUS&ADHES | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A7506 | ADHES DISC EXCHG SYS&/ W/TRACH VALV | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A7505 | HOUS REUSABL W/O ADHES EXCHG SYS | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A7504 | FLTR USE TRACHEOSTOMA EXCHG SYS EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A7503 | FLTR HOLDER/CAP REUSBL TRACHEOSTOMA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A7502 | REPL DIAPH/FCEPLAT TRACHESTOMA VALV | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A7049 | EXPIRATORY PAP INTRANASAL R VLV | HCPCS - MED-SURG SUPPLIES | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A7045 | EXHALATION PORT REPLACEMENT ONLY | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A7041 | WATER SEAL DRNAGE CONTAINER&TUBING | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A7040 | ONE WAY CHEST DRAIN VALVE | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | A7023 | MEC ALLRG PRT BAR/INH FILT CR NAS T | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A7017 | NEB GLASS/AUTOCLAV NOT USE W/O2 | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A7016 | DOME&MOUTHPECE W/SM VOL US NEBULIZR | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A7009 | RESRVOR BOTTLE LG VOL US NEBULIZR | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A7008 | LG VOL NEBULIZR DISPBL PRFIL COMPRS | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A7004 | SM VOL NONFILTR PNEUMAT NEB DISPBL | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A7001 | CANISTR NONDISPBL USED W/SUCTN PUMP | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6610 | GD CMP STK B KNEE 18-30MM HG CUST E | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6609 | GRADIENT COMPRESSION BANDAG SUP NOS | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6608 | GD CMP BD TUB PRO AB PD LY P/Y A WI | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6607 | GD CMP BDG TUB PRO ABS LY P/Y ANY W | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6606 | GD CMP BDG SUP PD TXT P/YD ANY W EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6605 | GD CMP BDG SUP PAD FM P/YD ANY W EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6604 | GD CMP BDG LW DNS FLT FM P/250SQ CM | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6603 | GD CMP BDG LW DENS CH FM P/250SQ CM | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6602 | GD CMP BDG HI DNS FM ROLL P/Y ANY W | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | A6601 | GD CMP BDG HI DNS FM PD ANY SZ/SH E | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6600 | GD CMP BDG HI DNS FM S P/250SQ CM E | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6599 | GD CMP BG ROLL INEL SHT STR P/Y W E | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6598 | GD CMP BG ROLL EL MD STR P/LN Y W E | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6597 | GD CMP BG ROLL EL LNG STR LIN Y W E | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6596 | GD CMP BDG CONF GZ P/LIN YD ANY W E | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6595 | GD CMP BDG SP LNR UP EXT ANY SZ/L E | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6594 | GD CMP BDG SP LNR LW EXT ANY SZ/L E | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6593 | ACC GRD CPRSN GMT/WRP ADJ STRAP NOS | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6591 | EXT UC; NON-DISP SUCT PUMP PER MO | HCPCS - MED-SURG SUPPLIES | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6590 | EXT UI CATH; DISP MATL SP PER MO | HCPCS - MED-SURG SUPPLIES | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6589 | GRADIENT PRES WRAP ADJ STRAP BRA EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6584 | GRADIENT COMPRS WRAP ADJ STRAPS NOS | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6582 | GRADIENT COMPRESSION GAUNTLET EACH | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6581 | GRADIENT COMPRESSION GLOVE EACH | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6580 | GRADIENT COMPR GLOVE CUST HVY WT EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | A6579 | GRADIENT COMPR GLOVE CUST MED WT EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6578 | GRADIENT COMPRESSION ARM SLEEVE EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6577 | GRAD COMP ARM SLEEVE CUST HVY WT EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6576 | GRAD CMP ARM SLV CUST MED WEIGHT EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6575 | GRAD COMPR ARM SLEEVE&GLOVE COMB EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6574 | GRAD CMP ARM SLEEVE&GLV CMB CUST EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6573 | GRAD COMPR GARMENT TOE CAPS CUST EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6572 | GRADIENT COMPRESS GRMNT TOE CAPS EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6571 | GRAD COMPR GRMT GENITAL REG CUST EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6570 | GRADIENT COMPR GRMNT GENITAL REG EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6569 | GRAD COMPR GMT TORSO/SHLDR CUSTM EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6568 | GRADIENT COMPR GRMNT TORSO&SHLDR EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6567 | GRAD COMPR GARMNT NECK/HEAD CUST EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6566 | GRADIENT COMPR GARMENT NECK/HEAD EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6565 | GRADIENT COMPR GAUNTLET CUSTOM EACH | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6564 | GD CMP STK WAIST L 40MMHG ORLT CST E | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | A6563 | GD CMPR STK WAIST L 30-40MMHG CST E | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6562 | GD CMPR STK WAIST L 18-30MMHG CST E | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6561 | GD CP ST FULL L/CP ST 40MMHG ORLT C E | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6560 | GD CMP STK FULL L/CHP 30-40MMHG C E | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6559 | GD CMP STK FULL L/CHP 18-30MMHG C E | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6558 | GD CMP STCK TH LEN 40MMHG ORLT CST E | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6557 | GD CMP STCK THIGH L 30-40MMHG CST E | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6556 | GD CMP STCK THIGH L 18-30MMHG CST E | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6555 | GD CMP STCK B KNEE 40MMHG ORLT CST EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6554 | GRD CMP STCK B KNEE 40 MMHG ORLT EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6553 | GD CMP STCK B KNEE 30-40MMHG CST EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6552 | GRD CMP STCK BLW KNEE 30-40MM HG EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6550 | WND CARE SET NEG PRSS WND TX PUMP | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 12/31/2021 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6529 | GRAD CMPR GRMT BRA NIGHT USE CST EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6528 | GRADNT COMPR GRMNT BRA NIGHT USE EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6527 | GRAD CMPR GMT F LG&FT PAD NT CST EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | A6526 | GRAD CMPR GMT F LG&FT PAD NT USE EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6525 | GD CMPR GMT LW LG&FT PAD NOT CST EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6524 | GD CMPR GMT LWR LG&FT PAD NT USE EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6523 | GD COMPR GMT ARM PAD NT USE CUST EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6522 | GRAD CMPR GMT ARM PAD FOR NT USE EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6521 | GD COMPR GMT GLV PAD NT USE CUST EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6520 | GRAD COMPR GMT GLV PADDED NT USE EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6461 | S RSRB ST PD SZ GT 16 SI LT /EQU 48 SI E | HCPCS - MED-SURG SUPPLIES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6460 | SYN RSRB W DR STRL P 16 SI/LT NO A E | HCPCS - MED-SURG SUPPLIES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6413 | ADHESIVE BANDAGE FIRST-AID TYPE EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6233 | GAUZ IMPREG HYDRGEL DIR WND GT 48 SQ | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A6025 | GEL SHEET DERMAL/EPIDRMAL APPLIC EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A5510 | DIAB ONLY DIR FORM COMPRS MOLD FT | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A5508 | DM ONLY DELUX FEATUR SHOE/CSTM MOLD | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A5102 | BEDSIDE DRN BOTTLE W/WO TUBING EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A5083 | CONT DEVICE STOMA ABSORPTIVE COVER | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | A4929 | TOURNIQUET FOR DIALYSIS EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4928 | SURGICAL MASK PER 20 | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4918 | VENOUS PRESSURE CLAMP HEMODIAL EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4913 | MISCELLANEOUS DIALYSIS SUPPLIES NOS | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4911 | DRAIN BAG/BOTTLE FOR DIALYSIS EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4890 | CONTRACTS REPR&MAINT HEMODIAL EQP | HCPCS - MED-SURG SUPPLIES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4870 | PLUMB &/ ELEC WRK HOM HEMODIAL EQP | HCPCS - MED-SURG SUPPLIES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4860 | DISPBL CATH TIP PERITON DIALYSIS-10 | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4802 | PROTAMINE SULFATE HEMODIAL-50 MG | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4774 | AMMONIA TEST STRIPS DIALYSIS PER 50 | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4773 | OCCULT BLD TEST STRIPS DIALYSIS-50 | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4772 | BLD GLU TEST STRIPS DIALYSIS PER 50 | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4771 | SERUM CLOT TIME TUBE DIALYSIS-50 | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4770 | BLD COLLECTION TUBE VAC DIALYSIS-50 | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4766 | DIALYSATE SOL PERITON DIALYSIS-10ML | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4765 | DIALYSATE POWDER PERITON DIALYSIS | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | A4760 | DIALYSATE SOL TST KIT PERITON EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4755 | BLD TUBING ART&VENOUS HEMODIAL EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4750 | BLD TUBING ART/VENOUS HEMODIAL EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4740 | SHUNT ACCESSRY HEMODIAL ANY TYPE EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4737 | INJ ANESTHETIC DIALYSIS PER 10 ML | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4736 | TOPICAL ANESTHETIC DIALYSIS PER G | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4730 | FIST CANNULAT SET HEMODIALYSIS EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4728 | DIALYSAT SOL NO-DXTRS CNTAIN 500 ML | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4726 | DIALYSATE DEXTROSE FLGT 5999 CC PD | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4725 | DIALYSATE FLGT 4999LT EQU 5999CC DIALYSIS | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4724 | DIALYSATE FLGT 3999LT EQU 4999CC DIALYSIS | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4723 | DIALYSATE FLGT 2999LT EQU 3999CC DIALYSIS | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4722 | DIALYSATE FLGT 1999LT EQU 2999CC DIALYSIS | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4721 | DIALYSATE FLGT 999LT EQU 1999CC DIALYSIS | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4720 | DIALYSATE FLGT 249LT EQU 999 CC DIALYSIS | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4719 | Y SET TUBING PERITONEAL DIALYSIS | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | A4714 | TREATED H2O PERITON DIALYSIS-GALLON | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4709 | ACID CONC SOL HEMODIAL-GALLON | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4708 | ACTAT CONC SOL HEMODIAL-GALLON | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4707 | BICARBONAT CONC PWDR HEMODIAL-PCKET | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4706 | BICARBONATE CONC SOL HEMODIAL-GAL | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4690 | DIALYZER ALL TYPES SZS HEMODIAL EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4680 | ACTIVATED CARBON FILTER HEMODIAL EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4674 | CHEMS/ANTISPTC SOL CLEAN/STERL 8OZ | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4673 | EXT LINE W/EASY LOCK CNCTR DIALYSIS | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4672 | DRAIN EXT LINE STERILE DIALYSIS EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4671 | DISPBL CYCLR SET USED W/CYCLR DIALY | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4653 | PERITON DIALYSIS CATH ANCHR BELT EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4652 | MICROCAPILLARY TUBE SEALANT | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4651 | CALIBRATED MICROCAPILLARY TUBE EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4650 | IMPLANTABLE RADIATION DOSIMETER EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4648 | TISSUE MARKER IMPLANTBL ANY TYPE EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | A4642 | IN-111 SATUMOMB PENDETID DX TO 6MCI | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4641 | RADIOPHARMACEUTICAL DIAGNOSTIC NOC | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4639 | REPL PAD INFRARD HEATING PAD SYS EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4638 | REPL BATT PT-OWND EAR PULSE GEN EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4634 | REPLCMT BULB TX LGHT BOX TABOP MDL | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4633 | REPLCMT BULB/LAMP UV LGHT TX SYS EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4625 | TRACHEOST CARE KIT NEW TRACHEOST | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4620 | VARIABLE CONCENTRATION MASK | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4618 | BREATHING CIRCUITS | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4617 | MOUTHPIECE | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4616 | TUBING PER FOOT | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4614 | PEAK EXPIRATORY FLW METER HAND HELD | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4613 | BATTRY CHARGER; REPL PT-OWNED VENT | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4612 | BATTRY CABLES; REPL PT-OWNED VENT | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4611 | BATTRY HEVY DUTY; REPL PT-OWND VENT | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4608 | TRANSTRACHEAL OXYGEN CATHETER EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | A4602 | REPL BA EXT IP OWND PT LI 1.5 V EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4601 | LIB RECHARG NONPROSTHETIC USE REPL | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4600 | SLEEVE INTERMITT LIMB COMP REPL EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4596 | CES SYS SUP & ACCESSORIES PER MONTH | HCPCS - MED-SURG SUPPLIES | YES | 10/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4590 | SPECIAL CASTING MATERIAL | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4580 | CAST SUPPLIES | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4575 | TOPICAL HYPRBR OXYGEN CHAMB DISPBL | HCPCS - MED-SURG SUPPLIES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4570 | SPLINTS | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4562 | PESSARY REUSABLE NON RUBBER | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4560 | NMES DISP REPLC ONLY | HCPCS - MED-SURG SUPPLIES | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4559 | COUPLING GEL/PASTE W/US DEVC PER OZ | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4553 | NON-DISPOSABLE UNDERPADS ALL SIZES | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4550 | SURGICAL TRAYS | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4542 | SUPPL&ACC EXT UPPR LIMB TREMOR STIM | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4541 | MONTHLY SUPPLIES USE DVC CODE E0733 | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4540 | DISTAL TRANSCUT ELECTRICAL NRV STIM | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | A4520 | INCONTINENCE GARMENT ANY TYPE EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4510 | SURGICAL STOCKING FULL-LENGTH EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4500 | SURG STOCKING BELOW KNEE LENGTH EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4495 | SURGICAL STOCKING THIGH LENGTH EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4490 | SURG STOCKING ABOVE KNEE LENGTH EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4480 | VABRA ASPIRATOR | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4470 | GRAVLEE JET WASHER | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4468 | EXSUFFLATION BELT INCL ALL SUPL&ACC | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4461 | SURG DRESSING HOLDR NON-REUSABLE EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4458 | ENEMA BAG WITH TUBING REUSABLE | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4457 | ENEM TUBE W/WO ADPT ANY RPL ONLY EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4437 | IRRIGATION SUPPLY SLV DISP PER MNTH | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4436 | IRRIGATION SUPPLY SLV REUSE PER MTH | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4435 | OST POUCH DRN HI OP EXT WR BARR EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4354 | INSRTION TRAY W/DRN BAG W/O CATH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4346 | INDWLL CATH; FOLY 3-WAY CONT IRRIG | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | A4342 | ACC PT INS ID IU DRN DVC V REPLC EA | HCPCS - MED-SURG SUPPLIES | NO | 04/01/2023 | 04/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4341 | INDWLL IU D DVC V PT INS REPLC EA | HCPCS - MED-SURG SUPPLIES | NO | 04/01/2023 | 04/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4337 | INCONT SPL RECTAL INSRT ANY TYPE EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4336 | INCONT SUPPLY URETHRAL INSERT EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4335 | INCONTINENCE SUPPLY; MISCELLANEOUS | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4321 | THERAPEUTIC AGT URIN CATH IRRIG | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4306 | DISPOSABL RX DEL SYS FLW LT 50 ML HR | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4305 | DISPBL RX DEL SYS RATE 50 ML/GT -HR | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4301 | IMPL ACSS TOTAL CATH PORT/RESERVOIR | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4300 | IMPL ACSS CATHETER EXTERNAL ACCESS | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4290 | SACRAL NERVE STIM TEST LEAD EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4286 | LOCKING RING BREAST PUMP REPLACMENT | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4283 | CAP BREAST PUMP BOTTLE REPLACEMENT | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4282 | ADAPTER FOR BREAST PUMP REPLACEMENT | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4281 | TUBING FOR BREAST PUMP REPLACEMENT | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4280 | ADHES SKN SUPP ATTCH BRST PROSTH EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | A4270 | DISPOSABLE ENDOSCOPE SHEATH EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4266 | DIAPHRAGM FOR CONTRACEPTIVE USE | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4264 | PERM IMPL CONTRCPTV TUBAL OCCL DEV | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4263 | PERM NONDISSOLV LAC DUCT IMPL EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4262 | TEMP ABSORB LAC DUCT IMPLANT EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4261 | CERVICAL CAP FOR CONTRACEPTIVE USE | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4259 | LANCETS PER BOX OF 100 | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4258 | SPRING-POWERED DEVICE LANCET EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4257 | REPL LENS SHIELD CARTRIDGE LASR SKN | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4256 | NORMAL LOW&HI CALIBRATOR SOL/CHIPS | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4255 | PLATFORMS HOM BLD GLU MON 50-BOX | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4253 | BLD GLU TST/REAGT STRIPS HOM MON-50 | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4247 | BETADINE/IODINE SWABS/WIPES PER BOX | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4239 | SPLY ALW NONIMPL CGM 1 MO SPEQU 1 UOS | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4238 | SPL ALW ADJ NI CGM 1 MO SPL EQU 1 UOS | HCPCS - MED-SURG SUPPLIES | NO | 03/31/2022 | 03/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4226 | S MNT INS IP DR ADJ TX CNT G SNS PW | HCPCS-MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | A4218 | STERL SALINE/WATR METRD DOSE 10 ML | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4209 | SYRINGE W/NEEDLE STERILE 5 CC/GT EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A4207 | SYRINGE W/NEEDLE STERILE 2 CC EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A2023 | INNOVAMATRIX PD 1 MG | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A2022 | INNOVABURN/INNOVAMTRX XL PER SQ CM | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A2021 | NEOMATRIX PER SQ CM | HCPCS - MED-SURG SUPPLIES | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A2020 | AC5 ADVANCED WOUND SYSTEM | HCPCS - MED-SURG SUPPLIES | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A2019 | KERECIS OMEGA3 MARIGEN SHLD PER CM2 | HCPCS - MED-SURG SUPPLIES | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A2018 | PERMEADERM C PER SQ CM | HCPCS - MED-SURG SUPPLIES | YES | 10/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A2017 | PERMEADERM GLOVE EACH | HCPCS - MED-SURG SUPPLIES | YES | 10/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A2016 | PERMEADERM B PER SQ CM | HCPCS - MED-SURG SUPPLIES | YES | 10/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A2015 | PHOENIX WOUND MATRIX PER SQ CM | HCPCS - MED-SURG SUPPLIES | YES | 10/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A2014 | OMEZA COLLAGEN MATRIX PER 100 MG | HCPCS - MED-SURG SUPPLIES | YES | 10/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A2013 | INNOVAMATRIX FS PER SQ CM | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A2012 | SUPRATHEL PER SQ CM | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A2011 | SUPRA SDRM PER SQ CM | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | A2010 | APIS PER SQ CM | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A2009 | SYMPHONY PER SQ CM | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A2008 | THERAGENESIS PER SQ CM | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A2007 | RESTRATA PER SQ CM | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A2006 | NOVOSORB SYNPATH DERML MATRIX SQ CM | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A2005 | MICROLYTE MATRIX PER SQ CM | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A2004 | XCELLISTEM PER SQ CM | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A2003 | BIO-CONNEKT WOUND MATRIX PER SQ CM | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A2002 | MIRRAGEN ADVANCE WOUND MATRIX SQ CM | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A2001 | INNOVAMATRIX AC PER SQ CM | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A0998 | AMBULANCE RSPN&TREATMENT NO TRNSPRT | HCPCS - TRANSPORTATION (INCL A | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A0225 | AMB SRVC NEONAT TRNSPRT EMERG 1 WAY | HCPCS - TRANSPORTATION (INCL A | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A0210 | NONEMERG TRNSPRT: MEALS-ESCORT | HCPCS - TRANSPORTATION (INCL A | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A0200 | NONEMERG TRNSPRT: LODGING-ESCORT | HCPCS - TRANSPORTATION (INCL A | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A0190 | NONEMERG TRNSPRT: MEALS-RECIP | HCPCS - TRANSPORTATION (INCL A | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A0180 | NONEMERG TRNSPRT: LODGING-RECIP | HCPCS - TRANSPORTATION (INCL A | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | A0170 | TRNSPRT ANCILLRY: PARK FEE TOLL OTH | HCPCS - TRANSPORTATION (INCL A | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A0160 | NONEMERG TRNSPRT:MILE-CASE/SOCL WRK | HCPCS - TRANSPORTATION (INCL A | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | A0110 | NONEMERG TRNSPRT&BUS INTERSTATE | HCPCS - TRANSPORTATION (INCL A | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact ModivCare Solutions LLC for prior authorization of these services at HP Member services 1- 866-329-4701 |
| ABH of Illinois-Medicaid | A0080 | NONEMERG TRNSPRT VOLUN NOT VESTED | HCPCS - TRANSPORTATION (INCL A | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99607 | MTMS BY PHARM ADDL 15 MIN | MEDICINE - MEDICATION MANAGEME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99606 | MTMS BY PHARM EST 15 MIN | MEDICINE - MEDICATION MANAGEME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99605 | MTMS BY PHARM NP 15 MIN | MEDICINE - MEDICATION MANAGEME | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99600 | UNLISTED HOME VISIT SVC/PX | MEDICINE - HOME INFUSION PROCE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99512 | HOME VISIT FOR HEMODIALYSIS | MEDICINE - HOME HEALTH PROCEDU | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99511 | HOME VISIT FECAL/ENEMA MGMT | MEDICINE - HOME HEALTH PROCEDU | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99510 | HOME VISIT SING/M/FAM COUNS | MEDICINE - HOME HEALTH PROCEDU | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99509 | HOME VISIT DAY LIFE ACTIVITY | MEDICINE - HOME HEALTH PROCEDU | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99507 | HOME VISIT CATH MAINTAIN | MEDICINE - HOME HEALTH PROCEDU | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99506 | HOME VISIT IM INJECTION | MEDICINE - HOME HEALTH PROCEDU | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99505 | HOME VISIT STOMA CARE | MEDICINE - HOME HEALTH PROCEDU | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99504 | HOME VISIT MECH VENTILATOR | MEDICINE - HOME HEALTH PROCEDU | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 99503 | HOME VISIT RESP THERAPY | MEDICINE - HOME HEALTH PROCEDU | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99502 | HOME VISIT NB CARE | MEDICINE - HOME HEALTH PROCEDU | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99501 | HOME VISIT POSTNATAL | MEDICINE - HOME HEALTH PROCEDU | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99500 | HOME VISIT PRENATAL | MEDICINE - HOME HEALTH PROCEDU | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99498 | ADVNCD CARE PLAN ADDL 30 MIN | E & M - OTHER E/M SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99497 | ADVNCD CARE PLAN 30 MIN | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99496 | TRANSJ CARE MGMT HIGH F2F 7D | E & M - CARE PLAN OVERSIGHT SE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99495 | TRANSJ CARE MGMT MOD F2F 14D | E & M - CARE PLAN OVERSIGHT SE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99491 | CHRNC CARE MGMT PHYS 1ST 30 | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99490 | CHRNC CARE MGMT STAFF 1ST 20 | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99489 | CPLX CHRNC CARE EA ADDL 30 | E & M - CARE PLAN OVERSIGHT SE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99487 | CPLX CHRNC CARE 1ST 60 MIN | E & M - CARE PLAN OVERSIGHT SE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99486 | SUPRV INTERFAC TRNSPORT ADDL | E & M - PATIENT TRANSPORT | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99485 | SUPRV INTERFACILTY TRANSPORT | E & M - PATIENT TRANSPORT | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99484 | CARE MGMT SVC BHVL HLTH COND | E & M - CARE PLAN OVERSIGHT | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99474 | SELF-MEAS BP 2 READG BID 30D | E & M-PEDIATRIC CRITICAL CARE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 99473 | SELF-MEAS BP PT EDUCAJ/TRAIN | E & M-PEDIATRIC CRITICAL CARE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99456 | DISABILITY EXAMINATION | E & M - SPECIAL E/M SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99455 | WORK RELATED DISABILITY EXAM | E & M - SPECIAL E/M SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99453 | REM MNTR PHYSIOL PARAM SETUP | E & M - SPECIAL E/M SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99452 | NTRPROF PH1/NTRNET/EHR RFRL | E & M - SPECIAL E/M SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99450 | BASIC LIFE DISABILITY EXAM | E & M - SPECIAL E/M SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99439 | CHRNC CARE MGMT STAF EA ADDL | E & M - PREVENTIVE MEDICINE SE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99437 | CHRNC CARE MGMT PHYS EA ADDL | MEDICINE-NON-FACE-TO-FACE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99429 | UNLISTED PREVENTIVE SERVICE | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99427 | PRIN CARE MGMT STAFF EA ADDL | E & M-PREVENTIVE MEDICINE SE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99426 | PRIN CARE MGMT STAFF 1ST 30 | E & M-PREVENTIVE MEDICINE SE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99425 | PRIN CARE MGMT PHYS EA ADDL | E & M-PREVENTIVE MEDICINE SE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99424 | PRIN CARE MGMT PHYS 1ST 30 | E & M-PREVENTIVE MEDICINE SE | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99418 | PROLNG IP/OBS E/M EA 15 MIN | E & M - PREVENTIVE MEDICINE SE | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99417 | PROLNG OP E/M EACH 15 MIN | E & M - PREVENTIVE MEDICINE SE | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99416 | PROLNG CLIN STAFF SVC EA ADD | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 99415 | PROLNG CLIN STAFF SVC 1ST HR | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99412 | PREVENTIVE COUNSELING GROUP | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99411 | PREVENTIVE COUNSELING GROUP | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99409 | AUDIT/DAST OVER 30 MIN | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99408 | AUDIT/DAST 15-30 MIN | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99404 | PREV MED CNSL INDIV APPRX 60 | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99403 | PREV MED CNSL INDIV APPRX 45 | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99402 | PREV MED CNSL INDIV APPRX 30 | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99380 | NURSING FAC CARE SUPERVISION | E & M - CARE PLAN OVERSIGHT SE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99379 | NURSING FAC CARE SUPERVISION | E & M - CARE PLAN OVERSIGHT SE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99378 | HOSPICE CARE SUPERVISION | E & M - CARE PLAN OVERSIGHT SE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99377 | HOSPICE CARE SUPERVISION | E & M - CARE PLAN OVERSIGHT SE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99375 | HOME HEALTH CARE SUPERVISION | E & M - CARE PLAN OVERSIGHT SE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99374 | HOME HEALTH CARE SUPERVISION | E & M - CARE PLAN OVERSIGHT SE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99368 | TEAM CONF W/O PAT BY HC PRO | E & M - INTERDISCIPLINARY CONF | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99367 | TEAM CONF W/O PAT BY PHYS | E & M - INTERDISCIPLINARY CONF | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 99366 | TEAM CONF W/PAT BY HC PROF | E & M - INTERDISCIPLINARY CONF | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99360 | PHYSICIAN STANDBY SERVICES | E & M - PROLONGED SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99359 | PROLONG SERV W/O CONTACT ADD | E & M - PROLONGED SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99358 | PROLONG SERVICE W/O CONTACT | E & M - PROLONGED SERVICES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99288 | DIRECT ADVANCED LIFE SUPPORT | E & M - EMERGENCY DEPARTMENT S | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99188 | APP TOPICAL FLUORIDE VARNISH | E & M - NON-FACE-TO-FACE SERVI | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99177 | OCULAR INSTRUMNT SCREEN BIL | MEDICINE - OTHER SERVICES AND | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99175 | INDUCTION OF VOMITING | MEDICINE - OTHER SERVICES AND | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99140 | ANES COMP EMERGENCY COND | MEDICINE - QUALIFYING CIRCUMST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99135 | ANES COMP CTRLD HYPOTENSION | MEDICINE - QUALIFYING CIRCUMST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99116 | ANES COMP TOT BDY HYPTHRM | MEDICINE - QUALIFYING CIRCUMST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99100 | ANES PT EXTEME AGELT 1 YR&GT 70 | MEDICINE - QUALIFYING CIRCUMST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99091 | COLLJ & INTERPJ DATA EA 30 D | MEDICINE - SPECIAL SERVICES, P | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99080 | SPECIAL REPORTS OR FORMS | MEDICINE - SPECIAL SERVICES, P | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99078 | GROUP HEALTH EDUCATION | MEDICINE - SPECIAL SERVICES, P | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99075 | MEDICAL TESTIMONY | MEDICINE - SPECIAL SERVICES, P | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 99072 | ADDL SUPL MATRL&STAF TM PHE | MEDICINE - SPECIAL SERVICES, P | YES | 09/08/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99071 | PATIENT EDUCATION MATERIALS | MEDICINE - SPECIAL SERVICES, P | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99060 | OUT OF OFFICE EMERG MED SERV | MEDICINE - SPECIAL SERVICES, P | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99053 | MED SERV 10PM-8AM 24 HR FAC | MEDICINE - SPECIAL SERVICES, P | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99051 | MED SERV EVE/WKEND/HOLIDAY | MEDICINE - SPECIAL SERVICES, P | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99050 | MEDICAL SERVICES AFTER HRS | MEDICINE - SPECIAL SERVICES, P | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99027 | OUT-OF-HOSP ON CALL SERVICE | MEDICINE - SPECIAL SERVICES, P | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99026 | IN-HOSPITAL ON CALL SERVICE | MEDICINE - SPECIAL SERVICES, P | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99024 | POSTOP FOLLOW-UP VISIT | MEDICINE - SPECIAL SERVICES, P | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99002 | DEVICE HANDLING PHYS/QHP | MEDICINE - SPECIAL SERVICES, P | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99001 | SPECIMEN HANDLING PT-LAB | MEDICINE - SPECIAL SERVICES, P | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 99000 | SPECIMEN HANDLING OFFICE-LAB | MEDICINE - SPECIAL SERVICES, P | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 98943 | CHIROPRACT MANJ XTRSPINL 1/GT | MEDICINE - CHIROPRACTIC MANIPU | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 97804 | MEDICAL NUTRITION GROUP | MEDICINE - MEDICAL NUTRITION T | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 97803 | MED NUTRITION INDIV SUBSEQ | MEDICINE - MEDICAL NUTRITION T | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 97802 | MEDICAL NUTRITION INDIV IN | MEDICINE - MEDICAL NUTRITION T | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 97763 | ORTHC/PROSTC MGMT SBSQ ENC | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 97761 | PROSTHETIC TRAING 1ST ENC | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 97760 | ORTHOTIC MGMT&TRAING 1ST ENC | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 97755 | ASSISTIVE TECHNOLOGY ASSESS | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 97552 | GROUP CAREGIVER TRAINING | MEDICINE - PHYSICAL MEDICINE A | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 97551 | CAREGIVER TRAING EA ADDL 15 | MEDICINE - PHYSICAL MEDICINE A | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 97550 | CAREGIVER TRAING 1ST 30 MIN | MEDICINE - PHYSICAL MEDICINE A | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 97546 | WORK HARDENING ADD-ON | MEDICINE - PHYSICAL MEDICINE A | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 97172 | ATHLETIC TRN RE-EVAL PLAN CR | MEDICINE - PHYSICAL MEDICINE A | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 97171 | ATHLETIC TRN EVAL HIGH CMPLX | MEDICINE - PHYSICAL MEDICINE A | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 97170 | ATHLETIC TRN EVAL MOD CMPLX | MEDICINE - PHYSICAL MEDICINE A | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 97169 | ATHLETIC TRN EVAL LOW CMPLX | MEDICINE - PHYSICAL MEDICINE A | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 97168 | OT RE-EVAL EST PLAN CARE | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 97130 | THER IVNTJ EA ADDL 15 MIN | MEDICINE-PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 97129 | THER IVNTJ 1ST 15 MIN | MEDICINE-PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 97037 | APPL MODALITY 1+LLLT PO PAIN | MEDICINE - PHYSICAL MEDICINE A | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 96904 | WHOLE BODY PHOTOGRAPHY | MEDICINE - SPECIAL DERMATOLOGI | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 96567 | PDT DSTR PRMLG LES SKN | MEDICINE - PHOTODYNAMIC THERAP | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 96548 | NTRAOP HIPEC PX EA ADD 30MIN | MEDICINE - INJECTION | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 96547 | INTRAOP HIPEC PX 1ST 60 MIN | MEDICINE - INJECTION | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 96523 | IRRIG DRUG DELIVERY DEVICE | MEDICINE - CHEMOTHERAPY ADMINI | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 96381 | ADMN RSV MONOC ANTB IM NJX | MEDICINE - INJECTION | NO | 10/06/2023 | 10/06/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 96380 | ADMN RSV MONOC ANTB IM CNSL | MEDICINE - INJECTION | NO | 10/06/2023 | 10/06/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 96203 | MLT FAM GRP BHV TRAIN EA ADD | MEDICINE - NEUROLOGY AND NEURO | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 96202 | MLT FAM GRP BHV TRAIN 1ST 60 | MEDICINE - NEUROLOGY AND NEURO | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 96171 | HLTH BHV IVNTJ FAM W/O PT EA | MEDICINE-HEALTH & BEHAVIOR | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 96121 | NUBHVL XM PHY/QHP EA ADDL HR | MEDICINE - CENTRAL NERVOUS SYS | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 96116 | NUBHVL XM PHYS/QHP 1ST HR | MEDICINE - NEUROLOGY AND NEURO | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 95941 | IONM REMOTE/GT 1 PT OR PER HR | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 93895 | CAROTID INTIMA ATHEROMA EVAL | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 92633 | AUD REHAB POSTLING HEAR LOSS | MEDICINE - SPECIAL OTORHINOLAR | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 92630 | AUD REHAB PRE-LING HEAR LOSS | MEDICINE - SPECIAL OTORHINOLAR | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 92371 | RPR&REFIT SPCT PRSTH APHAKIA | MEDICINE - OPHTHALMOLOGY | YES | 12/01/2020 | 12/31/2078 | Other | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 92358 | APHAKIA PROSTH SERVICE TEMP | MEDICINE - OPHTHALMOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 92355 | FITG SPECT LW VIS CMPND LENS | MEDICINE - OPHTHALMOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 92354 | FITG SPECT LOW VIS 1SYSTEM | MEDICINE - OPHTHALMOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 92353 | FIT APHAKIA SPECTCL MULTIFOC | MEDICINE - OPHTHALMOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 92352 | FIT APHAKIA SPECTCL MONOFOCL | MEDICINE - OPHTHALMOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 92342 | FIT SPECTACLES MULTIFOCAL | MEDICINE - OPHTHALMOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 92326 | REPLACEMENT OF CONTACT LENS | MEDICINE - OPHTHALMOLOGY | YES | 12/01/2020 | 12/31/2078 | Other | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 92325 | MODIFICATION OF CONTACT LENS | MEDICINE - OPHTHALMOLOGY | YES | 12/01/2020 | 12/31/2078 | Other | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 92317 | C-LENS FITG TECH CORNEOSCLRL | MEDICINE - OPHTHALMOLOGY | YES | 12/01/2020 | 12/31/2078 | Other | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 92316 | C-LENS FITG TECH APHAKIA OU | MEDICINE - OPHTHALMOLOGY | YES | 12/01/2020 | 12/31/2078 | Other | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 92315 | C-LENS FITG TECH APHAKIA 1 | MEDICINE - OPHTHALMOLOGY | YES | 12/01/2020 | 12/31/2078 | Other | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 92314 | C-LENS FITG TECH OU | MEDICINE - OPHTHALMOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 92313 | C-LENS FITG CORNEOSCLRL LENS | MEDICINE - OPHTHALMOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 92312 | CONTACT LENS FITG APHAKIA OU | MEDICINE - OPHTHALMOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 92311 | CONTACT LENS FITG APHAKIA 1 | MEDICINE - OPHTHALMOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 90993 | DIALYSIS TRAINING INCOMPL | MEDICINE - DIALYSIS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90989 | DIALYSIS TRAINING COMPLETE | MEDICINE - DIALYSIS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90901 | BIOFEEDBACK TRAIN ANY METH | MEDICINE - BIOFEEDBACK | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90889 | PREPARATION OF REPORT | MEDICINE - PSYCHIATRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90885 | PSY EVALUATION OF RECORDS | MEDICINE - PSYCHIATRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90880 | HYPNOTHERAPY | MEDICINE - PSYCHIATRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90846 | FAMILY PSYTX W/O PT 50 MIN | MEDICINE - PSYCHIATRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90758 | ZAIRE EBOLAVIRUS VAC LIVE IM | MEDICINE - VACCINES, TOXOIDS | NO | 07/01/2021 | 07/01/2021 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90748 | HIB-HEPB VACCINE IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90733 | MPSV4 VACCINE SUBQ | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90689 | VACC IIV4 NO PRSRV 0.25 ML IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90676 | RABIES VACCINE ID | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 90673 | RIV3 VACCINE NO PRESERV IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90668 | IIV VACCINE PANDEMIC IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90667 | IIV VACC PANDEMIC ADJUVT IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90666 | FLU VAC PANDEM PRSRV FREE IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90664 | LAIV VACC PANDEMIC INTRANASL | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90660 | LAIV3 VACCINE INTRANASAL | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90658 | IIV3 VACCINE SPLT 0.5 ML IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90657 | IIV3 VACCINE SPLT 0.25 ML IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90656 | IIV3 VACC NO PRSV 0.5 ML IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90655 | IIV3 VACC NO PRSV 0.25 ML IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90650 | 2VHPV VACCINE 3 DOSE IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90649 | 4VHPV VACCINE 3 DOSE IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90644 | HIB-MENCY VACCINE 4 DOSE IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90634 | HEPA VACC PED/ADOL 3 DOSE | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90626 | TIC-BRN ENCEPH VAC 0.25ML IM | MEDICINE - VACCINES, TOXOIDS | NO | 07/01/2021 | 07/01/2021 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90622 | VACCINIA VRS VAC 0.3 ML PERQ | MEDICINE - VACCINES, TOXOIDS | NO | 07/26/2022 | 07/26/2022 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 90586 | BCG VACCINE INTRAVESICAL | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90584 | DENGUE VACC QUAD 2 DOSE SUBQ | MEDICINE - VACCINES, TOXOIDS | YES | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90581 | ANTHRAX VACCINE SC OR IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90477 | ADENOVIRUS VACCINE TYPE 7 | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90476 | ADENOVIRUS VACCINE TYPE 4 | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90474 | IMMUNE ADMIN ORAL/NASAL ADDL | MEDICINE - IMMUNIZATION ADMINI | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90473 | IMMUNE ADMIN ORAL/NASAL | MEDICINE - IMMUNIZATION ADMINI | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90472 | IMMUNIZATION ADMIN EACH ADD | MEDICINE - IMMUNIZATION ADMINI | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90471 | IMMUNIZATION ADMIN | MEDICINE - IMMUNIZATION ADMINI | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90396 | VARICELLA-ZOSTER IG IM | MEDICINE - IMMUNE GLOBULINS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90389 | TETANUS IG IM | MEDICINE - IMMUNE GLOBULINS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90378 | RSV MAB IM 50MG | MEDICINE - IMMUNE GLOBULINS | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90296 | DIPHTHERIA ANTITOXIN | MEDICINE - IMMUNE GLOBULINS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90291 | CMV IG IV | MEDICINE - IMMUNE GLOBULINS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90288 | BOTULISM IG IV | MEDICINE - IMMUNE GLOBULINS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90287 | BOTULINUM ANTITOXIN | MEDICINE - IMMUNE GLOBULINS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 90284 | HUMAN IG SC | MEDICINE - IMMUNE GLOBULINS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90283 | HUMAN IG IV | MEDICINE - IMMUNE GLOBULINS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 90281 | HUMAN IG IM | MEDICINE - IMMUNE GLOBULINS | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 9007F | OTHER CAROT STEN 120 DAYS/GT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 9006F | SYMPT STEN-TIA/STRKLT 120DAYS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 9005F | ASYMPT CAROT/VRTBRBAS STEN | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 9004F | AORTIC ANRYSM 6/GT CM DIAM | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 9003F | AORTIC ANRYSM5.5-5.9CM DIAM | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 9002F | AORTIC ANEURYSM 5-5.4CM DIAM | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 9001F | AORTIC ANEURYSMLT 5CM DIAM CT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 89398 | UNLISTED REPROD MED LAB PROC | PATH & LAB - OTHER PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 89356 | THAWING CRYOPRESRVED OOCYTE | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 89354 | THAW CRYOPRSVRD REPROD TISS | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 89353 | THAWING CRYOPRESRVED SPERM | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 89352 | THAWING CRYOPRESRVED EMBRYO | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 89346 | STORAGE/YEAR OOCYTE(S) | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 89344 | STORAGE/YEAR REPROD TISSUE | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 89343 | STORAGE/YEAR SPERM/SEMEN | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 89342 | STORAGE/YEAR EMBRYO(S) | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 89337 | CRYOPRESERVATION OOCYTE (S) | PATH & LAB - IMMUNOLOGY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 89335 | CRYOPRESERVE TESTICULAR TISS | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 89331 | RETROGRADE EJACULATION ANAL | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 89330 | EVALUATION CERVICAL MUCUS | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 89329 | SPERM EVALUATION TEST | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 89325 | SPERM ANTIBODY TEST | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 89322 | SEMEN ANAL STRICT CRITERIA | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 89320 | SEMEN ANAL VOL/COUNT/MOT | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 89291 | BIOPSY OOCYTE POLAR BODY | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 89290 | BIOPSY OOCYTE POLAR BODY LT EQU 5 | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 89281 | ASSIST OOCYTE FERTILIZATION | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 89280 | ASSIST OOCYTE FERTILIZATION | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 89272 | EXTENDED CULTURE OF OOCYTES | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 89268 | INSEMINATION OF OOCYTES | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 89264 | IDENTIFY SPERM TISSUE | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 89261 | SPERM ISOLATION COMPLEX | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 89260 | SPERM ISOLATION SIMPLE | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 89259 | CRYOPRESERVATION SPERM | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 89258 | CRYOPRESERVATION EMBRYO (S) | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 89257 | SPERM IDENTIFICATION | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 89255 | PREPARE EMBRYO FOR TRANSFER | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 89254 | OOCYTE IDENTIFICATION | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 89253 | EMBRYO HATCHING | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 89251 | CULTR OOCYTE/EMBRYO LT 4 DAYS | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 89250 | CULTR OOCYTE/EMBRYO LT 4 DAYS | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 88749 | UNLISTED IN VIVO LAB SERVICE | PATH & LAB - TRANSCUTANEOUS PR | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 88241 | FROZEN CELL PREPARATION | PATH & LAB - CYTOGENETIC STUDI | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 88240 | CELL CRYOPRESERVE/STORAGE | PATH & LAB - CYTOGENETIC STUDI | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 88099 | UNLISTED NECROPSY (AUTOPSY) | PATH & LAB - ANATOMIC PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 88045 | CORONERS AUTOPSY (NECROPSY) | PATH & LAB - ANATOMIC PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 88040 | FORENSIC AUTOPSY (NECROPSY) | PATH & LAB - ANATOMIC PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 88037 | LIMITED AUTOPSY | PATH & LAB - ANATOMIC PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 88036 | LIMITED AUTOPSY | PATH & LAB - ANATOMIC PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 88029 | AUTOPSY (NECROPSY) COMPLETE | PATH & LAB - ANATOMIC PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 88028 | AUTOPSY (NECROPSY) COMPLETE | PATH & LAB - ANATOMIC PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 88027 | AUTOPSY (NECROPSY) COMPLETE | PATH & LAB - ANATOMIC PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 88025 | AUTOPSY (NECROPSY) COMPLETE | PATH & LAB - ANATOMIC PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 88020 | AUTOPSY (NECROPSY) COMPLETE | PATH & LAB - ANATOMIC PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 88016 | AUTOPSY (NECROPSY) GROSS | PATH & LAB - ANATOMIC PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 88014 | AUTOPSY (NECROPSY) GROSS | PATH & LAB - ANATOMIC PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 88012 | AUTOPSY (NECROPSY) GROSS | PATH & LAB - ANATOMIC PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 88007 | AUTOPSY (NECROPSY) GROSS | PATH & LAB - ANATOMIC PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 88005 | AUTOPSY (NECROPSY) GROSS | PATH & LAB - ANATOMIC PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 88000 | AUTOPSY (NECROPSY) GROSS | PATH & LAB - ANATOMIC PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 87153 | DNA/RNA SEQUENCING | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 87152 | CULTURE TYPE PULSE FIELD GEL | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 87150 | DNA/RNA AMPLIFIED PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 87149 | DNA/RNA DIRECT PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 87118 | MYCOBACTERIC IDENTIFICATION | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 87107 | FUNGI IDENTIFICATION MOLD | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 87106 | FUNGI IDENTIFICATION YEAST | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 87077 | CULTURE AEROBIC IDENTIFY | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 87076 | CULTURE ANAEROBE IDENT EACH | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 87073 | CULTURE BACTERIA ANAEROBIC | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 87071 | CULTURE AEROBIC QUANT OTHER | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 86960 | VOL REDUCTION OF BLOOD/PROD | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 86932 | FROZEN BLOOD FREEZE/THAW | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 86931 | FROZEN BLOOD THAW | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 86930 | FROZEN BLOOD PREP | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 86927 | PLASMA FRESH FROZEN | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 86923 | COMPATIBILITY TEST ELECTRIC | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 86386 | NUCLEAR MATRIX PROTEIN 22 | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 86317 | IMMUNOASSAY INFECTIOUS AGENT | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 86171 | COMPLEMENT FIXATION EACH | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 86152 | CELL ENUMERATION & ID | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 84830 | OVULATION TESTS | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 84431 | THROMBOXANE URINE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 83987 | EXHALED BREATH CONDENSATE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 82523 | COLLAGEN CROSSLINKS | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 81595 | CARDIOLOGY HRT TRNSPL MRNA | PATH & LAB - MICROBIOLOGY | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 81560 | TRNSPLJ PD LVR&BWL CD154+CLL | PATH & LAB - MICROBIOLOGY | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 81552 | ONC UVEAL MLNMA MRNA 15 GENE | PATH & LAB-MULTIANALYTE ASSAYS | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 81551 | ONC PROSTATE 3 GENES | PATH & LAB - MICROBIOLOGY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 81540 | ONCOLOGY TUM UNKNOWN ORIGIN | PATH & LAB - MICROBIOLOGY | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 81539 | ONCOLOGY PROSTATE PROB SCORE | PATH & LAB - MICROBIOLOGY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 81538 | ONCOLOGY LUNG | PATH & LAB - MICROBIOLOGY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 81525 | ONCOLOGY COLON MRNA | PATH & LAB - MICROBIOLOGY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 81504 | ONCOLOGY TISSUE OF ORIGIN | PATH & LAB - CYTOGENETIC STUDI | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 81493 | COR ARTERY DISEASE MRNA | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 81490 | AUTOIMMUNE RA ALYS 12 BMRK | PATH & LAB - CYTOGENETIC STUDI | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 81464 | SO GSAP CLL FR MCRSTL INS | PATH & LAB - MICROBIOLOGY | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 81463 | SO GSAP CL FR CPY NMBR&MCRST | PATH & LAB - MICROBIOLOGY | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 81462 | SO GSAP CLL FR DNA/DNA&RNA | PATH & LAB - MICROBIOLOGY | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 81459 | SO NEO GSAP DNA/DNA&RNA | PATH & LAB - MICROBIOLOGY | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 81458 | SO GSAP DNA CPY NMBR&MCRSTL | PATH & LAB - MICROBIOLOGY | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 81457 | SO NEO GSAP DNA MCRSTL INS | PATH & LAB - MICROBIOLOGY | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80377 | DRUG/SUBSTANCE NOS 7/MORE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80376 | DRUG/SUBSTANCE NOS 4-6 | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80375 | DRUG/SUBSTANCE NOS 1-3 | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80374 | STEREOISOMER ANALYSIS | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80373 | DRUG SCREENING TRAMADOL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80372 | DRUG SCREENING TAPENTADOL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80371 | STIMULANTS SYNTHETIC | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 80370 | SKEL MUSC RELAXANT 3 OR MORE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80369 | SKELETAL MUSCLE RELAXANT 1/2 | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80368 | SEDATIVE HYPNOTICS | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80367 | DRUG SCREENING PROPOXYPHENE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80366 | DRUG SCREENING PREGABALIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80365 | DRUG SCREENING OXYCODONE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80364 | OPIOID &OPIATE ANALOG 5/MORE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80363 | OPIOIDS & OPIATE ANALOGS 3/4 | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80362 | OPIOIDS & OPIATE ANALOGS 1/2 | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80361 | OPIATES 1 OR MORE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80360 | METHYLPHENIDATE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80359 | METHYLENEDIOXYAMPHETAMINES | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80358 | DRUG SCREENING METHADONE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80357 | KETAMINE AND NORKETAMINE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80356 | HEROIN METABOLITE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80355 | GABAPENTIN NON-BLOOD | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 80354 | DRUG SCREENING FENTANYL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80353 | DRUG SCREENING COCAINE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80352 | CANNABINOID SYNTHETIC 7/MORE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80351 | CANNABINOIDS SYNTHETIC 4-6 | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80350 | CANNABINOIDS SYNTHETIC 1-3 | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80349 | CANNABINOIDS NATURAL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80348 | DRUG SCREENING BUPRENORPHINE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80347 | BENZODIAZEPINES 13 OR MORE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80346 | BENZODIAZEPINES1-12 | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80345 | DRUG SCREENING BARBITURATES | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80344 | ANTIPSYCHOTICS NOS 7/MORE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80343 | ANTIPSYCHOTICS NOS 4-6 | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80342 | ANTIPSYCHOTICS NOS 1-3 | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80341 | ANTIEPILEPTICS NOS 7/MORE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80340 | ANTIEPILEPTICS NOS 4-6 | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80339 | ANTIEPILEPTICS NOS 1-3 | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 80338 | ANTIDEPRESSANT NOT SPECIFIED | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80337 | TRICYCLIC & CYCLICALS 6/MORE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80336 | ANTIDEPRESSANT TRICYCLIC 3-5 | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80335 | ANTIDEPRESSANT TRICYCLIC 1/2 | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80334 | ANTIDEPRESSANTS CLASS 6/MORE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80333 | ANTIDEPRESSANTS CLASS 3-5 | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80332 | ANTIDEPRESSANTS CLASS 1 OR 2 | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80331 | ANALGESICS NON-OPIOID 6/MORE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80330 | ANALGESICS NON-OPIOID 3-5 | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80329 | ANALGESICS NON-OPIOID 1 OR 2 | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80328 | ANABOLIC STEROID 3 OR MORE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80327 | ANABOLIC STEROID 1 OR 2 | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80326 | AMPHETAMINES 5 OR MORE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80325 | AMPHETAMINES 3OR 4 | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80324 | DRUG SCREEN AMPHETAMINES 1/2 | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80323 | ALKALOIDS NOS | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 80322 | ALCOHOLS BIOMARKERS 3/MORE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80321 | ALCOHOLS BIOMARKERS 1OR 2 | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80320 | DRUG SCREEN QUANTALCOHOLS | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 80050 | GENERAL HEALTH PANEL | PATH & LAB - ORGAN OR DISEASE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 78808 | IV INJ RA DRUG DX STUDY | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 77399 | UNLISTED PX MED RADJ PHYSICS | RADIOLOGY - RADIATION ONCOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 77370 | RADIATION PHYSICS CONSULT | RADIOLOGY - RADIATION ONCOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 77338 | DESIGN MLC DEVICE FOR IMRT | RADIOLOGY - RADIATION ONCOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 77336 | RADIATION PHYSICS CONSULT | RADIOLOGY - RADIATION ONCOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 77334 | RADIATION TREATMENT AID(S) | RADIOLOGY - RADIATION ONCOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 77333 | RADIATION TREATMENT AID(S) | RADIOLOGY - RADIATION ONCOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 77332 | RADIATION TREATMENT AID(S) | RADIOLOGY - RADIATION ONCOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 77331 | SPECIAL RADIATION DOSIMETRY | RADIOLOGY - RADIATION ONCOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 77321 | SPECIAL TELETX PORT PLAN | RADIOLOGY - RADIATION ONCOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 77301 | RADIOTHERAPY DOSE PLAN IMRT | RADIOLOGY - RADIATION ONCOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 77300 | RADIATION THERAPY DOSE PLAN | RADIOLOGY - RADIATION ONCOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 77299 | UNLISTED PX THER RAD TX PLNG | RADIOLOGY - RADIATION ONCOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 77295 | 3-D RADIOTHERAPY PLAN | RADIOLOGY - RADIATION ONCOLOGY | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 77062 | BREAST TOMOSYNTHESIS BI | RADIOLOGY - RADIOLOGIC GUIDANC | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 77061 | BREAST TOMOSYNTHESIS UNI | RADIOLOGY - RADIOLOGIC GUIDANC | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 76145 | MED PHYSIC DOS EVAL RAD EXPS | RADIOLOGY - RADIATION ONCOLOGY | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 7025F | PT INFOSYS ALARM 4 NXT MAMMO | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 7020F | MAMMO ASSESS CAT IN DBASE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 7010F | PT INFO INTO RECALL SYSTEM | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 69990 | MICROSURGERY ADD-ON | SURGERY - OPERATING MICROSCOPE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 69300 | REVISE EXTERNAL EAR | SURGERY - AUDITORY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 67335 | EYE SUTURE DURING SURGERY | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 66990 | OPHTHALMIC ENDOSCOPE ADD-ON | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 65771 | RADIAL KERATOTOMY | SURGERY - EYE AND OCULAR ADNEX | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 65757 | PREP CORNEAL ENDO ALLOGRAFT | SURGERY - EYE AND OCULAR ADNEX | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 64598 | REVJ/RMVL NEA PN W/INT NSTIM | SURGERY - NERVOUS SYSTEM | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 64597 | INS/RPLCM PRQ ELTRD RA PN EA | SURGERY - NERVOUS SYSTEM | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 64596 | INS/RPLCMT PRQ ELTRD RA PN 1 | SURGERY - NERVOUS SYSTEM | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 62380 | NDSC DCMPRN 1 NTRSPC LUMBAR | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 6150F | PT NOTRCVNG1ST ANTITNF TXMNT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 6110F | COUNSEL PROV DRIVING RISKS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 6102F | SAFETY COUNSELING DEM ORDER | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 6101F | SAFETY COUNSELING DEMENTIA | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 6100F | VERIFY PT SITE PXD DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 6090F | PT/CAREGIVER COUNSEL SAFETY | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 6080F | PT/CAREGIVER QUERIED FALLS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 6070F | PT ASKED/CNSLD AED EFFECTS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 6045F | RADXPS IN END RPRT4FLURO PXD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 6040F | APPRO RAD DS DVCS TECHS DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 6030F | MAX STERILE BARRIERS FLWD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 6020F | NPO (NOTHING-MOUTH) ORDERED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 6015F | DYSPHAG TEST DONE B/4 EATING | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 6010F | DYSPHAG TEST DONE B/4 EATING | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 6005F | CARE LEVEL RATIONALE DOC | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 59051 | FETAL MONITOR/INTERPRET ONLY | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 58752 | REVISE OVARIAN TUBE(S) | SURGERY - FEMALE GENITAL SYSTE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 55980 | SEX TRANSFORMATION F TO M | SURGERY - INTERSEX SURGERY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 55970 | SEX TRANSFORMATION M TO F | SURGERY - INTERSEX SURGERY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 55870 | ELECTROEJACULATION | SURGERY - MALE GENITAL SYSTEM | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 54417 | REMV/REPLC PENIS PROS COMPL | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 54416 | REMV/REPL PENIS CONTAIN PROS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 54415 | REMOVE SELF-CONTD PENIS PROS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 54411 | REMOV/REPLC PENIS PROS COMP | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 54410 | REMOVE/REPLACE PENIS PROSTH | SURGERY - MALE GENITAL SYSTEM | YES | 08/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 54408 | REPAIR MULTI-COMP PENIS PROS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 54406 | REMOVE MUTI-COMP PENIS PROS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 53454 | TPRNL BALO CNTNC DEV ADJMT | SURGERY - URINARY SYSTEM | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 53453 | TPRNL BALO CNTNC DEV RMVL EA | SURGERY - URINARY SYSTEM | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 53452 | TPRNL BALO CNTNC DEV UNI | SURGERY - URINARY SYSTEM | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 53451 | TPRNL BALO CNTNC DEV BI | SURGERY - URINARY SYSTEM | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 5250F | ASTHMA DISCHARGE PLAN PRESNT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 5200F | EVAL APPROS SURG THXPY EPI | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 5100F | RSK FX REF W/N 24 HRS XRAY | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 5062F | MAMMO RESULT COM TO PT 5 DAY | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 5060F | FNDNGS MAMMO 2PT W/IN 3 DAYS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 5050F | PLAN 2 MAIN DR BY 1 MONTH | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 50328 | PREP RENAL GRAFT/ARTERIAL | SURGERY - URINARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 50325 | PREP DONOR RENAL GRAFT | SURGERY - URINARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 50323 | PREP CADAVER RENAL ALLOGRAFT | SURGERY - URINARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 5020F | TXMNTS 2 PHYS/QHP BY 1 MON | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 5015F | DOC FX & TEST/TXMNT FOR OP | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 5010F | MACUL RESULT PHY/QHP MNG DM | CATEGORY II CODES | NO | 11/30/2020 | 11/30/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 5005F | PT COUNSLD ON EXAM FOR MOLES | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 48551 | PREP DONOR PANCREAS | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 47145 | PREP DONOR LIVER LOBE SPLIT | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 47144 | PREP DONOR LIVER 3-SEGMENT | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 47143 | PREP DONOR LIVER WHOLE | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4563F | PT RECVD ASPIRIN W/IN 24 HRS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4562F | PT W/O CORONARY ARTERY STENT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4561F | PT W/ CORONARY ARTERY STENT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4560F | ANESTH W/O GEN/NEURAX ANESTH | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4559F | 1 BODYTEMP GT EQU 35.5CW/IN 30MIN | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4558F | PT RECVD 2 RX ANTI-EMET AGT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4557F | PT W/O 3+ POST-OPNAUSEA&VOM | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4556F | PT W/3+ POST-OP NAUSEA&VOM | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4555F | PT RECVD NO INHAL ANESTHIC | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4554F | PT RECVD INHAL ANESTHETIC | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4553F | PT ASST RE END LIFE ISSUES | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4552F | PT REF FOR SPEECH LANG PATH | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4551F | NUTRITIONAL SUPPORT OFFERED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4550F | NONINVAS RESP SUPPORT TALK | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 4541F | PT OFFERED TX FOR PSEUDOBULB | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4540F | DISEASE MODIF PHARMACOTHXPY | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4526F | NEUROPSYCHIA INTERVEN RCVD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4525F | NEUROPSYCHIA INTERVEN ORDER | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4510F | PREV CARDREHAB QUALCARDEVENT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4500F | REF TO OUTPT CARD REHAB PROG | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4481F | PT RCVNG ACE/ARB BLKER LT 3MOS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4480F | PT RCVNG ACE/ARB B-BLOCKERTX | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 44715 | PREPARE DONOR INTESTINE | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4470F | ICD COUNSELING PROVIDED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4450F | SELF-CARE ED PROVIDED TO PT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4400F | REHAB THXPY OPTIONS W/PT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4350F | CNSLNG PROVIDED SYMP MNGMNT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4340F | CNSLNG CHLDBRNG WOMEN EPI | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4330F | CNSLNG EPI SPEC SFTY ISSUES | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4328F | PT ASKED RE SLEEP DISTURB | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 4326F | PT ASKED RE SYMP AUTO DYSFXN | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4325F | MED TXMNT OPTIONS RVWD W/PT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4324F | PT QUERIED PRKNS COMPLIC | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4322F | CRGVR PROV W/ ED ADDL RSRCS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4320F | PT TALK PSYCHSOC&RX OH DPND | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4306F | PT TLK PSYCH & RX OPD ADDIC | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4305F | PT ED RE FT CARE INSPCT RCVD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4301F | PT NOT RCVNG WARF THXPY | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4300F | PT RCVNG WARF THXPY | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4293F | PT SCRND HGH-RISK SEX BEHAV | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4290F | PT SCRNED FOR INJ DRUG USE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4280F | PCP PROPHYLAX RXD 3MON LOW PCT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4279F | PCP PROPHYLAXIS RXD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4276F | POTENT ANTIVIR THXPY RXD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4274F | FLU IMMUNO ADMIND RCVD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4271F | PT RCVNG ANTI R-VIRAL THXPY | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 4270F | PT RCVNG ANTI R-VIRAL THXPY | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4269F | APPROPOS MTHD OFFLOADING RXD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4268F | PT ED RE COMP THXPY RCVD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4267F | COMPRSSION THXPY PRESCRIBED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4266F | NO WET-DRY DRSSINGS RX RECMD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4265F | WET-DRY DRESSINGS RX RECMD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4261F | TECH OTHER THAN SURFC CULTR | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4260F | WOUND SRFC CULTURETECH USED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4256F | ANESTHE LT 60 MIN AS DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4255F | ANESTH 60 MIN/GT AS DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4250F | WRMNG 4 SURG NORMOTHERMIA | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4248F | PT INSTR NO BD REST 4 DAYS/GT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4245F | PT INSTR NRML ACTIVITIES | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4242F | SPRVSD XRCZ BACK PN GT 12 WKS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4240F | INSTR XRCZ BACK PAIN 12 WKS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4230F | ANTICONV THXPY FOR 6 MOS/GT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 4221F | DIURETIC THXPY FOR 6 MOS/GT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4220F | DIGOXIN THXPY FOR 6 MOS/GT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4210F | ACE/ARB THXPY FOR MOS/GT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4201F | EXTRNL BEAM OTHER THAN PROST | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4200F | EXTERNAL BEAM TO PROST ONLY | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4196F | PTNOT RCVNG ANTI-RHM THXPYRA | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4195F | PT RCVNG ANTI-RHEUM THXPY RA | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4194F | PT RCV EQU GT 10MG DAILY PREDNISO | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4193F | PT RCV LT 10MG DAILY PREDNISO | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4192F | PT NOT RCVNG GLUCOCO THXPY | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4191F | APPROP ANTICONVULS TSTNG | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4190F | APPROP DIURETIC TSTNG DONE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4189F | APPROP DIGOXIN TSTNG DONE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4188F | APPROP ACE/ARB TSTNG DONE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4187F | ANTI RHEUM DRUGTHXPYRXD/GVN | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4186F | NO CONT PPI OR H2RA RCVD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 4185F | CONTINUOUS PPI OR H2RA RCVD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4182F | NO CONFORMAL RADN THXPY | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4181F | CONFORMAL RADN THXPY RCVD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4180F | ADJV THXPYRXD/RCVD COLON CA | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4179F | TAMOXIFEN/AI PRESCRIBED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4178F | ANTID GLBLN RCVD W/IN 26WKS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4177F | TALK PT/CRGVR RE AREDS PREV | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4176F | TALK RE UV LIGHT PT/CRGVR | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4175F | VIS 20/40/GT W/IN 90 DAYS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4174F | COUNS POTENT GLAUC IMPCT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4172F | PT NOT RCVNG ESA THXPY | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4171F | PT RCVNG ESA THXPY | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4169F | NO PT CARE ICU/VENT IN 24HRS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4168F | PT CARE ICU&VENT W/IN 24HRS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4167F | HD BED TILTED 1ST DAY VENT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4165F | 3D-CRT/IMRT RECEIVED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 4164F | ADJV HRMNL THXPY RXD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4163F | PT COUNS 4 TXMNT OPT PROST | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4159F | CONTRCP TALK B/4 ANTIV TXMNT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4158F | PT EDU RE ALCOH DRNKNG DONE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4157F | HEP B VAC SERIES PREV RECVD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4155F | HEP A VAC SERIES PREV RECVD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4153F | COMBO PEGINTF/RIB RX | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4151F | PT NOT RECVNG ANTIV HEP C | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4150F | PT RECVNG ANTIVIR TXMNT HEPC | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4149F | HEP B VAC INJXN ADMIN/RECVD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4148F | HEP A VAC INJXN ADMIN/RECVD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4145F | 2+ ANTI-HYPRTNSV AGENTS TKN | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4144F | ALT LONG-TERM CNTRL MED RXD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4142F | CORTICOSTER SPARNG THRPY RXD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4140F | INHALED CORTICOSTEROIDS RXD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4136F | SYST CORTICOSTEROIDS NOT RX | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 4135F | SYSTEMIC CORTICOSTEROIDS RX | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4134F | NO ANTIHIST/DECONG RX/RECOM | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4133F | ANTIHIST/DECONG RX/RECOM | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4132F | NO SYST ANTIMICROBIAL THX RX | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4131F | SYST ANTIMICROBIAL THX RX | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4130F | TOPICAL PREP RX AOE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4124F | ANTIBIOT NOT RXD/GIVEN | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4120F | ANTIBIOT RXD/GIVEN | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4115F | BETA BLCKR ADMIN W/IN 24 HRS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4110F | INT MAM ART USED FOR CABG | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4100F | BIPHOS THXPY VEIN ORD/RECVD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4095F | PT NOT RCVNG EPO THXPY | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4090F | PT RCVNG EPO THXPY | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4086F | ASPIRIN/CLOPIDOGREL RXD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4084F | ASPIRIN RECVD W/IN 24 HRS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4079F | DOC REHAB SVCS CONSIDERED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 4077F | DOC T-PA ADMIN CONSIDERED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4075F | ANTICOAG THX RX AT DISCHRG | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4073F | ORAL ANTIPLAT THX RX DISCHRG | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4070F | DVT PROPHYLX RECVD DAY 2 | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4069F | VTE PROPHYLAXIS RCVD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4067F | PT REFERRAL FOR ECT DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4066F | ECT PROVIDED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4065F | ANTIPSYCHOTIC RX | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4064F | ANTIDEPRESSANT RX | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4063F | ANTIDEPRES RXTHXPY NOT RXD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4062F | PT REFERRAL PSYCH DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4060F | PSYCH SVCS PROVIDED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4058F | PED GASTRO ED GIVEN CAREGVR | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4056F | APPROP ORAL REHYD RECOMMD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4055F | PT RCVNG PERITON DIALYSIS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4054F | HEMODIALYSIS VIA CATHETER | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 4053F | HEMODIALYSIS VIA AV GRAFT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4052F | HEMODIALYSIS VIA AV FISTULA | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4051F | REFERRED FOR AN AV FISTULA | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4050F | HT CARE PLAN DOC | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4049F | DOC ORDER GIVEN STOP ANTIBIO | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4048F | DOC ANTIBIO GIVEN B/4 SURG | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4047F | DOC ANTIBIO GIVEN B/4 SURG | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4046F | DOC ANTIBIO GIVEN B/4 SURG | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4045F | EMPIRIC ANTIBIOTIC RX | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4044F | DOC ORDER GIVEN VTE PROPHYLX | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4043F | DOC ORDER GIVEN STOP ANTIBIO | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4042F | DOC ANTIBIO NOT GIVEN | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4041F | DOC ORDER CEFAZOLIN/CEFUROX | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4040F | PNEUMOC VAC/ADMIN/RCVD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4037F | INFLUENZA IMM ORDER/ADMIN | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4035F | INFLUENZA IMM REC | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 4033F | PULMONARY REHAB REC | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4030F | OXYGEN THERAPY RX | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4025F | INHALED BRONCHODILATOR RX | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4019F | DOC RECPT COUNSL VIT D/CALC+ | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4018F | THERAPY EXERCISE JOINT RX | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4017F | GI PROPHYLAXIS FOR NSAID RX | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4016F | ANTI-INFLM/ANLGSC AGENT RX | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4015F | PERSIST ASTHMA MEDICINE CTRL | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4014F | WRITTEN DISCHARGE INSTR PRVD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4013F | STATIN THERAPY/CURRENTLY TKN | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4012F | WARFARIN THERAPY RX | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4011F | ORAL ANTIPLATELET THERAPY RX | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4010F | ACE/ARB THERAPY RXD/TAKEN | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4008F | BETA-BLOCKER THERAPY RXD/TKN | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4005F | PHARM THX FOR OP RXD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4004F | PT TOBACCO SCREEN RCVD TLK | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 4003F | PT ED WRITE/ORAL PTS W/ HF | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4001F | TOBACCO USE TXMNT PHARMACOL | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 4000F | TOBACCO USE TXMNT COUNSELING | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 38215 | HARVEST STEM CELL CONCENTRTE | SURGERY - HEMIC AND LYMPHATIC | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 38214 | VOLUME DEPLETE OF HARVEST | SURGERY - HEMIC AND LYMPHATIC | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 38213 | PLATELET DEPLETE OF HARVEST | SURGERY - HEMIC AND LYMPHATIC | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 38212 | RBC DEPLETION OF HARVEST | SURGERY - HEMIC AND LYMPHATIC | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 38211 | TUMOR CELL DEPLETE OF HARVST | SURGERY - HEMIC AND LYMPHATIC | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 38210 | T-CELL DEPLETION OF HARVEST | SURGERY - HEMIC AND LYMPHATIC | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 38209 | WASH HARVEST STEM CELLS | SURGERY - HEMIC AND LYMPHATIC | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 38208 | THAW PRESERVED STEM CELLS | SURGERY - HEMIC AND LYMPHATIC | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 38207 | CRYOPRESERVE STEM CELLS | SURGERY - HEMIC AND LYMPHATIC | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 38204 | BL DONOR SEARCH MANAGEMENT | SURGERY - HEMIC AND LYMPHATIC | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3776F | ADENOMA NOT DETECT SCREENING | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3775F | ADENOMA DETECTED SCREENING | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3763F | PATIENT IS NOT DYSARTHRIC | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 3762F | PATIENT IS DYSARTHRIC | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3761F | PT W/O DYSPHAG/WT LOSS/NUTR | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3760F | PT W/DYSPHAG/WT LOSS/NUTR | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3759F | PT SCRN DYSPHAG/WT LOSS/NUTR | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3758F | PT REF PULM FX TEST/PEAKFLOW | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3757F | PT W/O PSEUDOBULBAFFECT/ALS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3756F | PT W/PSEUDOBULB AFFECT/ALS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3755F | COG&BEHAV IMPRMNT SCRNG DONE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3754F | SCREENING TESTS DM DONE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3753F | PT HAS SYMP&SIGNS NEUROPATHY | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3752F | NO ELECTRODIAG POLYNEURO 6MN | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3751F | ELECTRODIAG POLYNEURO 6 MN | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3750F | PTNOTRCVNGSTEROIDGT EQU 10MG/DAY | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3725F | SCREEN DEPRESSION PERFORMED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3720F | COGNIT IMPAIRMENT ASSESSED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3700F | PSYCH DISORDERS ASSESSED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 36600 | WITHDRAWAL OF ARTERIAL BLOOD | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3650F | EEG ORDERED RVWD REQSTD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 36468 | NJX SCLRSNT SPIDER VEINS | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 36000 | PLACE NEEDLE IN VEIN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3573F | PT NOT CONSID POSS RISK FX | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3572F | PT CONSID POSS RISK FX | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3570F | RPRT BONE SCINT XREF W XRAY | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3555F | PT INR MEASUREMENT PERFORMED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3552F | HGH RISK FOR THROMBOEMBOLISM | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3551F | INTRMED RSK THROMBOEMBOLISM | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3550F | LOW RSK THROMBOEMBOLISM | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3520F | CDIFFICILE TESTING PERFORMED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3517F | HBV ASSESS&RESULTS INTRP 1YR | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3515F | PT HAS DOCD IMMUN TO HEP C | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3514F | HEP C SCRNG DOCD AS DONE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3513F | HEP B SCRNG DOCD AS DONE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 3512F | SYPH SCRNG DOCD AS DONE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3511F | CHLMYD/GONRH TSTS DOCD DONE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3510F | DOC TB SCRNG-RSLTS INTERPD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3503F | HIV RNA VRL LDNOTLT LMTS QUNTF | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3502F | HIV RNA VRL LD LT LMTS QUANTIF | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3500F | CD4+CELL CNT/PCT DOCD AS DONE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3498F | CD4+ CELL GT EQU 15PCT (HIV) | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3497F | CD4+ CELL PERCENTAGE LT 15PCT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3496F | CD4+ CELL COUNT EQU GT 500 CELLS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3495F | CD4+CELL CNT 200-499 CELLS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3494F | CD4+CELL COUNT LT 200CELLS/MM3 | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3493F | NO HIST CD4+ CELL COUNT LT 350 | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3492F | HISTORY CD4+ CELL COUNT LT 350 | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3491F | HIV UNSURE BABY OF HIV +MOMS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3490F | HISTORY AIDS-DEFINING COND | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 34839 | PLNNING PT SPEC FENEST GRAFT | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 3476F | DISEASE PROGN RA GOOD DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3475F | DISEASE PROGN RA POOR DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3472F | RA DISEASE ACTIVITY HIGH | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3471F | RA DISEASE ACTIVITY MOD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3470F | RA DISEASE ACTIVITY LOW | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3455F | TB SCR PFRMD&INTERPD 6 MO | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3452F | DYSPNEA NOT SCREENED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3451F | DYSPNEA SCRND MOD-HIGH DYSP | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3450F | DYSPNEA SCRND NO-MILD DYSP | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3395F | QUANT NONHER2 IHC BRST CX | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3394F | QUANT HER2 IHC EVAL BRST CX | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 33944 | PREPARE DONOR HEART | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 33933 | PREPARE DONOR HEART/LUNG | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 33929 | RMVL RPLCMT HRT SYS F/TRNSPL | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 33928 | RMVL & RPLCMT TOT HRT SYS | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3390F | AJCC CLN CNCR STAGE 4 DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 3388F | AJCC CLN CNCR STAGE 3 DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3386F | AJCC CLN CNCR STAGE 2 DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3384F | AJCC CLN CNCR STAGE 1 DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3382F | AJCC CLN CNCR STAGE 0 DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3380F | AJCC BRSTCNCR STAGE 4 DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3378F | AJCC BRSTCNCR STAGE 3 DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3376F | AJCC BRSTCNCR STAGE 2 DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3374F | AJCC BRST CNCR STAGE 1 DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3372F | AJCC BRST CNCR STAGE 1 DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3370F | AJCC BRST CNCR STAGE 0 DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3354F | CLIN SIG DEP SYM BY DEP TOOL | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3353F | MILD-MOD DEP SYMP BY DEPTOOL | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3352F | NO SIG DEP SYMP BY DEP TOOL | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3351F | NEG SCRN DEP SYMP BY DEPTOOL | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3350F | MAMMO BX PROVEN MALIG DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3345F | MAMMO ASSESS HGHLYMALIG DOC | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 3344F | MAMMO ASSESS SUSP DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3343F | MAMMO PROBABLY BENGN DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3342F | MAMMO ASSESS BENGN DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3341F | MAMMO ASSESS NEGATIVE DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3340F | MAMMO ASSESS INC XRAY DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3331F | BK IMAGING TST NOT ORDERED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3330F | IMAGING STUDY ORDERED (BKP) | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3328F | PRFRMNC DOCD 2 WKS B/4 SURG | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3325F | PREOP ASSES 4 CATARACT SURG | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3324F | MRI CT SCAN ORD RVWD RQSTD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3323F | CLIN NODE STGNG DOCDB/4 SURG | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3322F | MELANOMAAJCC STAGE 0 OR IA | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3321F | AJCC CNCR 0/IA MELAN DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3320F | NO XRAY/CT/ ET AL ORDD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3319F | X-RAY/CT/ULTRSND ET AL ORD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3318F | PATH RPT MALIG CANCER DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 3317F | PATH RPT MALIG CANCER DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3316F | ER- OR PR- BREAST CANCER | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3315F | ER+ OR PR+ BREAST CANCER | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3301F | CANCER STAGE DOCD METAST | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3300F | AJCC STAGE DOCD B/4 THXPY | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3294F | GRP B STREP SCREENING DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3293F | ABO RH BLOOD TYPING DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3292F | HIV TSTNG ASKED/DOCD/REVWD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3291F | PTEQU D(RH)+ OR SENSITIZED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3290F | PTEQU D(RH)- AND UNSENSITIZED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3288F | FALL RISK ASSESSMENT DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3285F | IOP DOWN LT 15PCT OF PRE-SVC LVL | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 32856 | PREPARE DONOR LUNG DOUBLE | SURGERY - RESPIRATORY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 32855 | PREPARE DONOR LUNG SINGLE | SURGERY - RESPIRATORY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3284F | IOP RED GT EQU 15PCT PRE-NTRV LVL | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3281F | HGB LVL LT 11 G/DL | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 3280F | HGB LVL 11-12.9 G/DL | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3279F | HGB LVL GT EQU 13 G/DL | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3278F | SERUM LVLS CA/IPTH/LPD ORD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3274F | PROST CNCR RSK NOT LW/MD/HGH | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3273F | HIGH RISK PROSTATE CANCER | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3272F | MED RISK PROSTATE CANCER | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3271F | LOW RISK PROSTATE CANCER | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3270F | NO BONE SCN B/4 TXMNT/AFTRDX | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3269F | BONE SCN B/4 TXMNT/AFTR DX | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3268F | PSA/T/GLSC DOCD B/4 TXMNT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3267F | PATH RPRT W/ PT PN CAT ET AL | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3266F | HEPC GN TSTNG DOCD B/4TXMNT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3265F | RNA TSTNG HEPC VIR ORD/DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3260F | PT CAT/PN CAT/HIST GRD DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3250F | NONPRIM LOC ANAT BX SITE TUM | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3230F | NOTE HRING TST W/IN 6 MON | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 3220F | HEP C QUANT RNA TSTNG DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3218F | RNA TSTNG HEP C DOCD DONE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3216F | PT IMMUNITY TO HEP B DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3215F | PT IMMUNITY TO HEP A DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3210F | GRP A STREP TEST PERFORMED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3200F | BARIUM SWALLOW TEST NOT REQ | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3170F | BASELIN FLO CYTOMETRY B/4 TX | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3160F | DOC FE+ STORES B/4 EPO THX | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3155F | CYTOGEN TEST MARROW B/4 TX | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3150F | FORCEPS ESOPH BIOPSY DONE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3142F | BARIUM SWALLOW TEST ORDERED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3141F | UPPER GI ENDO NOT BARRTTS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3140F | UPPER GI ENDO SHOWS BARRTTS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3132F | DOC REF UPPER GI ENDOSCOPY | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3130F | UPPER GI ENDOSCOPY PERFORMED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3126F | ESOPH BX RPRT W/DYSPL INFO | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 3120F | 12-LEAD ECG PERFORMED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3119F | NO EVAL ACTIVITY CLIN SYMP | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3118F | NY HEART ASSOC CLASS DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3117F | HF ASSESSMENT TOOL COMPLETED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3115F | QUANT RESULTS ACTIVITY &SYMP | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3112F | CT/MRI BRAIN DONE 24 HRS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3111F | CT/MRI BRAIN DONE W/IN 24HRS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3110F | PRES/ABSN HMRHG/LESION DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3100F | IMAGE TEST REF CAROT DIAM | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3096F | CENTRAL DEXA ORDERED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3095F | CENTRAL DEXA RESULTS DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3093F | DOC NEW DIAG 1ST/ADDL MDD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3092F | MDD IN REMISSION | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3091F | MDD SEVERE W/PSYCH | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3090F | MDD SEVERE W/O PSYCH | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3089F | MDD MODERATE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 3088F | MDD MILD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3085F | SUICIDE RISK ASSESSED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3084F | KT/V GT EQU 1.7 | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3083F | KT/V EQU /GT 1.2 & LT 1.7 | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3082F | KT/V LT 1.2 | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3080F | DIAST BP GT EQU 90 MM HG | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3079F | DIAST BP 80-89 MM HG | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3078F | DIAST BP LT 80 MM HG | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3077F | SYST BP GT EQU 140 MM HG | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3075F | SYST BP GE 130 - 139MM HG | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3074F | SYST BP LT 130 MM HG | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3073F | PRE-SURG EYE MEASURES DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3072F | LOW RISK FOR RETINOPATHY | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3066F | NEPHROPATHY DOC TX | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3062F | POS MACROALBUMINURIA REV | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3061F | NEG MICROALBUMINURIA REV | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 3060F | POS MICROALBUMINURIA REV | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3056F | LVEF GREATER THAN 35PCT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3055F | LVEF LESS THAN/EQUAL TO 35PCT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3052F | HG A1CGT EQUAL 8.0PCT LT EQUAL 9.0PCT | CATII | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3051F | HG A1CGT EQUAL 7.0PCT LT 8.0PCT | CATII | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3050F | LDL-C GT EQU 130 MG/DL | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3049F | LDL-C 100-129 MG/DL | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3048F | LDL-C LT 100 MG/DL | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3046F | HEMOGLOBIN A1C LEVEL GT 9.0PCT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3044F | HG A1C LEVEL LT 7.0PCT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3042F | FEV GT EQU 40PCT PREDICTED VALUE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3040F | FEV LT 40PCT PREDICTED VALUE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3038F | PULM FX W/IN 12 MON B/4 SURG | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3037F | O2 SATURATION GT 88PCT /PAOGT 55 HG | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3035F | O2 SATURATIONLT EQU 88PCT /PAOLT EQU 55 | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3028F | O2 SATURATION DOC REV | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 3027F | SPIROM FEV/FVCGT EQU 70PCT /W/OCOPD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3025F | SPIROM FEV/FVC LT 70PCT W/COPD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3023F | SPIROM DOC REV | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3022F | LVEF GT EQU 40PCT SYSTOLIC | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3021F | LVEF MOD/SEVER DEPRS SYST | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3020F | LVF ASSESS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3019F | LVEF ASSESS PLANPOST DSCHRGE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3018F | PRE-PRXD RSK ET AL DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3017F | COLORECTAL CA SCREEN DOC REV | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3016F | PT SCRND UNHLTHY OH USE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3015F | CERV CANCER SCREEN DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3014F | SCREEN MAMMO DOC REV | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3011F | LIPID PANEL DOC REV | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3008F | BODY MASS INDEX DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 3006F | CXR DOC REV | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 20939 | BONE MARROW ASPIR BONE GRFG | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 20938 | SP BONE AGRFT STRUCT ADD-ON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 20937 | SP BONE AGRFT MORSEL ADD-ON | SURGERY - MUSCULOSKELETAL SYST | YES | 08/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 20936 | SP BONE AGRFT LOCAL ADD-ON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 20934 | INTERCALARY ALGRFT COMPL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 20933 | HEMICRT INTRCLRY ALGRFT PRTL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 20932 | OSTEOART ALGRFT W/SURF & B1 | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 20931 | SP BONE ALGRFT STRUCT ADD-ON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 20930 | SP BONE ALGRFT MORSEL ADD-ON | SURGERY - MUSCULOSKELETAL SYST | YES | 08/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 2060F | PT INTRVWD ON/BEFORE DX MDD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 2050F | WOUND CHAR SIZE ETC DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 2044F | DOC MNTL TST B/4 BK TRXMNT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 2040F | BK PN XM ON INIT VISIT DATE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 2035F | TYMP MEMB MOTION EXAMD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 2033F | EYE IMG VALID W/O RTNOPTHY | CATII | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 2031F | H2O STAT DOCD DEHYDRATED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 2030F | H2O STAT DOCD NORMAL | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 2029F | COMPLETE PHYS SKIN EXAM DONE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 2028F | FOOT EXAM PERFORMED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 2027F | OPTIC NERVE HEAD EVAL DONE | CATEGORY II CODES | NO | 11/30/2020 | 11/30/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 2026F | EYE IMG VALID EVC RTNOPTHY | CATEGORY II CODES | NO | 11/30/2020 | 11/30/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 2025F | 7 FLD RTA PHOTO W/O RTNOPTHY | CATII | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 2024F | 7 FLD RTA PHOTO EVC RTNOPTHY | CATEGORY II CODES | NO | 11/30/2020 | 11/30/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 2023F | DILAT RTA XM W/O RTNOPTHY | CATII | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 2022F | DILAT RTA XM EVC RTNOPTHY | CATEGORY II CODES | NO | 11/30/2020 | 11/30/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 2021F | DILAT MACULAR EXAM DONE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 2020F | DILATED FUNDUS EVAL DONE | CATEGORY II CODES | NO | 11/30/2020 | 11/30/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 2019F | DILATED MACUL EXAM DONE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 2018F | HYDRATION STATUS ASSESS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 2016F | ASTHMA RISK ASSESSED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 2015F | ASTHMA IMPAIRMENT ASSESSED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 2014F | MENTAL STATUS ASSESS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 2010F | VITAL SIGNS RECORDED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 2004F | INITIAL EXAM INVOLVED JOINTS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 2002F | CLIN SIGN VOL OVRLD ASSESS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 2001F | WEIGHT RECORD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 2000F | BLOOD PRESSURE MEASURE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 19294 | PREPJ TUM CAV IORT PRTL MAST | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 15787 | ABRASION LESIONS ADD-ON | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 15786 | ABRASION LESION SINGLE | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 15783 | DERMABRASION SUPRFL ANY SITE | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 15782 | DERMABRASION OTHER THAN FACE | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 15781 | DERMABRASION SEGMENTAL FACE | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 15780 | DERMABRASION TOTAL FACE | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 15776 | HAIR TRNSPL GT 15 PUNCH GRAFTS | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 15775 | HAIR TRNSPL 1-15 PUNCH GRFTS | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1505F | PT HAS NO RESP INSUFFICIENCY | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1504F | PT HAS RESP INSUFFICIENCY | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1503F | PT QUERIED SYMP RESP INSUFF | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 1502F | PT QUERIED PAIN FXN W/ INSTR | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1501F | NOT INITIAL EVAL FOR COND | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1500F | SYMPTOM&SIGN SYMM POLYNEURO | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1494F | COGNIT ASSESSED AND REVIEWED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1493F | DEM SEVERITY CLASS SEVERE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1491F | DEM SEVERITY CLASSIFIED MOD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1490F | DEM SEVERITY CLASSIFIED MILD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1461F | NO QUAL CARD DIAG PRIOR12MON | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1460F | QUAL CARD DIAG PRIOR 12 MONS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1451F | SYMPT SHOW CLIN IMPORT DROP | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1450F | SYMPTOMS IMPROVED/CONSIST | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1400F | PRKNS DIAG RVIEWED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1220F | PT SCREENED FOR DEPRESSION | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1205F | EPI ETIOL SYND RVWD AND DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1200F | SEIZURE TYPE& FREQU DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1183F | NEUROPSYCHIATRIC SYMP ABSENT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 1182F | NEUROPSYCHI SYMPT 1+PRESENT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1181F | NEUROPSYCHIA SYMPTS ASSESSED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1180F | THROMBOEMB RISK ASSESSED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1175F | FUNCTION STAT ASSESSED RVWD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1170F | FXNL STATUS ASSESSED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1160F | RVW MEDS BY RX/DR IN RCRD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1159F | MED LIST DOCD IN RCRD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1158F | ADVNC CARE PLAN TLK DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1157F | ADVNC CARE PLAN IN RCRD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1153F | DOC ADVNCD DIS CMFRT NOT 1ST | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1152F | DOC ADVNCD DIS COMFORT 1ST | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1151F | DOC NO PT RSK DEATH W/IN 1YR | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1150F | DOC PT RSK DEATH W/IN 1YR | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1137F | EPSD BK PAIN FOR GT 12 WKS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1136F | EPSD BK PAIN FOR 12 WKS/LT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1135F | EPSD BK PAIN FOR GT 6 WKS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 1134F | EPSD BK PAIN FOR 6 WKS/LT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1130F | BK PAIN & FXN ASSESSED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1128F | SUBS EPISODE FOR CONDITION | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1127F | NEW EPISODE FOR CONDITION | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1126F | AMNT PAIN NOTED NONE PRSNT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1125F | AMNT PAIN NOTED PAIN PRSNT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1124F | ACP DISCUSS-NO DSCNMKR DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1123F | ACP DISCUSS/DSCN MKR DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1121F | SUBS EVAL FOR CONDITION | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1119F | INIT EVAL FOR CONDITION | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1118F | GERD SYMPS ASSESSED 12 MONTH | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1116F | AURIC/PERI PAIN ASSESSED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1111F | DSCHRG MED/CURRENT MED MERGE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1110F | PT LFT INPT FAC W/IN 60 DAYS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1101F | PT FALLS ASSESS-DOCD LE1/YR | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1100F | PTFALLS ASSESS-DOCD GE2GT /YR | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 1091F | URINE INCON CHARACTERIZED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1090F | PRES/ABSN URINE INCON ASSESS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1071F | ALARM SYMP ASSESSED-1+ PRSNT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1070F | ALARM SYMP ASSESSED-ABSENT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1066F | ISCHM STROKE SX ONSETGT EQU 3HR | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1065F | ISCHM STROKE SYMP LT3 HRSB/4 | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1061F | DOC LACK PERM&CONT&PAROX FIB | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1060F | DOC PERM/CONT/PAROX ATR FIB | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1055F | VISUAL FUNCT STATUS ASSESS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1052F | TYPE LOCATION ACTIVITYASSESS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1050F | HISTORY OF MOLE CHANGES | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1040F | DSM-5 INFO MDD DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1039F | INTERMITTENT ASTHMA | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1038F | PERSISTENT ASTHMA | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1036F | TOBACCO NON-USER | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1035F | SMOKELESS TOBACCO USER | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 1034F | CURRENT TOBACCO SMOKER | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1033F | TOBACCO NONSMOKER NOR 2NDHND | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1032F | SMOKER/EXPOSED 2ND HND SMOKE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1031F | SMOKING & 2ND HAND ASSESSED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1030F | INFLUENZA IMM STATUS ASSESS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1026F | CO-MORBID CONDITION ASSESS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1022F | PNEUMO IMM STATUS ASSESS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1019F | ASSESS DYSPNEA PRESENT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1018F | ASSESS DYSPNEA NOT PRESENT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1015F | COPD SYMPTOMS ASSESS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1012F | ANGINA ABSENT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1011F | ANGINA PRESENT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1010F | SEVERITY ANGINA BY ACTVTY | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1008F | GI/RENAL RISK ASSESS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1007F | ANTI-INFLM/ANLGSC OTC ASSESS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1006F | OSTEOARTHRITIS ASSESS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 1005F | ASTHMA SYMPTOMS EVALUATE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1004F | CLIN SYMP VOL OVRLD ASSESS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1003F | LEVEL OF ACTIVITY ASSESS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1002F | ASSESS ANGINAL SYMPTOM/LEVEL | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 10012 | FNA BX W/MR GDN EA ADDL | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 10011 | FNA BX W/MR GDN 1ST LES | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 1000F | TOBACCO USE ASSESSED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0866T | QUAN MRI ALYS BRN W/DX MRI | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0864T | LOW NTSTY ESWT CORPUS CVRNSM | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0863T | RLCJ PG WCS LV TRNSMTR ONLY | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0862T | RLCJ PG WCS LV BATTERY ONLY | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0861T | RMVL PG WCS LV BOTH COMPNT | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0860T | NCNTC IFR SPCTRSC SCR PAD | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0859T | NCNTC IFR SPCTRSC O/T PAD EA | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0858T | EXT TRNSCRANL MAG STIMJ MEAS | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0857T | OPTO-ACOUSTIC IMG BREAST UNI | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 0856T | DGTZ GLS MCRSCP ELECTRON MIC | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0855T | DGTZ GLS MCRSCP B1 MAROW SMR | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0854T | DGTZ GLS MCRSCP BLD SMR PRPH | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0853T | DGTZ GLS MCRSCP MPHMTRC EA M | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0852T | DGTZ GLS MCRSCP MPHMTRC EA 1 | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0851T | DGTZ GLS MCRSCP MPHMTRC 1ST | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0850T | DGTZ GLS MCRSCP ISH EA MULT | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0849T | DGTZ GLS MCRSCP ISH EA ADL 1 | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0848T | DGTZ GLS MCRSCP ISH 1ST | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0847T | DGTZ GLS MCRSCP XM ARCH TISS | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0846T | DGTZ GLS MCRSCP IMFLUOR EA | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0845T | DGTZ GLS MCRSCP IMFLUOR 1ST | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0844T | DGTZ GLS MCRSCP CSLT CYT EA | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0843T | DGTZ GLS MCRSCP CSLT CYT 1ST | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0842T | DGTZ GLS MCRSCP PTH CSLT EA | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0841T | DGTZ GLS MCRSCP PTH CSLT 1ST | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 0840T | DGTZ GLS MCRSCP CSLT COMPRE | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0839T | DGTZ GLS MCRSCP CSLT MAT PRP | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0838T | DGTZ GLS MCRSCP CSLT SLD ELS | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0837T | DGTZ GLS MCRSCP FNA I&R | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0836T | DGTZ GLS MCRSCP FNA EA ADDL | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0835T | DGTZ GLS MCRSCP FNA 1ST EA | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0834T | DGTZ GLS MCRSCP CYTP OTH XTN | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0833T | DGTZ GLS MCRSCP CYTP OTH PRP | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0832T | DGTZ GLS MCRSCP CYTP OTH SCR | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0831T | DGTZ GLS MCRSCP CYTP C/V | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0830T | DGTZ GLS MCRSCP CYTP SLCTV | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0829T | DGTZ GLS MCRSCP CYTP CONCTRJ | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0828T | DGTZ GLS MCRSCP CYTP SMPL FL | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0827T | DGTZ GLS MCRSCP CYTP SMEARS | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0826T | PRGRMG EVL LDLS PM 1CHMBR IP | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0825T | TCAT RMV&RPL1CHMB LDLS PM RA | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 0824T | TCAT RMV 1CHMBR LDLS PM RA | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0823T | TCAT INS 1CHMBR LDLS PM RA | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0822T | MNTR PSYCHDLC MED CLN STAFF | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0821T | MNTR PSYCHDLC MED 2NDPHY/QHP | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0820T | MNTR PSYCHDLC MED 1STPHY/QHP | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0819T | REVJ/RMVL INS PTN SUBF | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0818T | REVJ/RMVL INS PTN SUBQ | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0817T | OPN INSJ/RPLCMT INS PTN SUBF | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0816T | OPN INSJ/RPLCMT INS PTN SUBQ | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0815T | US REMS B1 DNS HIPS PLVS/SPI | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0814T | PRQ NJX BIOD OSTEO MATRL FEM | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0813T | EGD VOL ADJMT BARIATRIC BALO | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0812T | REM MLT DAY UROFLOW DEV SPLY | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0811T | REM MLT DAY UROFLOW SETUP | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0810T | SUBRTA NJX RX AGT W/VTRC | CATEGORY III CODES | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0808T | PULM TISS VNTJ ALYS W/CT | CATEGORY III CODES | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0807T | PULM TISS VNTJ ALYS PREV CT | CATEGORY III CODES | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0806T | TCAT S&IVC PRSTC VL IMPL OPN | CATEGORY III CODES | YES | 07/01/2023 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 0805T | TCAT S&IVC PRSTC VL IMPL PRQ | CATEGORY III CODES | YES | 07/01/2023 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 0804T | PRGRMG EVL LDLS PM 2CHMBR IP | CATEGORY III CODES | YES | 07/01/2023 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 0803T | TCAT RMV&RPL2CHMB LDLS PM RV | CATEGORY III CODES | YES | 07/01/2023 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 0802T | TCAT RMV&RPL2CHMB LDLS PM RA | CATEGORY III CODES | YES | 07/01/2023 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 0801T | TCAT RMV&RPL 2CHMBR LDLS PM | CATEGORY III CODES | YES | 07/01/2023 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 0800T | TCAT RMVL 2CHMBR LDLS PM RV | CATEGORY III CODES | NO | 07/01/2023 | 07/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0799T | TCAT RMVL 2CHMBR LDLS PM RA | CATEGORY III CODES | NO | 07/01/2023 | 07/01/2023 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0798T | TCAT RMV 2CHMBR LDLS PM CMPL | CATEGORY III CODES | NO | 07/01/2023 | 07/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0797T | TCAT INS 2CHMBR LDLS PM RV | CATEGORY III CODES | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0796T | TCAT INS 2CHMBR LDLS PM RA | CATEGORY III CODES | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0795T | TCAT INS 2CHMBR LDLS PM CMPL | CATEGORY III CODES | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0794T | PT SPEC ALG RX-ONC TX OPTION | CATEGORY III CODES | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0793T | PRQ TCAT THRM ABLT NRV P-ART | CATEGORY III CODES | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0792T | APPL SLVR DIAMN FLUORIDE 38PCT | CATEGORY III CODES | NO | 07/01/2023 | 07/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0791T | MOTR COG VR GAIT TRAIN EA 15 | CATEGORY III CODES | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0790T | REVJ RPLCMT/RMVL VRT TETHRG | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0789T | ELEC ALY CPX IINS SP/SAC NRV | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0788T | ELEC ALY SMP IINS SP/SAC NRV | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0787T | REVJ/RMVL NEA SAC W/NSTIM | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0786T | INSJ/RPLCMT PRQ RA SAC NSTIM | CATEGORY III CODES | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0783T | TC AURICULR NEUROSTIMULATION | CATEGORY III CODES | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0782T | BRNCHSC RF DSTRJ PLM NRV UNI | CATEGORY III CODES | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0781T | BRNCHSC RF DSTRJ PULM NRV BI | CATEGORY III CODES | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0780T | INSTLJ FECAL MICROBIOTA SSP | CATEGORY III CODES | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0779T | GI MYOELECTRICAL ACTV STUDY | CATEGORY III CODES | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0778T | SMMG CNCRNT APPL IMU SNR | CATEGORY III CODES | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0777T | R-T PRS SENSING EDRL GDN SYS | CATEGORY III CODES | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0776T | THER INDCTJ NTRABRN HYPTHRM | CATEGORY III CODES | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0774T | VR PX DISSOC SVC OTH PHY EA | CATEGORY III CODES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0773T | VR PX DISSOC SVC OTH PHY 1ST | CATEGORY III CODES | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0772T | VR PX DISSOC SVC SM PHY EA | CATEGORY III CODES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0771T | VR PX DISSOC SVC SM PHY 1ST | CATEGORY III CODES | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0770T | VR TECHNOLOGY ASSIST THERAPY | CATEGORY III CODES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0767T | TC MAG STIMJ PN EA ADDL NRV | CATEGORY III CODES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0766T | TC MAG STIMJ PN 1ST NERVE | CATEGORY III CODES | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0765T | ASSTV ALG ECG RSK ASMT PREV | CATEGORY III CODES | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0764T | ASSTV ALG ECG RSK ASMT CNCRT | CATEGORY III CODES | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0763T | DGTZ GLS MCRSCP MPHMTRC ALYS | CATEGORY III CODES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0762T | DGTZ GLS MCRSCP SL IMM EA M | CATEGORY III CODES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0761T | DGTZ GLS MCRSCP SL IMM EA 1 | CATEGORY III CODES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0760T | DGTZ GLS MCRSCP SL IMM 1ST | CATEGORY III CODES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0759T | DGTZ GLS MCRSCP SL SP GRPIII | CATEGORY III CODES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0758T | DGTZ GLS MCRSCP SL SPC HCHEM | CATEGORY III CODES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0757T | DGTZ GLS MCRSCP SL SPC GRPII | CATEGORY III CODES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0756T | DGTZ GLS MCRSCP SLD SPC GRPI | CATEGORY III CODES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0755T | DGTZ GLS MCRSCP SLD LEVEL VI | CATEGORY III CODES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0754T | DGTZ GLS MCRSCP SLD LEVEL V | CATEGORY III CODES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0753T | DGTZ GLS MCRSCP SLD LEVEL IV | CATEGORY III CODES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0752T | DGTZ GLS MCRSCP SLD LVL III | CATEGORY III CODES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0751T | DGTZ GLS MCRSCP SLD LEVEL II | CATEGORY III CODES | NO | 01/01/2023 | 01/01/2023 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0750T | B1 STR&FX RSK ASMT DXRBMD1VW | CATEGORY III CODES | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0749T | B1 STR&FX RSK ASSMT DXR-BMD | CATEGORY III CODES | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0748T | NJX STM CL PRDCT ANL SFT TIS | CATEGORY III CODES | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0747T | CAR ABLT RAD ARRHYT DLVR RAD | CATEGORY III CODES | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0746T | CAR ABLT RAD ARR CNV LOC MAP | CATEGORY III CODES | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0745T | CAR ABLT RAD ARR N-INVAS LOC | CATEGORY III CODES | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0744T | INSJ BIOPROSTC VLV FEM VN | CATEGORY III CODES | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0743T | B1 STR & FX RSK VRT FX ASSMT | CATEGORY III CODES | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0741T | REM AUTON ALG NSLN DATA COLL | CATEGORY III CODES | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0740T | REM AUTON ALG NSLN CAL SETUP | CATEGORY III CODES | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0739T | ABLTJ MAL PRST8 MAG FLD NDCT | CATEGORY III CODES | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0738T | TX PLN MAG FLD ABLTJ PRST8 | CATEGORY III CODES | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0737T | XENOGRAFT IMPLTJ ARTCLR SURF | CATEGORY III CODES | YES | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0736T | COLONIC LAVAGE 35+L WATER | CATEGORY III CODES | NO | 07/01/2022 | 07/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0735T | PREP TUM CAV IORT PRIM CRNOT | CATEGORY III CODES | YES | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0734T | REM R-T MTN NREHAB TX MGMT | CATEGORY III CODES | YES | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0733T | REM R-T MTN NREHAB THER SPLY | CATEGORY III CODES | YES | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0732T | IMMNTX ADMN ELECTROPORATN IM | CATEGORY III CODES | YES | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0731T | AUGMNT AI-BASED FCL PHNT A/R | CATEGORY III CODES | YES | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0730T | TRABECULOTOMY LSR W/OCT GDN | CATEGORY III CODES | YES | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0729T | DX ALYS VSTBLR IMPLT UNI SBQ | CATEGORY III CODES | YES | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0728T | DX ALYS VSTBLR IMPLT UNI 1ST | CATEGORY III CODES | YES | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0727T | RMVL&RPLCMT IMPLT VSTBLR DEV | CATEGORY III CODES | YES | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0726T | RMVL IMPLT VSTIBULAR DEV UNI | CATEGORY III CODES | YES | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0725T | VESTIBULAR DEV IMPLTJ UNI | CATEGORY III CODES | YES | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0724T | QMRCP W/DX MRI SAME ANATOMY | CATEGORY III CODES | YES | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0723T | QMRCP W/O DX MRI SM ANAT SES | CATEGORY III CODES | YES | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0722T | QUAN CT TISS CHARAC W/CT | CATEGORY III CODES | YES | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0721T | QUAN CT TISS CHARAC W/O CT | CATEGORY III CODES | YES | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0719T | PST VRT JT RPLCMT LMBR 1 SGM | CATEGORY III CODES | YES | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0718T | ADRC THER PRTL RC TEAR NJX | CATEGORY III CODES | YES | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0717T | ADRC THER PRTL RC TEAR | CATEGORY III CODES | YES | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0716T | CAR ACOUS WAVFRM REC CAD RSK | CATEGORY III CODES | YES | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0714T | TPLA B9 PRST8 HYPRPLSALT 50ML | CATEGORY III CODES | YES | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0713T | N-NVS ARTL PLAQ ALYS RVW I&R | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 0712T | N-NVS ARTL PLAQ ALYS QUAN | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 0711T | N-NVS ARTL PLAQ ALYS DAT PRP | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0710T | N-INVAS ARTL PLAQ ALYS | CATEGORY III CODES | YES | 01/01/2022 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 0709T | ID CA IMMNTX EACH ADDL NJX | CATEGORY III CODES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0708T | ID CA IMMNTX PREP & 1ST NJX | CATEGORY III CODES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0707T | NJX B1 SUB MTRL SBCHDRL DFCT | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0706T | REM TX AMBLYOPIA I&R PHY/QHP | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0705T | REM TX AMBLYOPIA TECH SPRT | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0704T | REM TX AMBLYOPIA SETUP&EDU | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0701T | MOLEC FLUOR IMG SUS NEV EA | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0700T | MOLEC FLUOR IMG SUS NEV 1ST | CATEGORY III CODES | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0699T | NJX PST CHMBR EYE MEDICATION | CATEGORY III CODES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0696T | BDY SURF MAPG PM/CVDFB F/UP | CATEGORY III CODES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0695T | BDY SRF MPG PM/CVDFB TM IMPL | CATEGORY III CODES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0694T | 3D VOL IMG&RCNSTJ BRST/AX | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0693T | COMPRE FUL BDY 3D MTN ALYS | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0692T | THERAPEUTIC ULTRAFILTRATION | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0691T | AUTO ALYS XST CT STD VRT FX | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0690T | QUAN US TIS CHARAC W/DX US | CATEGORY III CODES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0689T | QUAN US TIS CHARAC W/O DX US | CATEGORY III CODES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0688T | TX AMBLYOPIA ASSMT W/REPORT | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0687T | TX AMBLYOPIA DEV SETUP 1ST | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0686T | HISTOTRIPSY MAL HEPATCEL TIS | CATEGORY III CODES | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0685T | INTERROG DEV EVAL ISDSS IP | CATEGORY III CODES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0684T | PERI-PX DEV EVAL ISDSS IP | CATEGORY III CODES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0683T | PRGRMG DEV EVAL ISDSS IP | CATEGORY III CODES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0682T | REMOVAL PULSE GEN ONLY ISDSS | CATEGORY III CODES | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0681T | RLCJ PULSE GEN ONLY ISDSS | CATEGORY III CODES | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0680T | INSJ/RPLCMT PG ONLY ISDSS | CATEGORY III CODES | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0679T | LAPS RMVL LEAD ISDSS | CATEGORY III CODES | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0678T | LAPS REPOS LEAD ISDSS EA ADD | CATEGORY III CODES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0677T | LAPS REPOS LEAD ISDSS 1ST LD | CATEGORY III CODES | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0676T | LAPS INSJ NW/RPCMT ISDSS EA | CATEGORY III CODES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0675T | LAPS INSJ NW/RPCMT ISDSS 1LD | CATEGORY III CODES | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0674T | LAPS INSJ NW/RPCMT PRM ISDSS | CATEGORY III CODES | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0673T | ABLTJ B9 THYR NDUL PERQ LASR | CATEGORY III CODES | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0672T | NDOVAG CRYG RF REMDL TISS | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0671T | INSJ ANT SGM AQ DRG DEV 1+ | CATEGORY III CODES | NO | 01/01/2022 | 01/01/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0670T | BKBENCH RCNSTJ DON UTER ARTL | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0669T | BKBENCH RCNSTJ DON UTER VEN | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0668T | BKBENCH PREP DON UTER ALGRFT | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0667T | DON HYSTERECTOMY RCP UTER | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0666T | DON HYSTERECTOMY LAPS LIV | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0665T | DON HYSTERECTOMY OPEN LIV | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0664T | DON HYSTERECTOMY OPEN CDVR | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0661T | RMVL&RIMPLTJ ANT SGM IMPLT | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0660T | IMPLT ANT SGM IO NBIO RX SYS | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0659T | TCAT INTRA-C NFS SUPERSAT O2 | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0658T | ELEC IMPD SPECTRSC 1+SKN LES | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0655T | TPRNL FOCAL ABLTJ MAL PRST8 | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0654T | EGD FLX TRANSNASAL TUBE/CATH | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0653T | EGD FLX TRANSNASAL BX 1/MLT | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0652T | EGD FLX TRANSNASAL DX BR/WA | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0651T | MAG CTRLD CAPSULE ENDOSCOPY | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0650T | PRGRMG DEV EVAL SCRMS REMOTE | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0648T | QUAN MR TIS WO MRI 1ORGN | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 0647T | INSJ GTUBE PERQ MAG GASTRPXY | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0646T | TTVI/RPLCMT W/PRSTC VLV PERQ | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0645T | TCAT IMPLTJ C SINS RDCTJ DEV | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0644T | TCAT RMVL/DBLK ICAR MAS PERQ | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0643T | TCAT L VENTR RSTRJ DEV IMPLT | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0640T | NCNTC IFR SPCTRSC O/T PAD 1 | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0639T | WRLS SKN SNR ANISOTROPY MEAS | CATEGORY III CODES | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0638T | CT BREAST W/3D BI C-/C+ | CATEGORY III CODES | YES | 01/01/2021 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 0637T | CT BREAST W/3D BI C+ | CATEGORY III CODES | YES | 01/01/2021 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 0636T | CT BREAST W/3D BI C- | CATEGORY III CODES | YES | 01/01/2021 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0635T | CT BREAST W/3D UNI C-/C+ | CATEGORY III CODES | YES | 01/01/2021 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 0634T | CT BREAST W/3D UNI C+ | CATEGORY III CODES | YES | 01/01/2021 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 0633T | CT BREAST W/3D UNI C- | CATEGORY III CODES | YES | 01/01/2021 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 0632T | PERQ TCAT US ABLTJ NRV P-ART | CATEGORY III CODES | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0630T | PERQ NJX ALGC CT LMBR EA | CATEGORY III CODES | YES | 01/01/2021 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 0628T | PERQ NJX ALGC FLUOR LMBR EA | CATEGORY III CODES | YES | 01/01/2021 | 12/31/2078 | Carve Out | Non-Cov For Professional Claims Only | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 0622T | TRABECULOSTOMY INT LSR W/SCP | CATEGORY III CODES | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0621T | TRABECULOSTOMY INTERNO LASER | CATEGORY III CODES | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0620T | EVASC VEN ARTLZ TIBL/PRNL VN | CATEGORY III CODES | NO | 12/31/2020 | 12/31/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0593T | HLTH&WB COACHING GROUP | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0592T | HLTH&WB COACHING INDIV F-UP | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0591T | HLTH&WB COACHING INDIV 1ST | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0590T | ELEC ALYS CPLX PRGRMG IINS | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0589T | ELEC ALYS SMPL PRGRMG IINS | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0588T | REVISION/REMOVAL ISDNS PTN | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0587T | PERQ IMPLTJ/RPLCMT ISDNS PTN | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0586T | OPEN ISLET CELL TRANSPLANT | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0585T | LAPS ISLET CELL TRANSPLANT | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0584T | PERQ ISLET CELL TRANSPLANT | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0584F | NO TRANSFERCARE CHKLIST USED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0583T | TMPST AUTO TUBE DLVR SYS | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0583F | TRANSFER CARE CHECKLIST USED | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0582T | TRURL ABLTJ MAL PRST8 TISS | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0582F | NO TRNSFR FROM ANESTH TO CC | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0581T | ABLTJ MAL BRST TUM PERQ CRTX | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0581F | PT TRNSFRD FROM ANESTH TO CC | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0580T | RMVL SS IMPL DFB PG ONLY | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0580F | MULTIDISCIPLINARY CARE PLAN | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0579T | REM INTERROG DEV ICDS TECH | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0578T | REM INTERROG DEV ICDS PHYS | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0577T | EPHYS EVAL ICDS SS | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0576T | INTERROG DEV EVAL ICDS SS IP | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0575T | PRGRMG DEV EVAL ICDS SS IP | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0575F | HIV RNA PLAN CARE DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0574T | REPOS PREV SS IMPL DFB ELTRD | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0573T | REMOVAL SS DFB ELECTRODE | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0572T | INSERTION SS DFB ELECTRODE | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0571T | INSJ/RPLCMT ICDS SS ELTRD | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0570T | TTVR PERQ EA ADDL PROSTH | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0569T | TTVR PERQ APPR 1ST PROSTH | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0566T | AUTOL CELL IMPLT ADPS NJX | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0565T | AUTOL CELL IMPLT ADPS HRVG | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0563T | EVAC MEIBOMIAN GLND HEAT BI | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0562T | ANTMC GUIDE 3D PRINT EA ADDL | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0561T | ANTMC GUIDE 3D PRINT 1ST GD | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0560T | ANTMC MDL 3D PRINT EA ADDL | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0559T | ANTMC MDL 3D PRINT 1ST CMPNT | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0558T | CT SCAN F/BIOMCHN CT ALYS | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0557T | B1 STR & FX RSK I&R | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0557F | PLAN CAREMNG ANGNL SYMPTDOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0556T | B1 STR & FX RSK ASSESSMENT | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0556F | PLAN CARE LIPID CONTROL DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0555T | B1 STR&FX RSK TRANSMIS DATA | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0555F | SYMPTOM MGMNT PLAN CARE DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0554T | B1 STR & FX RSK ANALYSIS | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0552T | LOW-LEVEL LASER THERAPY | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0551F | CYTOPATH REPORT NON ROUTINE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0550F | CYTOPATH REPORT NONGYN SPCMN | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0547T | B1 MATRL QUAL TST MCRIND TIB | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0546T | RF SPECTRSC NTRAOP MRGN ASMT | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0545T | TCAT TV ANNULUS RCNSTJ | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0545F | FOLLOW UP CARE PLAN MDD DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0544T | TCAT MV ANNULUS RCNSTJ | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0543T | TA MV RPR W/ARTIF CHORD TEND | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0542T | MYOCARDIAL IMAGING MCG I&R | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0541T | MYOCARDIAL IMAGING MCG | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0540F | GLUCO MNGMNT PLAN DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0535F | DYSPNEA MNGMNT PLAN DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0532T | REMOVAL IIMS IMPLT MNTR ONLY | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0531T | REMOVAL IIMS ELECTRODE ONLY | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0530T | REMOVAL COMPLETE IIMS | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0529T | INTERROG DEV EVAL IIMS IP | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0529F | INTRVL 3/GT YR PTS CLNSCP DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0528T | PRGRMG DEV EVAL IIMS IP | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0528F | RCMND FLW-UP 10 YRS DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0527T | INSJ/RPLCMT IIMS IMPLT MNTR | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0526T | INSJ/RPLCMT IIMS ELTRD ONLY | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0526F | SUBS VISIT FOR EPISODE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0525T | INSJ/RPLCMT COMPL IIMS | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0525F | INITIAL VISIT FOR EPISODE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0524T | EV CATH DIR CHEM ABLTJ W/IMG | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0523T | NTRAPX C FFR W/3D FUNCJL MAP | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0522T | PRGRMG DEV EVAL WCS IP | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0521T | INTERROG DEV EVAL WCS IP | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0521F | PLAN OF CARE 4 PAIN DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0520T | RMV&RPLCMT PG WCS LV BATTERY | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0520F | RAD DOS LIMTS B/4 3D RAD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0519T | RMV&RPLCMT PG WCS LV BOTH | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0519F | PLAND CHEMO DOCD B/4 TXMNT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0518T | RMVL PG WCS LV BATTERY ONLY | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0518F | FALL PLAN OF CARE DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0517T | INSJ WCS LV BOTH COMPNT PG | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0517F | GLAUCOMA PLAN OF CARE DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0516T | INSJ WCS LV ELTRD ONLY | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0516F | ANEMIA PLAN OF CARE DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0515T | INSJ WCS LV COMPL SYS | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0514F | CARE PLAN HGB DOCD ESA PT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0513T | ESW INTEG WND HLG EA ADDL | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0513F | ELEV BP PLAN OF CARE DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0512T | ESW INTEG WND HLG 1ST WND | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0511T | RMVL&RINSJ SINUS TARSI IMPLT | CATEGORY III CODES | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0510T | RMVL SINUS TARSI IMPLANT | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0509F | URINE INCON PLAN DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0507T | NEAR IFR 2IMG MIBMN GLND I&R | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0507F | PERITON DIALYSIS PLAN DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0506T | MAC PGMT OPT DNS MEAS HFP | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0505T | EV FEMPOP ARTL REVSC | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0505F | HEMODIALYSIS PLAN DOCD | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0503F | POSTPARTUM CARE VISIT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0502F | SUBSEQUENT PRENATAL CARE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0501F | PRENATAL FLOW SHEET | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0496T | MNTR CDVR DON LNG EA ADDL HR | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0495T | MNTR CDVR DON LNG 1ST 2 HRS | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0494T | PREP & CANNULJ CDVR DON LUNG | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0490T | REGN CELL TX SCLDR H MLT INJ | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0489T | REGN CELL TX SCLDR HANDS | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0488T | DIABETES PREV ONLINE/ELEC | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0486T | OCT MID EAR I&R BILATERAL | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0485T | OCT MID EAR I&R UNILATERAL | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0484T | TMVI TRANSTHORACIC APPROACH | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0483T | TMVI PERCUTANEOUS APPROACH | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0481T | NJX AUTOL WBC CONCENTRATE | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0480T | FXJL ABL LSR EA ADDL 100SQCM | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0474T | INSJ AQUEOUS DRG DEV IO RSVR | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0473T | REPRGRMG IO RTA ELTRD RA | Category III Codes | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0472T | PRGRMG IO RTA ELTRD RA | Category III Codes | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0469T | RTA POLARIZE SCAN OC SCR BI | Category III Codes | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0464T | VISUAL EP TEST FOR GLAUCOMA | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0450T | INSJ AQUEOUS DRAIN DEV EACH | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0449T | INSJ AQUEOUS DRAIN DEV 1ST | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0448T | REMVL INSJ IMPLTBL GLUC SENS | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0447T | RMVL IMPLTBL GLUCOSE SENSOR | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0446T | INSJ IMPLTBL GLUCOSE SENSOR | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0445T | SBSQT PLMT DRUG ELUT OC INS | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0444T | 1ST PLMT DRUG ELUT OC INS | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0443T | R-T SPCTRL ALYS PRST8 TISS | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0442T | ABLTJ PERC PLEX/TRNCL NRV | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0441T | ABLTJ PERC LXTR/PERPH NRV | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0440T | ABLTJ PERC UXTR/PERPH NRV | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0439T | MYOCRD CONTRAST PRFUJ ECHO | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0438U | RX METAB ADVRS VRNT ALYS 33 | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0437U | PSYC ANXIETY DO MRNA 15 BMRK | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0437T | IMPLTJ SYNTH RNFCMT ABDL WAL | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0436U | ONC LNG PLSM ALYS 388 PRTN | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0435U | ONC CHEMO RX CYTOX CSC 14 RX | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0434U | RX METAB ADVRS VRNT ALYS 25 | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0433U | ONC PRST8 5 DNA REG MRK PCR | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0432U | KLHL11 ANTB SR/CSF ASY QUAL | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0431U | GLY RCPTR ALPHA1 IGG SRM/CSF | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0430U | GI MALABS AAT CALPRO PNCRTC | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0429U | HPV OROP SWAB 14 HI-RISK TYP | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0427U | MONOCYTE DSTRBJ WDTH WHL BLD | PATH & LAB-PROPRIETARY LAB ANA | NO | 01/01/2024 | 01/01/2024 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0426U | GENOME ULTRA-RAPID SEQ ALYS | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0425U | GENOM RPD SEQ ALYS EA CMPRTR | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0424U | ONC PRST8 XOM ALYS 53 SNCRNA | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0423U | PSYC GENOMIC ALYS PNL 26 GEN | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0422U | ONC PAN SOLID TUM ALYS DNA | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0422T | TACTILE BREAST IMG UNI/BI | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0421U | ONC CLRCT SCR SGL AMP 8 RNA | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0420U | ONC URTHL MRNA XPRSN 6 SNP | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0420T | DSTRJ NEUROFIBROMAS XTNSV | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0419U | NRPSYC GEN SEQ VRNT ALY 13 | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0419T | DSTRJ NEUROFIBROMAS XTNSV | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0418U | ONC BRST AUG ALG ALY WHL SL8 | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0418T | INTERRO EVAL CARDIAC MODULJ | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0417U | RARE DS ALYS 335 NUC GENES | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0417T | PRGRMG EVAL CARDIAC MODULJ | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0416T | RELOC SKIN POCKET PLS GEN | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0415U | CV DS ACS BLD ALG 5 YR SCORE | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0415T | REPOS CAR MODULJ TRANVNS ELT | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0414U | ONC LNG AUG ALG ALY WHL SLD8 | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0414T | RMVL & RPL CAR MODULJ PLS GN | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0413U | ONC HL NEO OPT GEN MAPG DNA | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0413T | RMVL CAR MODULJ TRANVNS ELT | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0412U | BETA AMYLOID AB42/40 IMPRCIP | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0412T | RMVL CARDIAC MODULJ PLS GEN | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0411U | PSYC GENOM ALYS PNL 15 GEN | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0411T | INSJ/RPLC CAR MODULJ VNT ELT | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0410U | ONC PNCRTC DNA WHL GN SEQ 5- | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0410T | INSJ/RPLC CAR MODULJ ATR ELT | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0409U | ONC SLD TUM DNA 80 & RNA 36 | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0409T | INSJ/RPLC CAR MODULJ PLS GN | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0408U | IAAD BLK AC WV BSNSR SARSCV2 | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0408T | INSJ/RPLC CARDIAC MODULJ SYS | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0407U | NEPH DBTC CKD MULT ECLIA ALG | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0406U | ONC LUNG FLOW CYTMTRY 5 MRK | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0405U | ONC PNCRTC 59 MTHLTN BLK MRK | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0404U | ONC BRST SEMIQ MEAS THYM KN | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0403T | DIABETES PREV STANDARD CURR | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0402U | NFCT AGT STI MULT AMP PRB TQ | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0402T | COLGN CRS-LINK CRN&PACHYMTRY | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0401U | CRD C HRT DS 9 GEN 12 VRNTS | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0400U | OB XPND CAR SCR 145 GENES | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0399U | NEURO CERE FOLATE DEFNCY SRM | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0398U | GI BARET ESPH DNA MTHYLN ALY | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0397T | ERCP W/OPTICAL ENDOMICROSCPY | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0395U | ONC LNG MULTIOMICS PLSM ALG | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0395T | HDR ELCTR NTRST/NTRCV BRCHTX | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | carve out | Non-Cov For Professional Claims Only | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 0394U | PFAS 16 PFAS COMPND LC MS/MS | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0393U | NEU PRKSN MSFL A-SYNCLN PRTN | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0392U | RX METAB GEN-RX IA 16 GENES | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0391U | ONC SLD TUM DNA&RNA 437 GEN | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0390U | OB PE KDR ENG&RBP4 IA ALG | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0389U | PED FBRL KD IFI27&MCEMP1 RNA | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0388U | ONC NONSM CLL LNG CA 37 GEN | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0387U | ONC MLNMA AMBRA1&AMLO | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0385U | NEPH CKD ALG RSK DBTC KDN DS | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0384U | NEPH CKD RSK HI STG KDN DS | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0383U | TYROSINEMIA TYP I MNTR QUAN | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0382U | HYPRPHENYLALNINMIA MNTR QUAN | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0381U | MAPLE SYRUP UR DS MNTR QUAN | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0379U | TGSAP SL OR NEO DNA523&RNA55 | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0379T | VIS FIELD ASSMNT TECH SUPPT | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0378U | RFC1 REPEAT XPNSJ VRNT ALYS | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0378T | VISUAL FIELD ASSMNT REV/RPRT | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0377U | CV DS QUAN ADVSRM/PLSM LPRTN | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0376U | ONC PRST8 CA IMG ALYS 128 | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0375U | ONC OVRN BCHM ASY 7 PRTN ALG | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0372U | NFCT DS GU PTHGN ARG DETCJ | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0371U | IADNA GU PTHGN SEMIQ DNA16&1 | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0368U | ONC CLRCT CA MUT&MTHYLTN MRK | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0367U | ONC BLDR 10 FLWG TRURL RESCJ | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0366U | ONC BLDR 10 PRB RECR BLDR CA | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0364U | ONC HL NEO GEN SEQ ALYS ALG | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0363U | ONC URTHL MRNA 5 GEN ALG | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0362U | ONC PAP THYR CA RNA 82&10 | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0360U | ONC LUNG ELISA 7 AUTOANT ALG | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0359U | ONC PRST8 CA ALYS ALL PSA | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0358U | NEURO ALYS B-AMYL 1-42&1-40 | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0358T | BIA WHOLE BODY | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0356U | ONC OROP/ANAL 17 DNA DDPCR | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0355U | APOL1 RISK VARIANTS | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0354T | OCT BREAST SURG CAVITY I&R | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0353T | INTRAOP OCT BREAST CAVITY | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0352T | OCT BRST/NODE I&R PER SPEC | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0351U | NFCT DS BCT/VIRAL TRAIL IP10 | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0351T | INTRAOP OCT BRST/NODE SPEC | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0350U | RX METAB/PCX DNA 27 GEN ALYS | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0350T | RSA LOWER EXTR EXAM | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0349U | RX METAB/PCX DNA 27GEN RX IA | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0349T | RSA UPPER EXTR EXAM | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0348U | RX METAB/PCX DNA 25 GEN ALYS | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0348T | RSA SPINE EXAM | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0347U | RX METAB/PCX DNA 16 GEN ALYS | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0347T | INS BONE DEVICE FOR RSA | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0345U | PSYC GENOM ALYS PNL 15 GEN | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0345T | TRANSCATH MTRAL VLVE REPAIR | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0344U | HEP NAFLD SEMIQ EVL 28 LIPID | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0343U | ONC PRST8 XOM ALY 442 SNCRNA | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0342U | ONC PNCRTC CA MULT IA ECLIA | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0342T | THXP APHERESIS W/HDL DELIP | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0341U | FTL ANEUP DNA SEQ CMPR ALYS | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0340U | ONC PAN CA ALYS MRD PLASMA | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0339U | ONC PRST8 MRNA HOXC6 & DLX1 | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0339T | TRNSCTH RENAL SYMP DENRV BIL | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0338U | ONC SLD TUM CRCG TUM CL SLCT | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0338T | TRNSCTH RENAL SYMP DENRV UNL | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0337U | ONC PLSM CELL DO&MYELOMA ID | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0336U | RARE DS WHL GEN SEQ BLD/SLV | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0335U | RARE DS WHL GEN SEQ FETAL | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0335T | INSJ SINUS TARSI IMPLANT | CATEGORY III CODES | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0334U | ONC SLD ORGN TGSA DNA 84/+ | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0333U | ONC LVR SURVEILANC HCC CFDNA | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0333T | VISUAL EP ACUITY SCREEN AUTO | CATEGORY III CODES | YES | 12/01/2020 | 12/31/2078 | Other | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 0332U | ONC PAN TUM GEN PRFLG 8 DNA | PATH & LAB-PROPRIETARY LAB ANA | YES | 10/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0332T | HEART SYMP IMAGE PLNR SPECT | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0331U | ONC HL NEO OPT GEN MAPPING | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0331T | HEART SYMP IMAGE PLNR | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0330U | IADNA VAG PTHGN PANEL 27 ORG | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0330T | TEAR FILM IMG UNI/BI W/I&R | CATEGORY III CODES | YES | 12/01/2020 | 12/31/2078 | Other | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0329U | ONC NEO XOME&TRNS SEQ ALYS | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0329T | MNTR IO PRESS 24HRS/GT UNI/BI | CATEGORY III CODES | YES | 12/01/2020 | 12/31/2078 | Other | Non-Cov For Professional Claims Only | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 0328U | DRUG ASSAY 120+ RX&METABLT | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0327U | FTL ANEUPLOIDY TRSMY DNA SEQ | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0326U | TRGT GEN SEQ ALYS PNL 83+ | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0323U | IADNA CNS PTHGN NEXT GEN SEQ | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0322U | NEURO ASD MEAS 14 ACYL CARN | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0321U | IADNA GU PTHGN 20BCT&FNG ORG | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0320U | NEPH RNA PSTTRNSPL PERPH BLD | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0319U | NEPH RNA PRETRNSPL PERPH BLD | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0318U | PED WHL GEN MTHYLTN ALYS 50+ | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0317U | ONC LUNG CA 4-PRB FISH ASSAY | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0316U | B BRGDRFERI LYME DS OSPA EVL | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0315U | ONC CUTAN SQ CLL CA MRNA 40 | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0314U | ONC CUTAN MLNMA MRNA 35 GENE | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0313U | ONC PNCRS DNA&MRNA SEQ 74 | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0312U | AI DS SLE ALYS 8 IGG AUTOANT | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0311U | NFCT DS BCT QUAN ANTMCRB SC | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0310U | PED VSCLTS KD ALYS 3 BMRKS | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0309U | CRD CV DS ALY 4 PRTN PLM ALG | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0308U | CRD CAD ALYS 3 PRTN 3 PARAM | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0308T | INSJ OCULAR TELESCOPE PROSTH | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0307U | ONC MRD NXT-GNRJ ALYS SBSQ | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0306U | ONC MRD NXT-GNRJ ALYS 1ST | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0305U | HEM RBC FNCLTY&DFRM SHR STRS | HCPCS - PATH & LAB | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0304U | HEM RBC ADS WHL BLD NORMOXIC | HCPCS - PATH & LAB | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0303U | HEM RBC ADS WHL BLD HYPOXIC | HCPCS - PATH & LAB | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0302U | IADNA BRTNLA DDPCR FLWG LIQ | HCPCS - PATH & LAB | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0301U | IADNA BARTONELLA DDPCR | HCPCS - PATH & LAB | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0300U | ONC PAN TUM WHL GEN SEQ&OPT | HCPCS - PATH & LAB | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0299U | ONC PAN TUM WHL GEN OPT MAPG | HCPCS - PATH & LAB | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0298U | ONC PAN TUM WHL TRNS SEQ RNA | HCPCS - PATH & LAB | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 0297U | ONC PAN TUM WHL GEN SEQ DNA | HCPCS - PATH & LAB | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0296U | ONC ORL&/OROP CA 20 MLC FEAT | HCPCS - PATH & LAB | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0295U | ONC BRST DUX CARC 7 PROTEINS | HCPCS - PATH & LAB | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0294U | LNGVTY&MRTLTY RSK MRNA 18GEN | HCPCS - PATH & LAB | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0293U | PSYC SUICIDAL IDEA MRNA 54 | HCPCS - PATH & LAB | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0292U | PSYC STRS DO MRNA 72 GENES | HCPCS - PATH & LAB | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0291U | PSYC MOOD DO MRNA 144 GENES | HCPCS - PATH & LAB | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0290U | PAIN MGMT MRNA GEN XPRSN 36 | HCPCS - PATH & LAB | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0289U | NEURO ALZHEIMER MRNA 24 GEN | HCPCS - PATH & LAB | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0288U | ONC LUNG MRNA QUAN PCR 11&3 | HCPCS - PATH & LAB | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0287U | ONC THYR DNA&MRNA 112 GENES | HCPCS - PATH & LAB | YES | 01/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0286U | CEP72 NUDT15&TPMT GENE ALYS | HCPCS - PATH & LAB | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0284U | VW FACTOR TYPE 2N EVAL PLSM | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0283U | VW FACTOR TYPE 2B EVAL PLSM | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0282U | RBC DNA GNTYP 12 BLD GRP GEN | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0281U | HEM VWD PROPEPTIDE AG LVL | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0280U | HEM VW FACTOR&CLGN IV BNDG | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0279U | HEM VW FACTOR&CLGN III BNDG | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0278U | HEM GEN THROMBOSIS 14 GENES | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0278T | TEMPR | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0277U | HEM GEN PLTLT FUNCJ DO 40 | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0276U | HEM INH THROMBOCYTOPENIA 42 | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0275U | HEM HEPRN NDUC TRMBCTPNA SRM | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0274U | HEM GEN PLTLT DO 62 GENES | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0273U | HEM GEN HYPRFIBRNLYSIS 9 GEN | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0272U | HEM GENETIC BLD DO 60 GENES | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0271U | HEM CGEN NEUTROPENIA 24 GEN | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0270U | HEM CGEN COAGJ DO 20 GENES | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0269U | HEM AUT DM CGEN TRMBCTPNA 22 | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0268U | HEM AHUS GEN SEQ ALYS 15 GEN | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0267U | RARE DO ID OPT GEN MAPG&SEQ | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0266U | UNXPL CNST HRTBL DO GN XPRSN | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 0265U | RAR DO WHL GN&MTCDRL DNA ALS | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0265T | IM B1 MRW CEL THER HRVST ONL | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0264U | RARE DS ID OPT GENOME MAPG | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0264T | IM B1 MRW CEL THER XCL HRVST | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0263U | NEURO ASD MEAS 16 C METBLT | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0263T | IM B1 MRW CEL THER CMPL | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0262U | ONC SLD TUM RT-PCR 7 GEN | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0261U | ONC CLRCT CA IMG ALYS W/AI | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0260U | RARE DS ID OPT GENOME MAPG | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0259U | NEPH CKD NUC MRS MEAS GFR | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0258U | AI PSOR MRNA 50-100 GEN ALG | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0257U | VLCAD LEUK NZM ACTV WHL BLD | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0256U | TMA/TMAO PRFL MS/MS UR ALG | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0255U | ANDROLOGY INFERTILITY ASSMT | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0254U | REPRDTVE MED ALYS 24 CHRMSM | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0253U | RPRDTVE MED RNA GEN PRFL 238 | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0253T | INSERT AQUEOUS DRAIN DEVICE | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0252U | FTL ANEUPLOIDY STR ALYS DNA | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0251U | HEPCIDIN-25 ELISA SERUM/PLSM | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0250U | ONC SLD ORG NEO DNA 505 GENE | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0249U | ONC BRST ALYS 32 PHSPRTN ALG | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0247U | OB PRTRM BRTH IBP4 SHBG MEAS | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0246U | RBC DNA GNOTYP 16 BLD GROUPS | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0245U | ONC THYR MUT ALYS 10 GEN&37 | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0244U | ONC SOLID ORGN DNA 257 GENES | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0243U | OB PE BIOCHEM ASSAY PGF ALG | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0242U | TRGT GEN SEQ ALYS PNL 55-74 | PATH & LAB-PROPRIETARY LAB ANA | YES | 04/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0238U | ONC LNCH SYN GEN DNA SEQ ALY | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0238T | TRLUML PERIP ATHRC ILIAC ART | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0237U | CAR ION CHNLPTHY GEN SEQ PNL | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0236U | SMN1&SMN2 FULL GENE ANALYSIS | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0236T | TRLUML PERIP ATHRC ABD AORTA | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 0235U | PTEN FULL GENE ANALYSIS | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0235T | TRLUML PERIP ATHRC VISCERAL | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0234U | MECP2 FULL GENE ANALYSIS | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0234T | TRLUML PERIP ATHRC RENAL ART | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0233U | FXN GENE ANALYSIS | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0232U | CSTB FULL GENE ANALYSIS | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0232T | NJX PLATELET PLASMA | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0231U | CACNA1A FULL GENE ANALYSIS | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0230U | AR FULL SEQUENCE ANALYSIS | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0229U | BCAT1&IKZF1 PRMTR MTHLN ALYS | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0228U | ONC PRST8 MA MOLEC PRFL ALG | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0227U | RX ASY PRSMV 30+RX/METABLT | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2021 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0222T | PLMT POST FACET IMPLT ADDL | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0221T | PLMT POST FACET IMPLT LUMB | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0220T | PLMT POST FACET IMPLT THOR | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0219T | PLMT POST FACET IMPLT CERV | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 0212T | COMPRE AUDIOMETRY EVALUATION | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0211T | SPEECH AUDIOM THRESH & RECOG | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0210T | SPEECH AUDIOMETRY THRESHOLD | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0209T | AUDIOMETRY AIR & BONE | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0208T | AUDIOMETRY AIR ONLY | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0207T | CLEAR EYELID GLAND W/HEAT | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0202T | POST VERT ARTHRPLST 1 LUMBAR | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0198T | OCULAR BLOOD FLOW MEASURE | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 01960 | ANES VAGINAL DELIVERY ONLY | ANESTH - OBSTETRIC | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0184T | EXC RECTAL TUMOR ENDOSCOPIC | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0175T | CAD CXR REMOTE | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0174T | CAD CXR WITH INTERP | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0171U | TRGT GEN SEQ ALYS PNL DNA 23 | PATH & LAB-PROPRIETARY LAB ANA | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0170U | NEURO ASD RNA NEXT GEN SEQ | PATH & LAB-PROPRIETARY LAB ANA | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0169U | NUDT15&TPMT GENE COM VRNT | PATH & LAB-PROPRIETARY LAB ANA | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0166U | LIVER DS 10 BIOCHEM ASY SRM | PATH & LAB-PROPRIETARY LAB ANA | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 0165U | PEANUT ALLG ASMT EPI PRB ALL | PATH & LAB-PROPRIETARY LAB ANA | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0165T | REVISE LUMB ARTIF DISC ADDL | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0164U | GI IBS IA ANTI-CDTB&VINCULIN | PATH & LAB-PROPRIETARY LAB ANA | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0164T | REMOVE LUMB ARTIF DISC ADDL | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0163U | ONC CLRCT SCR 3 PRTN ALG | PATH & LAB-PROPRIETARY LAB ANA | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0162U | HERED COLON CA TRGT MRNA PNL | PATH & LAB-PROPRIETARY LAB ANA | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0161U | PMS2 MRNA SEQ ALYS | PATH & LAB-PROPRIETARY LAB ANA | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0160U | MSH6 MRNA SEQ ALYS | PATH & LAB-PROPRIETARY LAB ANA | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0159U | MSH2 MRNA SEQ ALYS | PATH & LAB-PROPRIETARY LAB ANA | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0158U | MLH1 MRNA SEQ ALYS | PATH & LAB-PROPRIETARY LAB ANA | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0157U | APC MRNA SEQ ALYS | PATH & LAB-PROPRIETARY LAB ANA | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0156U | COPY NUMBER SEQUENCE ALYS | PATH & LAB-PROPRIETARY LAB ANA | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0155U | ONC BRST CA DNA PIK3CA GENE | PATH & LAB-PROPRIETARY LAB ANA | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0154U | ONC URTHL CA RNA FGFR3 GENE | PATH & LAB-PROPRIETARY LAB ANA | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0153U | ONC BREAST MRNA 101 GENES | PATH & LAB-PROPRIETARY LAB ANA | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0152U | NFCT DS DNA UNTRGT NGNRJ SEQ | PATH & LAB-PROPRIETARY LAB ANA | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0142U | NFCT DS BACT&FNG GRAM NEG | PATH & LAB-PROPRIETARY LAB ANA | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0141U | NFCT DS BACT&FNG GRAM POS | PATH & LAB-PROPRIETARY LAB ANA | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0140U | NFCT DS FUNGI DNA 15 TRGT | PATH & LAB-PROPRIETARY LAB ANA | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0138U | BRCA1 BRCA2 MRNA SEQ ALYS | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0137U | PALB2 MRNA SEQ ALYS | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0136U | ATM MRNA SEQ ALYS | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0134U | HERED PAN CA MRNA PNL 18 GEN | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0133U | HERED PRST8 CA RLTD DO 11 | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0130U | HERED COLON CA DO MRNA PNL | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0129U | HERED BRST CA RLTD DO PANEL | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0123U | MCHNL FRAGILITY RBC PRFLG | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0122U | SC DIS P-SELECTIN WHL BLOOD | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0121U | SC DIS VCAM-1 WHOLE BLOOD | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0120U | ONC B CLL LYMPHM MRNA 58 GEN | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0119U | CRD CERAMIDES LIQ CHROM PLSM | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0118U | TRNSPLJ DON-DRV CLL-FR DNA | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 0117U | PAIN MGMT 11 ENDOGENOUS ANAL | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0116U | RX MNTR NZM IA 35+ORAL FLU | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0115U | RESPIR IADNA 18 VIRAL&2 BACT | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0114U | GI BARRETTS ESOPH VIM&CCNA1 | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0113U | ONC PRST8 PCA3&TMPRSS2-ERG | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0112U | IADI 16S&18S RRNA GENES | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0111U | ONC COLON CA KRAS&NRAS ALYS | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0110U | RX MNTR 1+ORAL ONC RX&SBSTS | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0110T | NOS QUANT SENSORY TEST | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0109U | ID ASPERGILLUS DNA 4 SPECIES | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0109T | HEAT QUANT SENSORY TEST | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0108U | GI BARRETT ESOPH 9 PRTN BMRK | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0108T | COOL QUANT SENSORY TEST | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0107U | C DIFF TOX AG DETCJ IA STOOL | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0107T | VIBRATE QUANT SENSORY TEST | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0106U | GSTR EMPTG 7 TIMED BRTH SPEC | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 0106T | TOUCH QUANT SENSORY TEST | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0105U | NEPH CKD MULT ECLIA TUM NEC | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0103U | HERED OVA CA PNL 24 GENES | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0103A | Fee covid-19 vac 11 booster | | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0102U | HERED BRST CA RLTD DO 17 GEN | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0102A | Fee covid-19 vac 11 dose 2 | | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0101U | HERED COLON CA DO 15 GENES | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0101A | Fee covid-19 vac 11 dose 1 | | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0098T | REV ARTIFIC DISC ADDL | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0096U | HPV HI RISK TYPES MALE URINE | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0094U | GENOME RAPID SEQUENCE ALYS | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0093U | RX MNTR 65 COM DRUGS URINE | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0092U | ONC LNG 3 PRTN BMRK PLSM ALG | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0091U | ONC CLRCT SCR WHL BLD ALG | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0090U | ONC CUTAN MLNMA MRNA 23 GENE | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0089U | ONC MLNMA PRAME & LINC00518 | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 0088U | TRNSPLJ KDN ALGRFT REJ 1494 | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0087U | CRD HRT TRNSPL MRNA 1283 GEN | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0086U | NFCT DS BACT&FNG ORG ID 6+ | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0084U | RBC DNA GNOTYP 10 BLD GROUPS | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0084T | DO NOT USE -- expired code from 2009- added as data entry error; s/b 0084U ...RBC DNA GNOTYP 10 BLD GRP PHNT PREDICT 37 RBC AG | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0084A | Fee covid-19 vac 9 res | | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0083U | ONC RSPSE CHEMO CNTRST TOMOG | HCPCS - PATH & LAB | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0082U | RX TEST DEF 90+ RX/SBSTS UR | HCPCS - PATH & LAB | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0080U | ONC LNG 5 CLIN RSK FACTR ALG | HCPCS - PATH & LAB | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0079U | CMPRTV DNA ALYS MLT SNPS | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0077U | IG PARAPROTEIN QUAL BLD/UR | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0076U | CYP2D6 3' GENE DUP/MLT | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0075U | CYP2D6 5' GENE DUP/MLT | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0074U | CYP2D6 NONDUPLICATED GENE | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0073U | CYP2D6 GEN CYP2D7-2D6 HYBRID | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 0072U | CYP2D6 GEN CYP2D6-2D7 HYBRID | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0072T | FCSD US ABLTJ LEIOMYOMGT EQU 200 | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0071U | CYP2D6 FULL GENE SEQUENCE | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0070U | CYP2D6 GEN COM&SLCT RAR VRNT | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0069U | ONC CLRCT MICRORNA MIR-31-3P | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0068U | CANDIDA SPECIES PNL AMP PRB | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0067U | ONC BRST IMHCHEM PRFL 4 BMRK | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0065U | SYFLS TST NONTREPONEMAL ANTB | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0064U | ANTB TP TOTAL&RPR IA QUAL | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0063U | NEURO AUTISM 32 AMINES ALG | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0063A | Fee covid-19 vac 7 booster | | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0062U | AI SLE IGG&IGM ALYS 80 BMRK | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0062A | Fee covid-19 vac 7 dose 2 | | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0061U | TC MEAS 5 BMRK SFDI M-S ALYS | ANESTH - SPINE AND SPINAL CORD | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0061A | Fee covid-19 vac 7 dose 1 | | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0060U | TWN ZYG GEN SEQ ALYS CHRMS2 | ANESTH - SPINE AND SPINAL CORD | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 0059U | ONC MERKEL CLL CARC SRM +/- | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0058U | ONC MERKEL CLL CARC SRM QUAN | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0055U | CARD HRT TRNSPL 96 DNA SEQ | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0055T | BONE SRGRY CMPTR CT/MRI IMAG | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0054U | RX MNTR 14+ DRUGS & SBSTS | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0054T | BONE SRGRY CMPTR FLUOR IMAGE | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0052U | LPOPRTN BLD W/5 MAJ CLASSES | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0051U | RX MNTR LC-MS/MS UR/BLD 31 | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0050U | TRGT GEN SEQ DNA 194 GENES | ANESTH - INTRATHORACIC | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0049U | NPM1 GENE ANALYSIS QUAN | ANESTH - THORAX (CHEST WALL AN | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0048U | ONC SLD ORG NEO DNA 468 GENE | ANESTH - THORAX (CHEST WALL AN | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0047U | ONC PRST8 MRNA 17 GENE ALG | ANESTH - THORAX (CHEST WALL AN | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0046U | FLT3 GENE ITD VARIANTS QUAN | ANESTH - THORAX (CHEST WALL AN | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0045U | ONC BRST DUX CARC IS 12 GENE | ANESTH - THORAX (CHEST WALL AN | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0044U | TBRF B GRP ANTB 4 PRTN IGG | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0043U | TBRF B GRP ANTB 4 PRTN IGM | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 0043A | Fee covid-19 vac 5 booster | | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0042U | B BRGDRFERI ANTB 12 PRTN IGG | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0041U | B BRGDRFERI ANTB 5 PRTN IGM | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0040U | BCR/ABL1 GENE MAJOR BP QUAN | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0039U | DNA ANTB 2STRAND HI AVIDITY | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0038U | VITAMIN D SRM MICROSAMP QUAN | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0036U | XOME TUM & NML SPEC SEQ ALYS | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0035U | NEURO CSF PRION PRTN QUAL | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0034U | TPMT NUDT15 GENES | Pathology & Laboratory | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0033A | Fee covid-19 vac 4 booster | | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0032U | COMT GENE | Pathology & Laboratory | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0032A | Fee covid-19 vac 4 dose 2 | | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0031U | CYP1A2 GENE | Pathology & Laboratory | NO | 05/01/2022 | 05/31/2022 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0030U | RX METAB WARF TRGT SEQ ALYS | Pathology & Laboratory | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0029U | RX METAB ADVRS TRGT SEQ ALYS | Pathology & Laboratory | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0027U | JAK2 GENE TRGT SEQ ALYS | Pathology & Laboratory | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 0026U | ONC THYR DNA&MRNA 112 GENES | Pathology & Laboratory | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0025U | TENOFOVIR LIQ CHROM UR QUAN | Pathology & Laboratory | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0024U | GLYCA NUC MR SPECTRSC QUAN | Pathology & Laboratory | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0024A | Fee covid-19 vac 3 res | | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0023U | ONC AML DNA DETCJ/NONDETCJ | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0023A | Fee covid-19 vac 3 booster | | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0022U | TGSAP NSM LUNG NEO DNA&RNA23 | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0021U | ONC PRST8 DETCJ 8 AUTOANTB | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0019U | ONC RNA TISS PREDICT ALG | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0019M | CV DS PLASMA ALYS PRTN BMRK | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0018U | ONC THYR 10 MICRORNA SEQ ALG | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0018M | TRNSPLJ RNL MEAS CD154+CLL | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0017U | ONC HMTLMF NEO JAK2 MUT DNA | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0017M | ONC DLBCL MRNA 20 GENES ALG | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0016U | ONC HMTLMF NEO RNA BCR/ABL1 | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0015F | MELAN FOLLOW-UP COMPLETE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0014F | COMP PREOP ASSESS CAT SURG | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0014A | Fee covid-19 vac 2 res | | YES | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0013M | ONC MRNA 5 GEN RECR URTHL CA | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0012M | ONC MRNA 5 GEN RSK URTHL CA | CATEGORY II CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0012F | CAP BACTERIAL ASSESS | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0011U | RX MNTR LC-MS/MS ORAL FLUID | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0011M | ONC PRST8 CA MRNA 12 GEN ALG | Pathology & Laboratory | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0010U | NFCT DS STRN TYP WHL GEN SEQ | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0009U | ONC BRST CA ERBB2 AMP/NONAMP | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0008U | HPYLORI DETCJ ABX RSTNC DNA | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0007U | RX TEST PRSMV UR W/DEF CONF | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0007M | ONC GASTRO 51 GENE NOMOGRAM | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0006M | ONC HEP GENE RISK CLASSIFIER | Path & Lab - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0005U | ONCO PRST8 3 GENE UR ALG | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0005F | OSTEOARTHRITIS COMPOSITE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0004M | SCOLIOSIS DNA ALYS | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | 0003U | ONC OVAR 5 PRTN SER ALG SCOR | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0003M | LIVER DIS 10 ASSAYS W/NASH | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0002U | ONC CLRCT 3 UR METAB ALG PLP | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0002M | LIVER DIS 10 ASSAYS W/ASH | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0001U | RBC DNA HEA 35 AG 11 BLD GRP | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0001F | HEART FAILURE COMPOSITE | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | S0164 | INJECTION PANTOPRAZOLE SODIUM 40 MG | HCPCS - TEMP NATIONAL CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4277 | WOUNDPLUS MEMBRANE/E-GRFT PER SQ CM | HCPCS - TEMP CODES | EXPIRED | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | Q4210 | AXOLOTL GFT/AXOLOTL DUALGFT P SQ CM | HCPCS - TEMP CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2780 | INJ RANITIDINE HYDROCHLORIDE 25 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 01/01/2020 | 12/04/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9790 | HISTOTRIPSY M RNL TISS INCL IMG GD | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9787 | GASTRIC EPS MAPPING SIM PT SX PROF | HCPCS - C CODES-OUTPATIENT PP | EXPIRED | 07/01/2023 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9113 | INJECTION PANTOPRAZOLE SODIUM-VIAL | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0353U | IADNA CHLMYD&GONORR AMP PRB | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 10/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1850 | INJ KANAMYCIN SULFATE TO 75 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J1840 | INJ KANAMYCIN SULFATE TO 500 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | Non-Cov For Professional Claims Only | |

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| ABH of Illinois-Medicaid | E2300 | WC ACC PWR SEAT ELEV SYS ANY TYPE | HCPCS - DME | EXPIRED | 11/20/2020 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9164 | CANTHARIDIN TOP ADM 0.7PCT , SGL UN DS | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 01/01/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9162 | INJECTION AVACINCAPTAD PEGOL 0.1 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 01/01/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9161 | INJECTION AFLIBERCEPT HD 1 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 01/01/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9160 | INJEC DAXIBOTULINUMTOXINA-LANM 1 UN | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 01/01/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | C9159 | INJ PRO CPLX C BALFAXAR P/IU FCT IX | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 01/01/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0416U | IADNA GU PTHGN 20BCT&FNG ORG | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 01/01/2010 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | 0354U | HPV HI RSK QUAL MRNA E6/E7 | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 10/01/2022 | 12/31/2078 | | Non-Cov For Professional Claims Only | |
| ABH of Illinois-Medicaid | J2403 | CHLOROPROCAINE HCL OPHT 3PCT GEL 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 04/01/2023 | 04/01/2023 | | | |
| ABH of Illinois-Medicaid | J1456 | INJ FOSAPREPITANT NOT THR J1453 1MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2023 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 87154 | CUL TYP ID BLD PTHGN 6+ TRGT | PATH & LAB - MICROBIOLOGY | NO | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 0239U | TRGT GEN SEQ ALYS PNL 311+ | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 90840 | PSYTX CRISIS EA ADDL 30 MIN | MEDICINE - PSYCHIATRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90863 | PHARMACOLOGIC MGMT W/PSYTX | MEDICINE - PSYCHIATRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A4215 | NEEDLE STERILE ANY SIZE EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | E0370 | AIR PRESSURE ELEVATOR FOR HEEL | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0452 | MOLECULAR PATH PROC;PHYS INTEPR REP | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0454 | PHYS DOC F2F DME DET PRF NP PA/CNS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C9600 | PERQ TRANSCATH PLCMT; 1 MAJ CA/BR | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C9602 | PERQ TL CORONARY ATHERECT; 1 MCA/BR | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C9604 | PERQ TL REVISION OF/THRU CABG;1 VES | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C9607 | PERQ TL REV CHRN TOT OCCL; 1 VESSEL | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A4244 | ALCOHOL OR PEROXIDE PER PINT | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A4245 | ALCOHOL WIPES PER BOX | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A4554 | DISPOSABLE UNDERPADS ALL SIZES | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99070 | SPECIAL SUPPLIES PHYS/QHP | MEDICINE - SPECIAL SERVICES, P | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90785 | PSYTX COMPLEX INTERACTIVE | MEDICINE - PSYCHIATRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86153 | CELL ENUMERATION PHYS INTERP | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0035 | CARDIOKYMOGRAPHY | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0092 | SET-UP PORTABLE X-RAY EQUIPMENT | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58760 | FIMBRIOPLASTY | SURGERY - FEMALE GENITAL SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | G0455 | PREP IT FEC MICROBIOTA ASMT D SPEC | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | V2321 | LENTICULAR LENS PER LENS TRIFOCAL | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 44705 | PREPARE FECAL MICROBIOTA | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36591 | DRAW BLOOD OFF VENOUS DEVICE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36592 | COLLECT BLOOD FROM PICC | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44720 | PREP DONOR INTESTINE/VENOUS | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 44721 | PREP DONOR INTESTINE/ARTERY | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 47146 | PREP DONOR LIVER/VENOUS | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 47147 | PREP DONOR LIVER/ARTERIAL | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 48552 | PREP DONOR PANCREAS/VENOUS | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 50327 | PREP RENAL GRAFT/VENOUS | SURGERY - URINARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 50329 | PREP RENAL GRAFT/URETERAL | SURGERY - URINARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 54900 | FUSION OF SPERMATIC DUCTS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54901 | FUSION OF SPERMATIC DUCTS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58321 | ARTIFICIAL INSEMINATION | SURGERY - FEMALE GENITAL SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 58322 | ARTIFICIAL INSEMINATION | SURGERY - FEMALE GENITAL SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 58323 | SPERM WASHING | SURGERY - FEMALE GENITAL SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 58345 | REOPEN FALLOPIAN TUBE | SURGERY - FEMALE GENITAL SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 58350 | REOPEN FALLOPIAN TUBE | SURGERY - FEMALE GENITAL SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 58750 | REPAIR OVIDUCT | SURGERY - FEMALE GENITAL SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 58970 | RETRIEVAL OF OOCYTE | SURGERY - FEMALE GENITAL SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 58976 | TRANSFER OF EMBRYO | SURGERY - FEMALE GENITAL SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 59072 | UMBILICAL CORD OCCLUD W/US | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59425 | ANTEPARTUM CARE ONLY | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59426 | ANTEPARTUM CARE ONLY | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61001 | REMOVE CRANIAL CAVITY FLUID | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61864 | IMPLANT NEUROELECTRDE ADDL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76948 | ECHO GUIDE OVA ASPIRATION | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 89220 | SPUTUM SPECIMEN COLLECTION | PATH & LAB - OTHER PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 89230 | COLLECT SWEAT FOR TEST | PATH & LAB - OTHER PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90738 | INACTIVATED JE VACC IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90867 | TCRANIAL MAGN STIM TX PLAN | MEDICINE - PSYCHIATRY | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 91117 | COLON MOTILITY 6 HR STUDY | MEDICINE - GASTROENTEROLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93278 | ECG/SIGNAL-AVERAGED | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93792 | PT/CAREGIVER TRAING HOME INR | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94005 | HOME VENT MGMT SUPERVISION | MEDICINE - VENTILATOR MGMT | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94011 | SPIROMETRY UP TO 2 YRS OLD | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94012 | SPIRMTRY W/BRNCHDIL INF-2 YR | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94013 | MEAS LUNG VOL THRU 2 YRS | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A0435 | FIX WING AIR MILEAGE-STATUTE MILE | HCPCS - TRANSPORTATION (INCL A | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A0436 | ROTARY WING AIR MILEAGE-STATUT MILE | HCPCS - TRANSPORTATION (INCL A | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A4206 | SYRINGE W/NEEDLE STERIL 1 CC/LT EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A4208 | SYRINGE W/NEEDLE STERILE 3 CC EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A4211 | SUPPLIES SELF-ADMINED INJECTIONS | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A4246 | BETADINE/PHISOHEX SOLUTION PER PINT | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A4248 | CHLORHEXIDINE CONTAINING ANTISEPTIC | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A4250 | URINE TEST/REAGENT STRIPS/TABLETS | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A4252 | BLOOD KETONE TEST/REAGENT STRIP EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | A4285 | POLYCARBATE BOTTLE BREAST PUMP REPL | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A4483 | MOISTR EXCHGR DISPBL W/INVASV VENT | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A4627 | SPACR BAG/RESRVOR METRD DOSE INHAL | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A9281 | REACH/GRABBING DEVC ANY TYPE/LEN EA | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | B4102 | ENTRAL F ADLT REPL FL&LYTES 500 ML | HCPCS - ENTERAL & PARENTERAL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | B4103 | ENTRAL F PED REPL FL&LYTES 500 ML | HCPCS - ENTERAL & PARENTERAL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E0749 | OSTOGNS STIM ELEC SURGICALLY IMPL | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G0239 | TX PROC IMPRV RESP FUNCT 2/GT IND | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0337 | HOSPICE EVAL&CNSL SRVC PREELECTION | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0341 | PERQ ISLET CELL TPLNT PV CATH&INFUS | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G0342 | LAP ISLET CELL TPLNT PV CATH&INFUS | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G0343 | LAPROT ISLET CELL TPLNT PV CATH&INF | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G0372 | PHYS EST & DOC NEED PWR MOBIL DEVC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0402 | INIT PREV PE LTD DUR 1ST 12 MOS MCR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0403 | ECG RTN ECG 12 LEADS 1ST PREV PE | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0404 | ECG RTN ECG W/12 LEADS TRACING ONLY | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | G0405 | ECG RTN ECG W/12 LEADS I&R ONLY | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0409 | SW & PSYCH SRVC EA 15 MIN F/F IND | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0420 | F/F EDU SRVC CKD; IND PER SESS 1 HR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0421 | F/F EDU SRVC CKD; GRP PER SESS 1 HR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0439 | ANNUAL WELLNESS VST; PPS SUBSQT VST | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0443 | BRF F/F BHVR CNSL ALC MISUSE 15 MIN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0445 | HI INTNS BHV CNSL PREV STI; IND ED; | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0446 | ANN F2F INT BEHV TX CV DZ IND 15 MN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0447 | FCE-FCE BEHAVRL CNSL OBESITY 15 MIN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0459 | INPATIENT TELEHEALTH PHARMACOL MGMT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9187 | BPCI HOME VST PT ASMT QUAL HC PROF | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9978 | RMT IH VST E/M NP MCR BPCI ADV 10 M | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G9979 | RMT IH VST E/M NP MCR BPCI ADV 20 M | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G9980 | RMT IH VST E/M NP MCR BPCI ADV 30 M | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G9981 | RMT IH VST E/M NP MCR BPCI ADV 45 M | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G9982 | RMT IH VST E/M NP MCR BPCI ADV 60 M | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | G9983 | R IH V E/M EP MC-APVD BPCI ADV 10 M | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G9984 | R IH V E/M EP MC-APVD BPCI ADV 15 M | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G9985 | R IH V E/M EP MC-APVD BPCI ADV 25 M | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G9986 | R IH V E/M EP MC-APVD BPCI ADV 40 M | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G9987 | BPCI ADV H V PT ASMT PER CLIN STAFF | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q0091 | SCR PAP SMER; OBTAIN PREP&CONVY-LAB | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | S5522 | HIT INSRT PICC NURSE SRVC ONLY | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | S5523 | HIT INSRT ML VEN CATH NRS SRVC ONLY | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | S9470 | NUTRITIONAL CNSL DIETITIAN VISIT | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | T1023 | SCR IND PARTICIP SPEC PROG PROJ/TX | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | T4536 | INCONT PROD UNDWEAR/PULLON REUSE SZ | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Non-covered under the age of 4 yrs. Only ONE of the following codes is payable within a rolling thirty day period: T4529, T4530, T4531, T4532, T4533, T4534, T4535, T4536, T4538, T4539, T4543, T4544, T4545, A4520. | |
| ABH of Illinois-Medicaid | T4537 | INCONT PROD UNDPAD REUSBL BED SZ EA | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Non-covered under the age of 4 yrs. Only ONE of the following codes is payable within a rolling thirty day period: A4553, T4537, T4540. | |
| ABH of Illinois-Medicaid | T4542 | INCONT PROD DISPBL UNDPAD SM SZ EA | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Non-covered under the age of 4 yrs. Only ONE of the following codes is payable within a rolling thirty day period: A4554, T4542. | |
| ABH of Illinois-Medicaid | G0182 | PHYS SUPV PT UND MCR-APPRVD HOSPICE | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | This service must be requested in conjunction with an appropriate revenue code. | |
| ABH of Illinois-Medicaid | G0179 | P/A PRAC RE-CRT MCR-COV HHS UND POC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | G0180 | P/ALW PRAC CERT MCR-COV HHS UND POC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0181 | PH/A PRAC S PT RCV MC-CS PROV P HHA | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92618 | EX FOR NONSPEECH DEV RX ADD | MEDICINE - SPECIAL OTORHINOLAR | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | G0451 | DVLPMNT TEST I&R STANDRD INSTR FORM | HCPCS - PROC/PROF SERVICES (TE | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 95992 | CANALITH REPOSITIONING PROC | MEDICINE - NEUROLOGY AND NEURO | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 0037U | TRGT GEN SEQ DNA 324 GENES | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 77387 | GUIDANCE FOR RADJ TX DLVR | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | G0444 | ANNUAL DEPRESSION SCR 5 TO 15 MN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0442 | ANNUAL ALCOHL MISUSE SCR 5 TO 15 MN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9876 | 2 MDPP CORE MS MO 7-9 NOT AL 5PC WL | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G9877 | 2 MDPP CR MS MO 10-12 NOT AL 5PC WL | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G9879 | 2 MDPP C MS ACHV AL 5PC WL MO 10-12 | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G9874 | 4 T MDPP COR SESS ATD MDPP B UND EM | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G9873 | 1ST MDPP COR SESS ATD MDPP B UND EM | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G9878 | 2 MDPP C MS ACHV AL 5PC WL MO 7-9 | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | G9880 | MDPP BNF ACHV AL 5PCT WL MO 1-12 U EM | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G9875 | 9 T MDPP COR SESS ATD MDPP B UND EM | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 93352 | ADMIN ECG CONTRAST AGENT | MEDICINE - CARDIOVASCULAR | NO | 09/01/2023 | 11/13/2023 | | | |
| ABH of Illinois-Medicaid | J7171 | INJ ADAMTS13 10 IU | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0459U | ABETA42 & TTAU ECLIA CSF | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0461U | ONC RXGENOM ALYS RTPCR 24GEN | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0463U | ONC CRVX MRNA GENXPRSN 14BMK | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0465U | ONC URTHL CARC DNA QMSP 2GEN | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0467U | ONC BLDR DNA NGS 60GEN&ANEUP | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0469U | RARE DS WHL GEN SEQ FTL SAMP | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0471U | ONC CLRC CA 35 VRN KRAS&NRAS | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4311 | ACESSO PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4315 | REGENELINK AMNIOTIC MEM ALLO | HCPCS - TEMP CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4321 | RENOGRAFT PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4325 | ACAPATCH PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4329 | SINGLAY PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2024 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | Q4333 | ARDEOGRAFT PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5137 | INJECTION WEZLANA SUB CU 1 MG | HCPCS - TEMP CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0869T | NJX B1 SUB MTRL HW FIXJ AUG | CATEGORY III CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0873T | REVJ SUBQ PRTL ASCT PMP SYS | CATEGORY III CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0880T | AUGMNT ALYS CH CT ILD I&R | CATEGORY III CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0884T | ESPHGSC FLX 1ST TNDSC DILAT | CATEGORY III CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0888T | HISTOTRIPSY MAL RENAL TISSUE | CATEGORY III CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0892T | ARHFCMRIGTBS SBSQ PER TX DAY | CATEGORY III CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0896T | CONNJ LVR ALGRFT PRFU DEV EA | CATEGORY III CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0900T | N-INVAS EST AQMBF ASSTV CMR | CATEGORY III CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0020M | ONC CNS ALYS 30000 DNA LOCI | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0872 | DAPTOMYCIN UNREFRIG | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J3393 | INJ BETIBEGLOGENE AUTOTEMCE | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2246 | INJ MICAFUNGIN | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J8611 | METHOTREXATE JYLAMVO ORAL 2.5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2024 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

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| ABH of Illinois-Medicaid | 0460U | ONC WHL BLD/BUCC RTPCR 24GEN | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0462U | MELATONIN LVL TST SLP STD7/9 | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0464U | ONC CLRCT SCR QRTSA DNA MRK | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0466U | CRD CAD DNA GWAS 564856 SNP | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0468U | HEP NASH MIR-34A5P A2M YKL40 | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0470U | ONC OROP DETCJ MRD 8 DNA HPV | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0472U | CA VI PSP&SP1 ANTB SJOGREN | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4313 | DERMABIND FM PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4317 | VITOGRAFT PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4319 | SANOGRAFT PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4323 | ALLOPLY PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4327 | DUOAMNION PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4331 | AXOLOTL GRAFT PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C1605 | PACEMAKER DUAL LEADLESS | HCPCS - C CODES - OUTPATIENT PP | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0867T | TPLA B9 PRST8 HYPRPLSAGT EQU 50ML | CATEGORY III CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0871T | RPLCMT SUBQ PRTL ASCITES PMP | CATEGORY III CODES | YES | 07/01/2024 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 0875T | PRGRM SUBQ PRTL ASCT PMP SYS | CATEGORY III CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0878T | AUGMNT ALYS CH CT ILD W/CT | CATEGORY III CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0882T | INTRAOP THER ESTIM PN UE 1ST | CATEGORY III CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0886T | SGMDSC FLX 1ST TNDSC DILAT | CATEGORY III CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0890T | ARHFCMRIGTBS 1ST TX DAY | CATEGORY III CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0894T | CANNULATION LIVER ALLOGRAFT | CATEGORY III CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0898T | N-INVAS PRST8 CANCER EST MAP | CATEGORY III CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2267 | INJ MIRIKIZUMAB-MRKZ 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1748 | INJ ZYMFENTRA 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J3247 | INJ SECUKINUMAB INTRAV 1MG | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J3263 | INJ TORIPALIMAB-TPZI 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2024 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J3394 | INJ LOVOTIBEGLOGENE AUTOTEM | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J8612 | METHOTREXATE XATMEP ORAL 2.5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2024 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | Q4314 | REEVA FT PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2024 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | Q4320 | PELLOGRAFT PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4324 | AMNIOTX PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4328 | MOST PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4332 | AXOLOTL DUALGRAFT PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0453U | ONC CLRCT CA CFDNA QPCR ASY | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0455U | NFCT AGT STI MULT AMP PRB UR | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0457U | PFAS 9 CMPND LC-MS/MS PLS/SR | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0868T | HI-RES GASTRIC EP MAPPING | CATEGORY III CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0872T | RPLCMT NDWLLG BLDR&PRTL CATH | CATEGORY III CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0876T | DUPLEX SCAN HEMO FSTL LMTD | CATEGORY III CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0473U | ONC SLD TUM BLD/SLV 648 GENE | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0475U | HERED PRST8 CA GSAP 23 GENES | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0879T | AUGMNT ALYS CH CT ILD PREP | CATEGORY III CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0883T | INTRAOP THER ESTIM PN UE EA | CATEGORY III CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0891T | ARHFCMRIGTBS SBSQ TX DAY | CATEGORY III CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0895T | CONNJ LVR ALGRFT PRFU DEV 1 | CATEGORY III CODES | YES | 07/01/2024 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | J9361 | INJ EFBEMALENOGRASTIM ALFA-VUXW | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2024 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | Q4312 | ACESSO AC PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4316 | AMCHOPLAST PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4318 | E-GRAFT PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4322 | CAREGRAFT PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4326 | WOUNDPLUS PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4330 | TOTAL PER SQ CM | HCPCS - TEMP CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5138 | INJECTION WEZLANA IV 1 MG | HCPCS - TEMP CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0452U | ONC BLDR MTHYL PENK LTE-QMSP | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0454U | RARE DS ID OPT GENOME MAPG | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0458U | ONC BRST CA S100 A8&A9 ELISA | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0870T | IMP SUBQ PRTL ASCTS PMP SYS | CATEGORY III CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0874T | RMVL PERTL ASCITES PMP SYS | CATEGORY III CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9901 | ENDO DEFECT CLOSURE GI TRACT | HCPCS - C CODES - OUTPATIENT PP | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0474U | HERED PAN CA GSAP 88GENE NGS | PATH & LAB-PROPRIETARY LAB ANA | YES | 07/01/2024 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 0877T | AUGMNT ALYS CH CT ILD W/O CT | CATEGORY III CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0881T | CRYOTHERAPY ORAL CAVITY | CATEGORY III CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0885T | COLSC FLX 1ST TNDSC DILAT | CATEGORY III CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0889T | PRSNLZ TRGT DVL ARHFCMRIGTBS | CATEGORY III CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0893T | N-INVAS ASSMT BLD OXYGNATION | CATEGORY III CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0897T | N-INVAS AUGMNT ARRHYT ALYS | CATEGORY III CODES | YES | 07/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9166 | INJECTION SECUKINUMAB | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1574 | INJ GANCICLOVIR EXELA | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | J9314 | INJ PEMETREXED TEVA 10MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2023 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J0893 | INJ DECITABINE SUN PHARMA | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2023 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J0873 | INJ DAPTOMYCIN (XELLIA) | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0204U | ONC THYR MRNA XPRSN ALYS 593 | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0137 | INJ ACETAMINOPHEN HIKMA | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2023 | 07/01/2023 | | | |

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| ABH of Illinois-Medicaid | J9046 | INJ BORTEZOMIB DR REDDYS | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2023 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J0134 | INJ ACETAMINOPHEN - FRESENIUS | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | J2272 | INJ MORPHINE FRESENIUS | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | C9168 | INJECTION MIRIKIZUMAB-MRKZ | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0401 | INJ ABILIFY MAINTENA 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9296 | INJ PEMETREXED ACCORD 10MG | HCPCS - DRUGS (NOT ORAL) | YES | 04/01/2023 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J0136 | INJ ACETAMINOPHEN B BRAUN | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | J9294 | INJ PEMETREXED HOSPIRA 10MG | HCPCS - DRUGS (NOT ORAL) | YES | 04/01/2023 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J2184 | INJ MEROPENEM B BRAUN | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | J2021 | INJ LINEZOLID HOSPIRA | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2281 | INJ MOXIFLOXACIN FRES KABI | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | J3244 | INJ TIGECYCLINE ACCORD | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | C9167 | INJ ADAMTS13 RECOMBINANT-KRHN 10 IU | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | J9322 | INJ PEMETREXED BLUEPOINT | HCPCS - CHEMO DRUGS | YES | 07/01/2023 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | Q0224 | INJECTION PEMIVIBART PRE-EP ONLY | HCPCS - TEMP CODES | NO | 03/22/2024 | 03/22/2024 | | | |
| ABH of Illinois-Medicaid | M0224 | IV INFUSION PEMIVIBART PRE-EP ONLY | HCPCS - MEDICAL SERVICES | NO | 03/22/2024 | 03/22/2024 | | | |
| ABH of Illinois-Medicaid | 33281 | REPOSG PHRNC NRV STIM TRNSVN | SURGERY - RESPIRATORY SYSTEM | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0799 | FDA-APV RX USE HIV PRE-EXP PPX NOC | HCPCS - DRUGS ( NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2508 | INJ PEGUNIGALSIDASE ALFA-IWXJ 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9333 | INJECTION ROZANOLIXIZUMAB-NOLI 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 61889 | INS SK-MNT CRNL NSTM PG/RCVR | SURGERY - NERVOUS SYSTEM | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22837 | ANT THRC VRT BODY TETHRG 8+ | SURGERY-MUSCULOSKELETAL SYST | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0184 | INJECTION AMISULPRIDE 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 82166 | ASSAY ANTI-MULLERIAN HORM | PATH & LAB - CHEMISTRY | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 33288 | RMV&RPLCMT PHRNC NRV STIM LD | SURGERY - RESPIRATORY SYSTEM | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 61891 | REV/RPLCMT SK-MNT CRNL NSTM | SURGERY - NERVOUS SYSTEM | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 33276 | INSJ PHRNC NRV STIM SYS | SURGERY - RESPIRATORY SYSTEM | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 52284 | CYSTO RX BALO CATH URTL STRX | SURGERY - URINARY SYSTEM | YES | 01/01/2010 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 81517 | LIVER DS ALYS 3 BMRK SRM ALG | PATH & LAB - CYTOGENETIC STUDI | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22838 | REV RPLC/RMV THRC VRT TETHRG | SURGERY-MUSCULOSKELETAL SYST | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 86041 | ACETYLCHOLN RCPTR BNDNG ANTB | PATH & LAB - IMMUNOLOGY | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1412 | INJ VALOCTOCGN ROXAPRVOVC-RVOX Q ML | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2799 | INJECTION RISPERIDONE 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G0012 | INJ PREP DRG HIV PREV UNDER SKN/MSC | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22836 | ANT THRC VRT BODY TETHRG LT 7 | SURGERY-MUSCULOSKELETAL SYST | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9334 | INJ EFGARTIGIMD AL 2 MG & HYAL-QVFC | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 33278 | RMVL PHRNC NRV STIM SYS | SURGERY - RESPIRATORY SYSTEM | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 86043 | ACETYLCHOLN RCPTR MODLG ANTB | PATH & LAB - IMMUNOLOGY | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 58580 | TRANSCRV ABLTJ UTRN FIBRD RF | SURGERY - FEMALE GENITAL SYSTE | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0402 | INJECTION ARIPIPRAZOLE 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 31243 | NSL/SINUS NDSC CRYOABLTJ PNN | SURGERY - RESPIRATORY SYSTEM | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 61892 | RMV SK-MNT CRNL NSTM PG/RCVR | SURGERY - NERVOUS SYSTEM | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 33277 | INSJ PHRNC NRV STIM TRANSVNS | SURGERY - RESPIRATORY SYSTEM | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 86042 | ACETYLCHOLN RCPTR BLCKG ANTB | PATH & LAB - IMMUNOLOGY | YES | 01/01/2010 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | J1304 | INJECTION TOFERSEN 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1413 | INJ DLNDSTRGN MOXPRVVC-ROKL Q THR D | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 31242 | NSL/SINUS NDSC RF ABLTJ PNN | SURGERY - RESPIRATORY SYSTEM | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 67516 | SPRCHOROIDAL SPC NJX RX AGT | SURGERY - EYE AND OCULAR ADNEX | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0217 | INJECTION VELMANASE ALFA-TYCV 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 86366 | MUSCLE-SPECIFIC KINASE ANTB | PATH & LAB - IMMUNOLOGY | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 33287 | RMV&RPLCMT PHRNC NRV STIM PG | SURGERY - RESPIRATORY SYSTEM | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9052 | INJ CAR NOT THR EQV TO J9050 100 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9286 | INJECTION GLOFITAMAB-GXBM 2.5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9321 | INJECTION EPCORITAMAB-BYSP 0.16 MG | HCPCS - CHEMO DRUGS | YES | 01/01/2010 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J2801 | INJ RYKINDO 0.5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9376 | INJ POZELIMAB-BBFG 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L1320 | PECTUS CARINATUM ORTHO CUST FAB | HCPCS - ORTHOTIC PROCEDURES | YES | 01/01/2010 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 0441U | NFCT DS BCT FNGL/VIRAL SEMIQ | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0445U | ABETA42 & PTAU181 ECLIA CSF | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0449U | CAR SCR SEV INH COND 5 GENES | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4310 | PROCENTA PER 100 MG | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0589 | INJ DAXIBOTULINUMTOXINA-LANM | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5134 | INJ TYRUKO 1 MG | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4305 | AMER AMNION AC TRI-LAY PER SQ CM | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2298 | PWR SEAT ELEV SYS FOR CRT | HCPCS - DME | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7165 | INJ HUMAN-LANS PER I.U | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1202 | MIGLUSTAT ORAL 65 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9796 | RPR INTST EXCL ANRECT FISTULA | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A9293 | FERTILITY CYCLE TRACKING SOFTWARE | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K1037 | DOCKING STATION FOR ORAL DEV/APPL | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7354 | CANTHARIDIN TOP APPLICATOR | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0738 | UPPER EXTREMITY REHAB | HCPCS - DME | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0439U | CRD CHD DNA ALYS 5 SNP 3 DNA | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 0440U | CRD CHD DNA ALYS 10 SNP 6DNA | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0444U | ONC SLD ORGN NEO TGSAP 361 | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0177 | INJ AFLIBERCEPT HD 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4308 | SANOPELLIS PER SQ CM | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A2026 | RESTRATA MINIMATRIX 5 MG | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A4594 | NEUROMOD ADJ REHAB MOUTHPIECE | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0468 | HOME VENT DUAL FNCT INCL ALL ACCESS | HCPCS - DME | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0578 | INJ BRIXADI MORE THAN 7 DAY | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2782 | INJ AVACINCAPTAD PEGOL 0.1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1203 | INJ CIPAGLUCOSIDASE 5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5133 | INJ TOFIDENCE 1 MG | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | S9002 | INTRA-VAG MOTION SENS BIOFEEDBACK | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0442U | NFCT DS RESPIR NFCTJ MXA&CRP | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0446U | AI DS SLE ALYS 10 CYTOKINE | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0209 | INJ SODIUM THIOSULFATE | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0736 | TRANSCUT TIBIAL NERVE STIMULATOR | HCPCS - DME | YES | 01/01/2010 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | Q4307 | AMERICAN AMNION PER SQ CM | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A4593 | NEUROMOD STIM SYS ADJ REHAB CTRL | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J3425 | HYDROXOCOBALAMIN IM 10 MCG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9255 | INJ MTX NOT THER EQV J9260 50 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | E0152 | WALKER BATTERY POWER WHEELS | HCPCS - DME | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L5841 | ADDITION ENDOSKLETAL KNEE-SHIN | HCPCS - PROSTHETIC PROCED | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | H0051 | TRADITIONAL HEALING SERVICE | HCPCS - PROC/PROF SERVICES (TE | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0577 | INJ BRIXADI 7 DAYS OR LESS | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0443U | NEURFLMNT LT CHN ULTRSENS IA | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0447U | AI DS SLE ALYS 11 CYTOKINE | PATH & LAB-PROPRIETARY LAB ANA | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4306 | AMERIC AMNION AC PER SQ CM | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4309 | VIA MATRIX PER SQ CM | HCPCS - MED-SURG SUPPLIES | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1323 | INJ ELRANATAMAB-BCMM 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

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| ABH of Illinois-Medicaid | J1434 | INJ FOCINVEZ 1MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J2277 | INJ MOTIXAFORTIDE 0.25 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J3055 | INJ TALQUETAMAB-TGVS 0.25 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9074 | INJ CYCLOPHOSPHAMD SANDOZ | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9075 | INJ CYCLOPHOSPHAMIDE NOS | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9248 | INJ MELPHALAN HEPZATO 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9249 | INJ MELPHALAN APOTEX 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J3424 | INJ HYDROXOCOBALAMIN IV 25MG | HCPCS - DRUGS (NOT ORAL) | NO | 04/01/2024 | 04/01/2024 | | | |

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| ABH of Illinois-Medicaid | J2919 | INJ METHYLPRED SOD SUCC 5MG | HCPCS - DRUGS (NOT ORAL) | NO | 04/01/2024 | 04/01/2024 | | | |
| ABH of Illinois-Medicaid | J1010 | INJ METHYLPREDNISOLONE ACETATE 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 04/01/2024 | 04/01/2024 | | | |
| ABH of Illinois-Medicaid | J0652 | INJ LEVOTHYROXINE HIKMA | HCPCS - DRUGS (NOT ORAL) | NO | 04/01/2024 | 04/01/2024 | | | |
| ABH of Illinois-Medicaid | J0651 | INJ LEVOTHYROXINE FRESKABI | HCPCS - DRUGS (NOT ORAL) | NO | 04/01/2024 | 04/01/2024 | | | |
| ABH of Illinois-Medicaid | J0650 | INJ LEVOTHYROXINE NOS 10MCG | HCPCS - DRUGS (NOT ORAL) | NO | 04/01/2024 | 04/01/2024 | | | |
| ABH of Illinois-Medicaid | G0138 | IV INFUS CIPAGLUCOSIDASE ALFA-ATGA | HCPCS - PROC/PROF SERVICES (TE | NO | 04/01/2024 | 04/01/2024 | | | |
| ABH of Illinois-Medicaid | E2104 | GLUCOSE MONITOR W CARTRIDGE | HCPCS - DME | NO | 04/01/2024 | 04/01/2024 | | | |
| ABH of Illinois-Medicaid | C9797 | VASC EMB/OCC W/PRS-GEN CATH | HCPCS - C CODES - OUTPATIENT PP | NO | 04/01/2024 | 04/01/2024 | | | |
| ABH of Illinois-Medicaid | A4564 | PESSARY DISPOSABLE ANY TYPE | HCPCS - MED-SURG SUPPLIES | NO | 04/01/2024 | 04/01/2024 | | | |
| ABH of Illinois-Medicaid | A4438 | ADHESIVE CLIP EXT ENS CONTROL | HCPCS - MED-SURG SUPPLIES | NO | 04/01/2024 | 04/01/2024 | | | |
| ABH of Illinois-Medicaid | A4271 | HOME LANCING/TEST CARTRIDGES | HCPCS - MED-SURG SUPPLIES | NO | 04/01/2024 | 04/01/2024 | | | |
| ABH of Illinois-Medicaid | J2920 | INJ METHYLPRDNISOLON SODIM TO 40 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 01/01/2020 | 12/04/2020 | | | |
| ABH of Illinois-Medicaid | J9260 | INJ METHOTREXATE SODIUM 50 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J0612 | INJ CALCIUM GLUCONATE NOS | HCPCS - DRUGS (NOT ORAL) | YES | 04/01/2023 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | J0208 | INJ PEDMARK 100 MG | HCPCS - DRUGS (NOT ORAL) | YES | 04/01/2023 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J3380 | INJ VEDOLIZUMAB IV 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1040 | INJ METHYLPRDNISOLONE ACTAT 80 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 01/01/2020 | 12/04/2020 | | | |
| ABH of Illinois-Medicaid | J9071 | INJ CYCLOPHOSPHAMD AUROMEDICS 5 MG | HCPCS - CHEMO DRUGS | YES | 01/01/2010 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J1030 | INJ METHYLPRDNISOLONE ACTAT 40 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 01/01/2020 | 12/04/2020 | | | |
| ABH of Illinois-Medicaid | A4561 | PESSARY REUSABLE RUB ANY TYPE | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | J0613 | CALCIUM GLUCON WG CRITICAL | HCPCS - DRUGS (NOT ORAL) | YES | 04/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2930 | INJ METHYLPRDNISLN SODIM TO 125 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 01/01/2020 | 12/04/2020 | | | |
| ABH of Illinois-Medicaid | J0576 | INJ BUPRENORPHINE EXT-RELEASE 1 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | J1020 | INJ METHYLPRDNISOLONE ACTAT 20 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 01/01/2020 | 12/04/2020 | | | |
| ABH of Illinois-Medicaid | 95024 | IQ TESTS W/ALLERGENIC XTRCS | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7516 | INJ CYCLOSPORINE 250 MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2020 | 12/04/2020 | | | |
| ABH of Illinois-Medicaid | Q4244 | PROCENTA PER 200 MG | HCPCS - TEMP CODES | EXPIRED | 06/04/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 0101T | ESW MUSCSKEL SYS NOS | CATEGORY III CODES | YES | 05/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0102T | ESW PHY ANES LAT HMRL EPCNDL | CATEGORY III CODES | YES | 05/01/2024 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 93462 | L HRT CATH TRNSPTL PUNCTURE | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/13/2023 | | | |
| ABH of Illinois-Medicaid | 90999 | UNLISTED DIALYSIS PROCEDURE | MEDICINE - DIALYSIS | NO | 11/20/2020 | 11/13/2023 | | | |
| ABH of Illinois-Medicaid | 92228 | IMG RTA DETC/MNTR DS PHY/QHP | MEDICINE - OPHTHALMOLOGY | NO | 12/01/2020 | 02/28/2023 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 92227 | IMG RTA DETCJ/MNTR DS STAFF | MEDICINE - OPHTHALMOLOGY | NO | 12/01/2020 | 02/28/2023 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 92229 | IMG RTA DETC/MNTR DS POC ALY | MEDICINE - OPHTHALMOLOGY | NO | 01/01/2021 | 02/28/2023 | | | |
| ABH of Illinois-Medicaid | 90678 | RSV VACC PREF BIVALENT IM | MEDICINE - VACCINES, TOXOIDS | NO | 01/01/2023 | 05/31/2023 | | | |
| ABH of Illinois-Medicaid | G0155 | SRVC CLINICAL SW HH/HOSPICE EA 15 | HCPCS - PROC/PROF SERVICES (TE | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 76801 | OB US LT 14 WKS SINGLE FETUS | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 01/01/1980 | 02/28/2021 | | | |
| ABH of Illinois-Medicaid | 76802 | OB US LT 14 WKS ADDL FETUS | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 01/01/1980 | 02/28/2021 | | | |
| ABH of Illinois-Medicaid | 76811 | OB US DETAILED SNGL FETUS | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 01/01/1980 | 02/28/2021 | | | |
| ABH of Illinois-Medicaid | 76812 | OB US DETAILED ADDL FETUS | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 01/01/1980 | 02/28/2021 | | | |
| ABH of Illinois-Medicaid | 76813 | OB US NUCHAL MEAS 1 GEST | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 01/01/1980 | 02/28/2021 | | | |
| ABH of Illinois-Medicaid | 76814 | OB US NUCHAL MEAS ADD-ON | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 01/01/1980 | 02/28/2021 | | | |

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| ABH of Illinois-Medicaid | 76815 | OB US LIMITED FETUS(S) | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 01/01/1980 | 02/28/2021 | | | |
| ABH of Illinois-Medicaid | 76816 | OB US FOLLOW-UP PER FETUS | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 01/01/1980 | 02/28/2021 | | | |
| ABH of Illinois-Medicaid | 76817 | TRANSVAGINAL US OBSTETRIC | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 01/01/1980 | 02/28/2021 | | | |
| ABH of Illinois-Medicaid | 76818 | FETAL BIOPHYS PROFILE W/NST | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 01/01/1980 | 02/28/2021 | | | |
| ABH of Illinois-Medicaid | 76819 | FETAL BIOPHYS PROFIL W/O NST | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 01/01/1980 | 02/28/2021 | | | |
| ABH of Illinois-Medicaid | 76820 | UMBILICAL ARTERY ECHO | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 01/01/1980 | 02/28/2021 | | | |
| ABH of Illinois-Medicaid | 76821 | MIDDLE CEREBRAL ARTERY ECHO | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 01/01/1980 | 02/28/2021 | | | |
| ABH of Illinois-Medicaid | 76825 | ECHO EXAM OF FETAL HEART | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 01/01/1980 | 02/28/2021 | | | |
| ABH of Illinois-Medicaid | 76826 | ECHO EXAM OF FETAL HEART | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 01/01/1980 | 02/28/2021 | | | |
| ABH of Illinois-Medicaid | 76827 | ECHO EXAM OF FETAL HEART | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 01/01/1980 | 02/28/2021 | | | |
| ABH of Illinois-Medicaid | 76828 | ECHO EXAM OF FETAL HEART | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 01/01/1980 | 02/28/2021 | | | |
| ABH of Illinois-Medicaid | V5266 | BATTERY FOR USE IN HEARING DEVICE | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5264 | EAR MOLD/INSERT NOT DISPBL ANY TYPE | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5261 | HEARING AID DIGITAL BINAURAL BTE | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5260 | HEARING AID DIGITAL BINAURAL ITE | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | V5259 | HEARING AID DIGITAL BINAURAL ITC | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5258 | HEARING AID DIGITAL BINAURAL CIC | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5257 | HEARING AID DIGITAL MONAURAL BTE | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5256 | HEARING AID DIGITAL MONAURAL ITE | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5255 | HEARING AID DIGITAL MONAURAL ITC | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5254 | HEARING AID DIGITAL MONAURAL CIC | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5253 | HEARING AID PROG BINAURAL BTE | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5252 | HEARING AID PROG BINAURAL ITE | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5251 | HEARING AID PROG ANALOG BINAURL ITC | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5250 | HEARING AID PROG ANALOG BINAURL CIC | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5249 | HEARING AID ANALOG BINAURAL ITC | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5248 | HEARING AID ANALOG BINAURAL CIC | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | V5247 | HEARING AID PROG ANALOG MONAURL BTE | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5246 | HEARING AID PROG ANALOG MONAURL ITE | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5245 | HEARING AID PROG ANALOG MONAURL ITC | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5244 | HEARING AID PROG ANALOG MONAURL CIC | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5243 | HEARING AID ANALOG MONAURAL ITC | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5242 | HEARING AID ANALOG MONAURAL CIC | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5241 | DISPNS FEE MONAURL HEARING AID TYPE | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5240 | DISPNS FEE CONTRALAT RTE SYS BINAUR | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5230 | HA CONTRALAT RTE SYS BINAUR GLASSES | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5221 | HA CONTRA ROUT SYS BINAURAL ITC/BTE | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5215 | HA CONTRA ROUT SYS BINAURAL ITC/ITC | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5214 | HA CONTRA ROUT SYS BINAURAL ITE/BTE | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | V5213 | HA CONTRA RTE SYS BINAURAL ITE/ITC | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5200 | DISPENSING FEE CONTRALATERAL MONAUR | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5190 | HA CONTRALAT RTE MONAURAL GLASSES | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5181 | HA CONTRALAT RTE DVC MONAURAL BTE | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5172 | HA CONTRALAT RTE DVC MONAURAL ICT | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5171 | HA CONTRALAT RTE DVC MONAURAL ITE | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5160 | DISPENSING FEE BINAURAL | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5140 | BINAURAL BEHIND THE EAR | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5130 | BINAURAL IN THE EAR | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5120 | BINAURAL BODY | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5060 | HEARING AID MONAURAL BEHIND THE EAR | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5050 | HEARING AID MONAURAL IN THE EAR | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | V5040 | HEAR AID MONAURL BDY WORN BN CONDCT | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5030 | HEAR AID MONAURL BDY WRN AIR CONDCT | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | V5014 | REPAIR/MODIFICATION OF HEARING AID | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | T4544 | ADULT SIZE DISPBL PULLUP ABVE XL EA | National T Codes | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | T4543 | ADULT DISP INCONTINENCE PROD ABV XL | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | T4541 | INCONT PRODUCT DISPBL UNDPAD LG EA | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | T4535 | DISPBL LINER/PAD/UNDGRMNT INCONT EA | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | T4534 | YOUTH SZD DISPBL INCONT UNDWEAR EA | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | T4533 | YOUTH SZD DISPBL INCONT BRF/DIAPER | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | T4532 | PED SZ DISPBL INCONT UNDWEAR LG EA | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | T4531 | PED SZ DISPBL INCONT UNDWEAR SM/MED | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | T4530 | PED SZ DISPBL INCONT BRF/DIAPER LG | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | T4529 | PED SZ DISPBL INCONT BRF/DIAPER S/M | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | T4528 | ADLT SZD DISPBL INCONT UNDWEAR X-LG | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | T4527 | ADLT SZD DISPBL INCONT UNDWEAR LG | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | T4526 | ADLT SZD DISPBL INCONT UNDWEAR MED | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | T4525 | ADLT SZD DISPBL INCONT UNDWEAR SM | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | T4524 | ADLT DISPBL INCONT BRF/DIAPER X-LG | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | T4523 | ADLT SZ DISPBL INCONT BRF/DIAPER LG | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | T4522 | ADLT SZ DISPBL INCONT BRF/DIAPER MD | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | T4521 | ADLT SZ DISPBL INCONT BRF/DIAPER SM | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | S9211 | HOME MGMT GESTATIONAL HTN; DIEM | HCPCS - TEMP NATIONAL CODES | NO | 05/01/2022 | 05/31/2022 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | S8428 | GRADENT PRESS AID GAUNTLET RDY MADE | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | S8427 | GRADENT PRESS AID GLOVE READY MADE | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | S8424 | GRADENT PRESS AID SLEEVE READY MADE | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | S8421 | GRADENT PRESS AID SLV&GLOV RDY MADE | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | S8210 | MUCUS TRAP | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | S8185 | FLUTTER DEVICE | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | Q0501 | SHOWR COVR ELEC/ELEC-PNEUMT VAD RPL | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | Q0500 | FLTRS ELEC OR ELEC/PNEUMAT VAD REPL | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | Q0499 | BELT/VEST/BAG ANY TYPE VAD RPL ONLY | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | Q0498 | HOLSTR ELEC/ELEC-PNEUMAT VAD REPL | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | Q0497 | BATT CLPS ELEC/ELEC-PNEUMAT VAD RPL | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | Q0494 | EMERGENCY HAND PUMP REPLACEMNT ONL | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | Q0493 | EMRG PWR CABL ELEC/PNEUMAT VAD REPL | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | Q0492 | EMERG PWR CABLE FOR ELEC VAD REPL | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | Q0487 | LEADS FOR ANY ELEC/PNEUMAT VAD REPL | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | Q0486 | MON CABLE FOR ELEC/PNEUMAT VAD RE | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | Q0485 | MON CNTRL CABLE FOR ELEC VAD REPL | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8629 | TRANSMIT COIL CABLE COCHLR DEV RPL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8624 | LIB CI/AO DVC SP EAR LEVEL REPL EA | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8623 | LITH ION BATT NOT EAR LEVEL REPL EA | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8622 | ALKALIN BATT COCHLR IMPL ANY SZ RPL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8621 | ZUBC AIR BA CI & AUD SD PRC RPL E | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8618 | TX CBL U CI/AUD OSSEOINTG DVC REPL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8617 | TRNSMTTING COIL COCHLEAR IMPL REPL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8616 | MICROPHONE COCHLEAR IMPL DEVC REPL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8615 | HEADSET/HEADPIECE COCHLR IMPL REPL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | L8509 | TRACHEO-ESOPH VOICE PROS INSRT PROV | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8507 | TRACHEO-ESOPH VOICE PROSTH PT INSRT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8501 | TRACHEOSTOMY SPEAKING VALVE | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8500 | ARTIFICIAL LARYNX ANY TYPE | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8485 | PROSTH SOCK 1 PLY FIT UPPER LIMB EA | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8480 | PROSTH SOCK 1 PLY FIT ABOVE KNEE EA | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8470 | PROSTH SOCK SINGLE PLY FIT BK EACH | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8465 | PROSTHETIC SHRINKER UPPER LIMB EACH | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8460 | PROSTHETIC SHRINKER ABOVE KNEE EACH | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8440 | PROSTHETIC SHRINKER BELOW KNEE EACH | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8435 | PROSTH SOCK MX PLY UPPER LIMB EA | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8430 | PROSTHETIC SOCK MX PLY ABVE KNEE EA | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | L8420 | PROSTHETIC SOCK MX PLY BELW KNEE EA | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8415 | PROSTHETIC SHEATH UPPER LIMB EACH | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8410 | PROSTHETIC SHEATH ABOVE KNEE EACH | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8400 | PROSTHETIC SHEATH BELOW KNEE EACH | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8330 | TRUSS ADD STANDARD PAD SCROTAL PAD | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8320 | TRUSS ADDITION STANDARD PAD H2O PAD | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8310 | TRUSS DOUBLE WITH STANDARD PADS | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8300 | TRUSS SINGLE WITH STANDARD PAD | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8031 | BREAST PROS SILCON/EQU W/NTGRL ADHES | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8030 | BREAST PROS SILCON/EQU NO INTGRL ADHES | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8020 | BREAST PROSTHESIS MASTECTOMY FORM | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8015 | EXT BREAST PROS GARMNT POST-MASTECT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | L8002 | BREAST PROS MAST BRA INTEG FORM BIL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8001 | BREAST PROS MAST BRA INTEG FORM UNI | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L8000 | BREAST PROS MAST BRA NO INTEG FORM | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L7259 | ELECTRONIC WRIST ROTATOR ANY TYPE | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6890 | ADD UP EXT PROSTH GLOV TERM PRFAB | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6810 | ADD TERM DEVC PRECISION PINCH DEVC | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6805 | ADD TERM DEVICE MODIFIER WRIST UNIT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6706 | TERMINAL DEVC HOOK MECH VOL OPENING | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6691 | UPPER EXTREM ADD REMV INSERT EA | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6688 | UP EXT ADD FRME TYPE SOCKT ABVE ELB | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6687 | UP EXT ADD FRME TYPE SCKT BELW ELB | HCPCS - PROSTHETIC PROCED | NO | 05/01/2022 | 05/31/2022 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6686 | UPPER EXTREM ADDITION SUCTION SOCKT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | L6684 | UP EXTRM ADD TST SCKT SHLDR DISARTC | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6682 | UP EXTRM ADD TST SOCKT ELB DISARTIC | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6680 | UP EXTRM ADD TST SCKT WRIST DISARTC | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6676 | UP EXT ADD HARNESS 2 CABLE DESIGN | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6675 | UP EXT ADD HARNESS 1 CABLE DESIGN | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6672 | UP EXT ADD HRNSS CHST/SHLDR SADDLE | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6670 | UP EXTREM ADD HOOK HND CABLE ADAPTR | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6665 | UP EXTREM ADD TEFLON/EQU CABLE LINING | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6655 | UP EXTREM ADD STD CNTRL CABLE XTRA | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6650 | UP EXTRM ADD SHLDR UNIVERSAL JNT EA | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6645 | UP EXT ADD SHLDR FLX-ABDUCT JNT EA | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6642 | UP EXTRM ADD EXCURSN AMPL LEVER | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | L6641 | UP EXTRM ADD EXCURSN AMPL PULLEY | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6640 | UP EXTREM ADD SHLDR ABDUCT JNT PAIR | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6637 | UP EXTREM ADD NUDGE CNTRL ELB LOCK | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6635 | UPPER EXTREM ADD LIFT ASSIST ELB | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6632 | UP EXTREM ADD LATX SUSP SLEEVE EA | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6630 | UP EXTREM ADD STAINLESS STEEL WRIST | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6629 | UP EXT ADD QUIK DSCNCT LAMNAT COLLR | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6628 | UP EXTRM ADD QUICK DISCNCT HOOK | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6625 | UP EXT ADD ROTAT WRST W/CABLE LOCK | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6620 | UP EXT ADD FLEX/EXT WRIST UNIT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6616 | UP EXT ADD-DSCNCT INSRT LCK WRST EA | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6615 | UP EXTREM ADD DISCNCT LOCK WRST U | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | L6610 | UP EXT ADD FLEX METAL HINGE PAIR | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6605 | UPPER EXTREM ADD 1 PIVOT HINGE PAIR | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6600 | UP EXTREM ADD POLYCNTRC HINGE PAIR | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L6388 | IMMED POSTSURG RIGID DRSG ONLY | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5984 | ALL ENDOSKEL LW EXT PRSTH AXL ROTAT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5982 | ALL EXOSKEL LW EXT PROS AXIAL ROTAT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5978 | ALL LW EXTRM PRSTH FT MX-AXL ANK/FT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5976 | ALL LW EXTRM PROSTH ENERGY STOR FT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5974 | ALL LW EXTRM PRSTH FT 1 AXIS ANK/FT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5972 | ALL LOW EXT PROS FOOT FLEXIBLE KEEL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5970 | ALL LW EXTRM PROSTH FOOT SACH FOOT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5962 | ADD ENDO BK FLEX PROTVE OUTER COVER | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | L5940 | ADD ENDOSKEL BELOW KNEE ULTRA-LGHT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5925 | ADD ENDO AK/HIP DISARTIC MNL LOCK | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5920 | ADD ENDOSKEL AK/HIP DISRTC ALIGNBL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5910 | ADD ENDOSKEL BELOW KNEE ALIGNBL SYS | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5855 | ADD ENDO HIP DISARTIC MECH EXT ASST | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5850 | ADD ENDO AK/HIP DSRTC KNEE EXT ASST | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5812 | ADD ENDO KNEE-SHIN FRICT SWNG CNTRL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5810 | ADD ENDOSKEL KNEE-SHIN MANUAL LOCK | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5785 | ADD EXOSKEL BELW KNEE ULTRA-LT MATL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5714 | ADD EXO KNEE-SHIN VARBL FRICT SWING | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5711 | ADD EXO KNEE-SHIN MNL LOCK ULTRA-LT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5710 | ADD EXOSKL KNEE-SHIN 1 AXS MNL LOCK | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | L5698 | ADD LW EXTRM AK/KD SILESIAN BANDAGE | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5697 | ADD LOW EXTRM AK/DISARTIC PELV BAND | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5696 | ADD LOW EXTRM AK/DISARTIC PELV JNT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5695 | ADD LW EXT AK PELV CNTRL SLV NEOPRN | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5694 | ADD LW EXTRM AK PELV CNTRL BELT PAD | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5692 | ADD LW EXTRM AK PELVIC CONTROL BELT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5690 | ADD LOW EXTRMITY BK WAIST BELT PAD | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5688 | ADD LOWER EXTRM BK WAIST BELT WEBNG | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5686 | ADD LOW EXTREM BELW KNEE BACK CHECK | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5685 | ADD LOW EXT PROS BELW KNEE SLEEVE | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5684 | ADD LOW EXTREM BELW KNEE FORK STRAP | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5680 | ADD LOW EXTRM BK THI LACER NONMOLD | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | L5678 | ADD LW EXT BELW KNEE JNT COVRS PAIR | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5677 | ADD LW EXT BK KNEE JNT POLYCNTRC PR | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5676 | ADD LOW EXT BK KNEE JNT 1 AXIS PAIR | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5672 | ADD LOW EXTRM BK REMV MED BRIM SUSP | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5670 | ADD LW EXTRM BK MOLD SUPRACOND SUSP | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5668 | ADD LW EXTRM BK MOLD DISTAL CUSHION | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5666 | ADD LOW EXTREM BELOW KNEE CUFF SUSP | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5665 | ADD LW EXT INSRT MXDROMTR BELW KNEE | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5658 | ADD LOW EXTRM SOCKT INSRT ABVE KNEE | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5656 | ADD LW EXT SOCKT INSRT KNEE DISARTC | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5655 | ADD LOW EXTRM SOCKT INSRT BELW KNEE | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5654 | ADD LOW EXTREM SOCKT INSERT SYMES | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | L5653 | ADD LW EXT KNEE DISRTC XPNDABL WALL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5652 | ADD LOW EXTRM SUCTN SUSP AK/DISARTC | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5650 | ADD LW EXTRM TOT CONTACT AK/DISARTC | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5644 | ADD LOW EXTREM ABVE KNEE WOOD SOCKT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5642 | ADD LW EXTRM ABVE KNEE LEATHR SOCKT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5638 | ADD LW EXTRM BELW KNEE LEATHR SOCKT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5637 | ADD LOW EXTREM BELW KNEE TOTAL CNTC | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5636 | ADD LW EXT SYMS MED OPENING SOCKT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5634 | ADD LW EXT SYMS POST OPENING SOCKT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5632 | ADD LW EXT SYMS PTB BRIM DESN SOCKT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5631 | ADD LW EXT ABVE KNEE/DISARTC ACRYLC | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5630 | ADD LW EXT SYMS TYPE XPND WALL SCKT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | L5629 | ADD LW EXTRM BELW KNEE ACRYLC SOCKT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5628 | ADD LOW EXTRM TST SOCKT HEMIPELVECT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5626 | ADD LW EXTRM TST SOCKT HIP DISARTIC | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5624 | ADD LOW EXTREM TEST SOCKT ABVE KNEE | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5622 | ADD LW EXTRM TST SOCKT KNEE DISARTC | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5620 | ADD LOW EXTREM TEST SOCKT BELW KNEE | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5618 | ADD LOW EXTREM TEST SOCKT SYMES | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5540 | PREP BK PTB LAMINATED SCKT MOLD MDL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5460 | IMMED POSTSURG NONWT BEAR RIGD AK | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5450 | IMMED POSTSURG NONWT BEAR RIGD BK | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L5000 | PART FT SHOE INSRT W/LNGTUDNL ARCH | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L4398 | FOOT DROP SPLINT RECUMBNT POS PRFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | L4397 | STATIC/DYNAMIC AFO MIN ABM PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L4396 | STAT/DYN ANK FT ORTHOS PREFAB CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L4387 | WALKING BOOT NON-PNEUMATIC PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L4386 | WALK BOOT NON-PNEUMATIC PREFAB CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L4370 | PNEUMATIC FULL LEG SPLINT PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L4361 | WALKING BOOT PNEUMATIC AND/OR VAC | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L4360 | WALK BOOT PNEUMAT&/VAC PREFAB CUSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L4350 | ANKLE CONTROL ORTHOS STIRRUP PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L4130 | REPLACE PRETIBIAL SHELL | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L4110 | REPL LEATHR CUFF KAFO-AFO CALF/THI | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L4090 | REPL METL BANDS KAFO-AFO CALF/THI | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L4080 | REPLACE METAL BANDS KAFO PROX THIGH | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | L4070 | REPLACE PROXIMAL&DIST UPRIGHT KAFO | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L4060 | REPLACE HIGH ROLL CUFF | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L4055 | REPL NONMOLD CALF LACER CSTM ONLY | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L4045 | REPL NONMOLD THI LACER CSTM ONLY | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3995 | ADD UP EXTREM ORTHOS SOCK FX/EQU EA | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3984 | UP EXTRM FX ORTHOSIS WRST PRFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3982 | UP EXTRM FX ORTH RADUS/ULNAR PRFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3980 | UP EXT FX ORTHOS HUM PRFAB-FIT&ADJ | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3962 | SEWHO ABDUCT PSTN ERBS PALS DESIGN | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3931 | WHFO PREFAB INCL FITTING & ADJ | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3930 | HF ORTHOS 1/GT NONTORSION JNT PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3929 | HF ORTHOS 1/GT NONTRSN JNT PRFAB CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | L3927 | FINGER ORTHOSIS W/O JOINT PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3925 | FINGER ORTHOS NONTORSION JNT PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3924 | HAND-FINGER ORTHOSIS W/O JOINTS | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3923 | HF ORTHOSIS NO JOINT PRFAB CSTM FIT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3918 | HAND ORTHOSIS METACARPL FX ORTHOSIS | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3917 | HAND ORTHOSIS MC FX PREFAB CSTM FIT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3912 | HAND FINGR ORTHOS FINGR CNTRL PRFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3908 | WRST-HND ORTHOS CNTRL COCK-UP PRFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3809 | WHF ORTHO NO JOINTS PREFAB ANY TYPE | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3807 | WHF ORTHOS NO JNT PRFAB CUSTOM FIT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3762 | ELBOW ORTHOS RIGID W/O JOINT PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3761 | EO ADJ POS LOCKING JOINT PREFAB OTS | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | L3720 | EO DBL UPRT W/CUFF FREE MOT CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3710 | ELB ORTHOS ELASTIC METL JNTS PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3675 | SHLDR VEST ABDUCT RESTRAINR PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3670 | SHOULDER ORTHOS ACROMIO/CLAV PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3650 | SHOULDER ORTHOS FIG 8 ABDUCT PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3600 | TRF ORTHOS 1 SHOE-ANR CALIP PL EXST | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3595 | ORTHOPEDIC SHOE ADDITION MARCH BAR | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3590 | ORTHO SHOE ADD CONVERT FIRM TO SOFT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3580 | ORTHO SHOE ADD CNVRT INSTP-VELC CLO | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3570 | ORTHOPED SHOE ADD SPCL EXT INSTEP | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3560 | ORTHOPED SHOE ADD TOE TAP HORSESHOE | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3550 | ORTHOPED SHOE ADD TOE TAP STANDARD | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | L3540 | ORTHOPEDIC SHOE ADDITION SOLE FULL | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3530 | ORTHOPEDIC SHOE ADDITION SOLE HALF | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3520 | ORTHO SHOE ADD INSOLE FELT W/LEATHR | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3485 | HEEL PAD REMOVABLE FOR SPUR | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3470 | HEEL THOMAS EXTENDED TO BALL | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3465 | HEEL THOMAS WITH WEDGE | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3460 | HEEL NEW RUBBER STANDARD | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3455 | HEEL NEW LEATHER STANDARD | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3450 | HEEL SACH CUSHION TYPE | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3440 | HEEL COUNTER LEATHER REINFORCED | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3430 | HEEL COUNTER PLASTIC REINFORCED | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3420 | FULL SOLE&HEEL WEDGE BETWEEN SOLE | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | L3410 | METATARSAL BAR WEDGE BETWEEN SOLE | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3400 | METATARSAL BAR WEDGE ROCKER | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3390 | OUTFLARE WEDGE | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3380 | CLUBFOOT WEDGE | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3370 | SOLE WEDGE BETWEEN SOLE | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3360 | SOLE WEDGE OUTSIDE SOLE | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3350 | HEEL WEDGE | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3340 | HEEL WEDGE SACH | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3334 | LIFT ELEVATION HEEL PER INCH | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3332 | LIFT ELEV IN SHOE TAPERED TO 1/2 IN | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3330 | LIFT ELEVATION METAL EXTENSION | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3320 | LIFT ELEV HEEL&SOLE CORK PER INCH | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | L3310 | LIFT ELEV HEEL&SOLE NEOPRENE-INCH | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3300 | LIFT ELEV HEEL TAPERED MTS PER INCH | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3260 | SURGICAL BOOT/SHOE EACH | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3257 | ORTHOPED FOOTWEAR ADD CHRG SPLIT SZ | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3225 | ORTHO FTWEAR MAN OXFRD PART BRACE | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3224 | ORTHO FTWEAR WOMAN OXFRD PART BRACE | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3222 | ORTHO FTWEAR MENS HITOP DPTH INLAY | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3221 | ORTHOPD FTWEAR MENS SHOE DPTH INLAY | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3219 | ORTHOPED FTWEAR MENS SHOE OXFORD EA | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3217 | ORTHOPED FTWEAR LADIES HITOP INLAY | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3216 | ORTHO FTWEAR LADIES SHOE DPTH INLAY | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3215 | ORTHOPED FTWEAR LADIES OXFORD EA | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | L3214 | BENESCH BOOT PAIR JUNIOR | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3213 | BENESCH BOOT PAIR CHILD | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3212 | BENESCH BOOT PAIR INFANT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3211 | SURGICAL BOOT EACH JUNIOR | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3209 | SURGICAL BOOT EACH CHILD | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3208 | SURGICAL BOOT EACH INFANT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3207 | ORTHOPED SHOE HITOP W/SUPINATR JR | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3206 | ORTHOPED SHOE HITOP W/SUPINATR CHLD | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3204 | ORTHOPED SHOE HITOP SUPINATR INFNT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3203 | ORTHOPED SHOE OXFRD W/SUPINATR JR | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3202 | ORTHOPED SHOE OXFRD W/SUPINATR CHLD | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3201 | ORTHOPED SHOE OXFRD SUPINATR INFNT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | L3170 | FOOT PLASTC SIL HEEL STAB PREFAB EA | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3150 | FOOT ABDUCT ROTATION BAR W/O SHOES | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3140 | FOOT ABDUCT ROTATION BAR INCL SHOES | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3090 | FT ARCH SUPP NONREMV LNGTUDNL/MT EA | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3080 | FT ARCH SUPP NONREMV ATTCH SHOE MT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3070 | FOOT ARCH SUPP NONREMV LNGTUDNL EA | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3060 | FT ARCH SUPP PREMOLD LNGTUDNL/MT EA | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3050 | FOOT ARCH SUPP REMV PREMOLD MT EA | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3040 | FOOT ARCH SUPP PREMOLD LNGTUDNL EA | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3030 | FOOT INSERT REMV FORMED PT FT EA | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3010 | FT INSRT MOLD LNGTUDNL ARCH SUPP EA | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3003 | FOOT INSRT REMV MOLD SILCON GEL EA | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | L3002 | FT INSRT REMV MOLD PLASTAZOTE/EQU EA | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3001 | FOOT INSRT REMV MOLD PT SPENCO EA | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L3000 | FT INSRT MOLD UCB TYPE BERKLY SHELL | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2850 | ADD LW EXT ORTHO FEM LEN SOCK FX/EQU | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2840 | ADD LW EXT ORTHOS TIB LEN SOCK FX/EQU | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2830 | ADD LW EXT ORTH SFT INTRFC ABV KNEE | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2820 | ADD LW EXT ORTH SFT INTRFC BLW KNEE | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2810 | ADD LW EXT ORTH KNEE CNDYLR PAD | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2800 | ADD LOW EXT ORTHOS KNEE CAP CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2795 | ADD LW EXT ORTH KNEE CNTRL FULL CAP | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2785 | ADD LW EXT ORTHOS DROP LOCK RETN EA | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2760 | ADD LOW EXTREM ORTHOSIS EXT-EXT-BAR | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | L2750 | ADD LW EXT ORTHOS PLAT CHROME/NICKL | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2680 | ADD LW EXT THOR CNTRL LAT SUPP UPRT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2670 | ADD LW EXTRM THOR CNTRL PARASP UPRT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2660 | ADD LOW EXTREM THOR CNTRL THOR BAND | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2650 | ADD LW EXTRM PELV&THOR GLUTL PAD EA | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2640 | ADD LW EXTRM PELV BAND&BELT BIL | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2630 | ADD LW EXTRM PELV BAND&BELT UNI | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2624 | ADD LW EXTRM PELV HIP JNT FLX EXT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2622 | ADD LW EXT PELV HIP JNT ADJ FLX EA | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2620 | ADD LW EXT PLV HIP JNT HEVY-DUTY EA | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2610 | ADD LW EXT PELV THRUST BEAR LOCK | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2600 | ADD LW EXT PELV THRUST BEAR FREE | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | L2580 | ADD LOW EXTRM PELV CNTRL PELV SLING | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2570 | ADD LW EXT PELV HIP JNT CLEVIS | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2550 | ADD LW EXT THI/WT BEAR HI ROLL CUFF | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2540 | ADD LW EXT THI/WT BEAR LACR MOLD PT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2530 | ADD LW EXT THI/WT BEAR LACR NONMOLD | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2500 | ADD LW EXTRM THIGH/WT BEAR RING | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2492 | ADD KNEE LIFT LOOP DROP LOCK RING | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2425 | ADD KNEE JNT DISC/DIAL LOCK EA JNT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2415 | ADD KNEE LOCK-INTEGRATD RLSE EA JNT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2405 | ADDITION KNEE JOINT DROP LOCK EACH | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2397 | ADD LOW EXTREM ORTHOSIS SUSP SLEEVE | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2395 | ADD LW EXT OFFSET KNEE JNT HD EA | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | L2390 | ADD LW EXTRM OFFSET KNEE JNT EA JNT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2387 | ADD LW EXT POLYCNTRC KNEE CSTM KAFO | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2385 | ADD LW EXTREM STRAIT KNEE JNT HD EA | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2380 | ADD LW EXT TORSN CNTRL STRAIT KNEE | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2375 | ADD LW EXT TORSION CNTRL ANK JNT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2370 | ADDITION LOWER EXTREM PATTEN BOTTOM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2360 | ADDITION LOW EXTREM EXT STEEL SHANK | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2335 | ADDITION LOW EXTREM ANT SWING BAND | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2310 | ADD LOW EXTREM ABDUCT BAR STRAIGHT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2300 | ADD LW EXTRM ABDUCT BAR JNTED ADJ | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2275 | ADD LW EXT VARUS/VULGUS CORR PLSTC | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2270 | ADD LW EXT VARUS/VALGUS CORR STRAP | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | L2265 | ADD LOW EXTREM LONG TONGUE STIRUP | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2260 | ADD LW EXT REINFORCED SOLID STIRUP | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2250 | ADD LW EXT FT PLAT MOLD PT STIRUP | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2240 | ADD LW EXT ROUND CALIPER&PLAT ATTCH | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2230 | ADD LW EXT SPLIT FLAT CALIPR STIRUP | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2220 | ADD LW EXT DRSFLX&PLNTR ASST EA JNT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2210 | ADD LOW EXTREM DORSIFLX ASST EA JNT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2200 | ADD LOW EXTRM LTD ANK MOTION EA JNT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2192 | ADD LW EXT ORTH HIP JNT THI FLNGE | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2190 | ADD LOW EXTREM FX ORTHOS WAIST BELT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2188 | ADD LW EXT FX ORTHOS QUADRILAT BRIM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2186 | ADD LW EXT ORTH ADJ MOT KNEE JNT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | L2184 | ADD LW EXTRM ORTH LTD MOT KNEE JNT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2182 | ADD LW EXT ORTH DROP LOCK KNEE JNT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2180 | ADD LW EXTRM ORTH PLSTC SHOE INSRT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2114 | AFO TIBL FX ORTHOS SEMI-RIGD PRFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2112 | AFO TIB FX ORTHOS SFT PRFAB FIT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2090 | HKAFO UNI TORSN CABL BALL BEAR CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2080 | HKAFO UNI TORSION CABLE CSTM FAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2070 | HKAFO UNI ROTAT STRAPS CSTM FAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2060 | HKAFO BIL TORSION BALL BEAR CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2050 | HKAFO BIL TORSION CABLES CSTM FAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2040 | HKAFO TORSN CNTRL BIL ROTAT STRAPS | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L2035 | KAFO FULL PLSTC STAT PED SZ PRFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | L1990 | AFO DBL UPRT DORSIFLX STIRUP CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1980 | AFO 1 UPRT DORSIFLX SLID STIRUP FAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1970 | AFO PLASTIC W/ANK JOINT CUSTOM FAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1960 | AFO POST SOLID ANK PLSTC CSTM FAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1940 | ANK FT ORTHOS PLSTC/OTH MATL CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1930 | AFO PLASTIC/OTH MATERIAL PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1920 | AFO 1 UPRT W/STAT/ADJ STOP CSTM FAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1910 | AFO POST 1 BAR CLASP ATTCH SHOE | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1907 | ANKLE ORTHOS SUPRAMALLEOLAR CUSTOM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1906 | AFO MX-LIGAMENT ANK SUPT PREFB OTS | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1904 | ANK ORTH ANK GAUNTLT/SIM CUSTOM FAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1902 | ANK ORTH ANK GAUNTLT/SIM PREFAB OTS | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | L1900 | AFO SPRNG WIRE DORSIFLX ASST CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1850 | KNEE ORTHOS SWEDISH TYPE PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1836 | KNEE ORTHOSIS RIGD W/O JOINT PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1831 | KNEE ORTHS LOCK KNEE JNT PSTN ORTHT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1830 | KNEE ORTHOSIS IMMOBLIZER PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1812 | KNEE ORTHOSIS ELASTIC W/JNTS PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1810 | KNEE ORTHOSIS ELASTIC JOINTS PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1660 | HIP ORTHOS ABDUCT CNTRL-STATC PLSTC | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1650 | HIP ORTHOSIS ABDUCT CNTRL-STATC ADJ | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1640 | HIP ORTHOSIS-PELV BAND/SPRDR BAR | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1630 | HIP ORTHOSIS ABDUCT CONTRL/SEMI-FLX | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1620 | HIP ORTHOS ABDUCT FLEX PAVLIK PRFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | L1610 | HIP ORTHOS ABDUCT CNTRL FLEX PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1600 | HIP ORTHOS ABDUCT FLX FREJKA PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1290 | ADDITION TLSO LAT TROCHANTERIC PAD | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1280 | ADDITION TO TLSO RIB GUSSET EACH | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1270 | ADDITION TO TLSO ABDOMINAL PAD | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1260 | ADD TLSO ANT THOR DEROTATION PAD | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1250 | ADDITION TO TLSO ANTERIOR ASIS PAD | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1240 | ADDITION TLSO LUMBAR DEROTATION PAD | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1230 | ADD TLSO MLWAKEE TYPE SUPERSTRCT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1220 | ADDITION TLSO ANT THORACIC EXT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1210 | ADDITION TLSO LATERAL THORACIC EXT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1120 | ADD CTLSO SCOLIO ORTHO COVR UPRT EA | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | L1110 | ADD CTLSO/SCOLIOS RING MOLD PT MDL | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1100 | ADD CTLSO/SCOLIOS RING PLSTC/LEATHR | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1090 | ADD CTLSO/SCOLIOS ORTHOS LUMB SLING | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1085 | ADD CTLSO/SCOLIO OUTRIG BIL-VRT EXT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1080 | ADD CTLSO/SCOLIOSIS ORTHOSIS OUTRIG | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1070 | ADD CTLSO/SCOLIO ORTHO TRPEZUS SLNG | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1060 | ADD CTLSO/SCOLIOS ORTHOS THOR PAD | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1050 | ADD CTLSO/SCOLIOS ORTHOS STERNL PAD | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1040 | ADD CTLSO/SCOLIO ORTHO LUMB/RIB PAD | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1030 | ADD CTLSO/SCOLIO ORTHOS LUMB PAD | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1020 | ADD CTLSO/SCOLIO ORTHOS KYPHOS PAD | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L1010 | ADD CTLSO/SCOLIO ORTHOS AX SLING | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | L0984 | PROTECTIVE BODY SOCK PREFAB EACH | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0982 | STOCKING SUPPORT GRIPS PREFAB SET 4 | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0980 | PERONEAL STRAPS PREFAB PAIR | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0978 | AXILLARY CRUTCH EXTENSION | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0976 | LSO FULL CORSET | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0974 | TLSO FULL CORSET | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0972 | LSO CORSET FRONT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0970 | TLSO CORSET FRONT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0861 | ADD HALO PROC REPLCMT LINER/INTERFC | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0650 | LSO SAGIT-CORNL CNTRL ANT PST PANL | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0649 | LSO SAGIT-CORNL CNTRL RIGD PST PANL | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0643 | LSO SAGITTAL CNTRL RIGID POST PANEL | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | L0642 | LUMB ORTHOS SAGIT CTRL ANT POST PNL | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0641 | LUMB ORTHOS SAGIT CTRL RIGD PST PNL | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0635 | LSO SAG-COR CNTRL LUMB FLEX PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0633 | LSO SAG-COR CNTRL RIGID POST PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0630 | LSO SAGIT CONTROL RIGID POST PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0628 | LSO FLEXIBLE PREFAB OFF THE SHELF | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0627 | LUMB ORTHOS RIGD A&P PNL PRFAB CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0626 | LUMB ORTHOS RIGID POST PREFAB CUSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0625 | LUMBAR ORTHOSIS FLEXIBLE PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0622 | SACROILIAC ORTHOSIS FLEXIBLE CUSTOM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0621 | SACROILIAC ORTHOSIS FLEXIBLE PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0492 | TLSO 3 RIGID PLASTIC SHELLS PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | L0472 | TLSO TRIPLANAR HYPREXT RIGD FRME | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0470 | TLSO TRIPLANAR FRME&APRON W/STRAP | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0469 | TLSO SAGITTAL-CORONAL CONTRL PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0468 | TLSO SAGITTAL-CORONAL PREFAB CUSTOM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0467 | TLSO SAGITTAL CONTROL RIGD PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0466 | TLSO SAGITTAL CONTROL PREFAB CUSTOM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0455 | TLSO FLEX SC JUNC TO T-9 PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0454 | TLSO FLEX SC JUNC T-9 PRFAB CUSTOM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0450 | TLSO FLEX TRUNK SUPP UP THOR PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0220 | THORACIC RIB BELT CUSTOM FABRICATED | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0200 | CERV COLLR ADJ CERV BARS&THOR EXT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0190 | CERV MX POST COLLR ADJ CERV BARS | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | L0180 | CERV MX POST COLLR SUPPS ADJ | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0174 | CERV COLLR SEMI-RGD THOR EXT PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0172 | CERV COLLAR SEMI-RIGID FOAM PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0160 | CERV SEMI-RIGID OCCIP/MAND PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0150 | CERV SEMI-RIGD ADJUST MOLD CHIN CUP | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0140 | CERVICAL SEMI-RIGID ADJUSTABLE | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0130 | CERV FLXBL THRMOPLSTC COLLR MOLD PT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | L0120 | CERVICAL FLEX NONADJUSTABLE PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | K1005 | DISP COLL & STRG BAG BM ANY SZ T EA | HCPCS-K CODES-DMERCS ONLY | EXPIRED | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | K0608 | REPL GARMNT W/AUTO EXT DEFIB EA | HCPCS - K CODES -DMERCS ONLY | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | K0607 | REPL BATTERY AUTO EXT DEFIB EA | HCPCS - K CODES -DMERCS ONLY | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | K0605 | REPL BATTERY PUMP LITHIUM 4.5 V EA | HCPCS - K CODES -DMERCS ONLY | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | K0604 | REPL BATTERY PUMP LITHIUM 3.6 V EA | HCPCS - K CODES -DMERCS ONLY | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | K0603 | REPL BATTERY PUMP ALKALINE 1.5 V EA | HCPCS - K CODES -DMERCS ONLY | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | K0602 | REPL BATTERY SILVER OXIDE 3 V EA | HCPCS - K CODES -DMERCS ONLY | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | K0601 | REPL BATTERY SILVER OXIDE 1.5 V EA | HCPCS - K CODES -DMERCS ONLY | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | K0552 | SPL EX N-INS RX INF PMP SYR CRT S E | HCPCS - K CODES -DMERCS ONLY | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | K0071 | FRT C ASM COMPL PN TIRE REPL ONLY E | HCPCS - K CODES -DMERCS ONLY | NO | 05/01/2022 | 05/31/2022 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | K0070 | RW ASM CMP PN T SPKS/MLD RPL ONLY E | HCPCS - K CODES -DMERCS ONLY | NO | 05/01/2022 | 05/31/2022 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E2390 | PWR WC SOLID WHEEL TIRE REPL EACH | HCPCS - DME | NO | 05/01/2022 | 05/31/2022 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E2389 | PWR WC FORM CASTER TIRE REPL EACH | HCPCS - DME | NO | 05/01/2022 | 05/31/2022 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E2381 | PWR WC PNEUMATIC WHEEL TIRE REPL EA | HCPCS - DME | NO | 05/01/2022 | 05/31/2022 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E2221 | MNL WC AC SLD C TIR SZ REPL ONLY EA | HCPCS - DME | NO | 05/01/2022 | 05/31/2022 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E2220 | MNL WC AC SLD PROP T SZ RPL ONLY EA | HCPCS - DME | NO | 05/01/2022 | 05/31/2022 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | E2217 | MNL WC ACCSS FOAM FILL CASTER TIRE | HCPCS - DME | NO | 05/01/2022 | 05/31/2022 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E2216 | MNL WC ACSS FOAM FILL PROPULSN TIRE | HCPCS - DME | NO | 05/01/2022 | 05/31/2022 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E2212 | MNL WC TUBE PNEUMAT PROPULSION TIRE | HCPCS - DME | NO | 05/01/2022 | 05/31/2022 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E1372 | IMMERSION EXTERNAL HEATER NEBULIZER | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E1353 | REGULATOR | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0944 | PELVIC BELT/HARNESS/BOOT | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0942 | CERVICAL HEAD HARNESS/HALTER | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0940 | TRAPEZ BAR FREESTND CMPL W/GRAB BAR | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0900 | TRACT STAND FREESTAND PELV TRACT | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0890 | TRAC FRAME ATTCH FOOTBRD PELV TRAC | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0880 | TRACTION STAND FS EXTREMITY TRACTN | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0870 | TRACT FRAME FOOTBOARD EXTREM TRACT | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | E0860 | TRACTION EQUIPMENT OVERDOOR CERV | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0850 | TRACT STAND FREESTAND CERV TRACT | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0840 | TRACTION FRAME HEADBOARD CERV TRACT | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0710 | RESTRAINT ANY TYPE | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0705 | TRANSFER DEVICE ANY TYPE EACH | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0660 | NONSEG PNEUMAT APPLINC FULL LEG | HCPCS - DME | NO | 05/01/2022 | 05/31/2022 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0621 | SLING/SEAT PT LIFT CANVAS/NYLON | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0606 | POSTURAL DRAINAGE BOARD | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0605 | VAPORIZER ROOM TYPE | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0603 | BREAST PUMP ELECTRIC ANY TYPE | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0602 | BREAST PUMP MANUAL ANY TYPE | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0570 | NEBULIZER WITH COMPRESSOR | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | E0555 | HUMDIFR GLASS/AUTOCLVBL PLSTC BOTTL | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0484 | OSCILLAT POS EXPIRTORY PRSS NO-ELEC | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0444 | PORTBL O2 CONTENT LIQ 1 MO SPLEQU 1 U | HCPCS - DME | NO | 05/01/2022 | 05/31/2022 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0326 | URINAL; FE JUG-TYPE ANY MATERIAL | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0325 | URINAL; MALE JUG-TYPE ANY MATERIAL | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0305 | BEDSIDE RAILS HALF-LENGTH | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0280 | BED CRADLE ANY TYPE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0276 | BED PAN FRACTURE METAL OR PLASTIC | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0275 | BED PAN STANDARD METAL OR PLASTIC | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0249 | PAD H2O CIRC HEAT UNIT REPLCMT ONLY | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0248 | TRNSF BENCH HEVY DUTY TUB/TOILET | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0247 | TRNSF BENCH TUB/TOILET W/WO COMMODE | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | E0246 | TRANSFER TUB RAIL ATTACHMENT | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0245 | TUB STOOL OR BENCH | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0244 | RAISED TOILET SEAT | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0243 | TOILET RAIL EACH | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0242 | BATHTUB RAIL FLOOR BASE | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0241 | BATHTUB WALL RAIL EACH | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0240 | BATH/SHOWER CHAIR W/WO WHLS ANY SZ | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0218 | FLUID CIRC COLD PAD W/PUMP ANY TYPE | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0215 | ELECTRIC HEAT PAD MOIST | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0210 | ELECTRIC HEAT PAD STANDARD | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0205 | HEAT LAMP W/STAND W/INFRARD ELEM | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0200 | HEAT LAMP W/O STAND W/INFRARD ELEM | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | E0199 | DRY PRSS PAD MATTRSS STD LEN&WDTH | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0197 | AIR PRSS PAD MATTRSS STD LEN&WDTH | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0196 | GEL PRESSURE MATTRESS | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0191 | HEEL OR ELBOW PROTECTOR EACH | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0190 | PSTN CUSH/PILLOW/EDGE ALL COMPONENT | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0189 | LAMBSWOOL SHEEPSKIN PAD ANY SIZE | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0188 | SYNTHETIC SHEEPSKIN PAD | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0187 | WATER PRESSURE MATTRESS | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0186 | AIR PRESSURE MATTRESS | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0185 | GEL/GEL-LIKE PRSS PAD MATTRSS STD | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0184 | DRY PRESSURE MATTRESS | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0182 | PUMP ALTERNATING PRESSURE PAD REPL | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | E0181 | PWR PRESS RED MATTRESS PAD W/PUMP | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0175 | FOOT REST USE W/COMMODE CHAIR EACH | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0168 | COMMODE CHAIR XTRA WIDE&/HEVY DUTY | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0167 | PAIL/PAN USE W/COMMODE CHAIR REPL | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0165 | COMMODE CHAIR WITH DETACHABLE ARMS | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0163 | COMMODE CHAIR WITH FIXED ARMS | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0161 | SITZ BATH/EQP PRTBLE USED W/FAUCET | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0160 | SITZ BATH/EQP PRTBLE W/WO COMMODE | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0159 | BRAKE ATTCH WHEELED WALK REPLCMT EA | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0158 | LEG EXTENSIONS WALKER PER SET FOUR | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0157 | CRUTCH ATTACHMENT WALKER EACH | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0156 | SEAT ATTACHMENT WALKER | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | E0155 | WHL ATTCH PCK-UP WLK- PER PAIR SEAT | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0154 | PLATFORM ATTACHMENT WALKER EACH | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0153 | PLATFORM ATTCH FOREARM CRUTCH EA | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0149 | WALKER HEVY DUTY WHEELD ANY TYPE EA | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0148 | WALK HEVY DUTY NO WHLS RIGD/FOLD EA | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0144 | WALKER ENCLOS 4 SIDE WHL POST SEAT | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0143 | WALKER FOLD WHEELED ADJUSTBL/FIX HT | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0141 | WALKER RIGID WHEELD ADJUSTBL/FIX HT | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0140 | WALK W/TRNK SUPP ADJUSTBL/FIX HT | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0135 | WALKER FOLDING ADJUSTBLE/FIX HEIGHT | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0130 | WALKER RIGID ADJUSTBLE/FIXED HEIGHT | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0116 | CRTCH UNDARM OTH THAN WOOD ADJ/FIX | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | E0114 | CRTCHES UNDARM OTH THAN WOOD PAIR | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0113 | CRTCH UNDARM WOOD EA ADJUSTBL/FIX | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0112 | CRTCHS UNDARM WOOD PAIR ADJSTBL/FIX | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0111 | CRTCH FORARM VARIOUS MATL EA | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0110 | CRTCHES FORARM VARIOUS MATL PAIR | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0105 | CANE QUAD/3-PRONG ALL MATL W/TIPS | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | E0100 | CANE ALL MATL ADJUSTBLE/FIXED W/TIP | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | B4224 | PARNTRAL NUTRITION ADMIN KIT-DAY | HCPCS - ENTERAL & PARENTERAL | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | B4088 | GASTROSTOMY/J-TUBE LOW-PROFILE EA | HCPCS - ENTERAL & PARENTERAL | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | B4087 | GASTROSTOMY/J-TUBE STANDARD EACH | HCPCS - ENTERAL & PARENTERAL | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | B4082 | NASOGASTRIC TUBING WITHOUT STYLET | HCPCS - ENTERAL & PARENTERAL | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | B4081 | NASOGASTRIC TUBING WITH STYLET | HCPCS - ENTERAL & PARENTERAL | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | B4036 | ENTERAL FD SPL KIT; GRAVITY FED-DAY | HCPCS - ENTERAL & PARENTERAL | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | B4035 | ENTERAL FEED SPL KIT; PUMP FED-DAY | HCPCS - ENTERAL & PARENTERAL | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | B4034 | ENTERAL FEED SPL KIT; SYRINGE DAY | HCPCS - ENTERAL & PARENTERAL | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A8001 | HELMET PROTECTIVE HARD PREFAB | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A8000 | HELMET PROTECTIVE SOFT PREFAB | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7527 | TRACHEOST/LRYNGCT TUBE PLUG/STOP EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7526 | TRACHEOSTOMY TUBE COLLAR/HOLDER EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7525 | TRACHEOSTOMY MASK EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7524 | TRACHEOSTOMA STENT/STUD/BUTTON EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7523 | TRACHEOSTOMY SHOWER PROTECTOR EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7521 | TRACHEOST/LARYNGECT TUBE CUFF PVC | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7520 | TRACHEOST/LARYNGECT TUBE NON-CUFFED | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | A7508 | HOUS&INTGR ADHES EXCHG SYS &/ VALV | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7507 | FLTR HLDR&INTGR FLTR TRACHEOSTOMA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7501 | TRACHEOSTOMA VALV INCL DIAPHRAGM EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7046 | WATR CHAMB HUMDIFIR USED W/POS ARWA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7044 | ORL INTERFCE W/POS ARWAY PRSS DEVC | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7039 | FLTR NON DISPBL POS ARWAY PRSS DEVC | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7038 | FLTR DISPBL W/POS ARWAY PRSS DEVC | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7037 | TUBING USED W/POS ARWAY PRESS DEVC | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7036 | CHINSTRAP USE W/POS ARWAY PRSS DEVC | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7035 | HEADGEAR USED W/POS ARWAY PRSS DEVC | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7034 | NASL INTERFCE POS ARWAY PRSS DEVC | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7033 | PILLW NASL CANNULA TYPE INTF REPL | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | A7032 | CUSHN NASAL MASK INTF REPL ONLY EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7031 | FCE MASK INTERFCE REPL FULL MASK EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7030 | FULL FCE MASK POS ARWAY PRSS DEV EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7029 | NASL PILLOW ORL/NASL MASK REPL PAIR | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7028 | ORAL CUSH ORAL/NASAL MASK REPL EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7027 | COMB ORAL/NASAL MASK W/CPAP EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7020 | INTERFACE COUGH STIM DEVC REPL ONLY | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7018 | H2O DIST USE W/LG VOL NEB 1000 ML | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7015 | AREO MASK USED W/ DME NEB | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7014 | FLTR NON-DISPBL AROSL COMPRS/US GEN | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7013 | FILTER DISP W/AREO COMPRESS/US GEN | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7012 | WATER COLLEC DEV USE W/LG VOL NEB | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | A7010 | CORUG TUBE DISPBL LG VOL NEB 100 FT | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7007 | LG VOL NEBULIZR DISPBL UNFIL COMPRS | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7006 | ADMN SET W/SM VOL FILTR NEBULIZR | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7005 | ADMN SET SM VOL NONFLTR NEB NONDISP | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7003 | ADMN SET SM VOL NONFILTR NEB DISPBL | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7002 | TUBING USED WITH SUCTION PUMP EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A7000 | CANISTER DISPBL USED W/SUCTN PUMP | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6545 | GRD CMP WR NONELS BK 30-50MM SRG EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6544 | GRADENT COMPRESSION STK GARTER BELT | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6541 | GRD COMP STK WAIST LENG 40MM HGLT EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6540 | GRADENT COMPRS STK WAIST 30-40 MMHG | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6539 | GRADENT COMPRS STK WAIST 18-30 MMHG | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | A6538 | GRD COMP STK FULL /CHAP 40MM HGLT EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6537 | GRADENT COMPRS STK FULL 30 -40 MMHG | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6536 | GRADENT COMPRS STK FULL 18 -30 MMHG | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6535 | GRD COMP STK THIGH LENG 40MM HGLT EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6534 | GRADENT COMPRS STK THIGH 30-40 MMHG | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6533 | GRADENT COMPRS STK THIGH 18-30 MMHG | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6532 | GRD CMP STK BLW KNEE 40-50MM HG SRG | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6531 | GRD CMP STK BLW KNEE 30-40MM HG SRG | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6530 | GRADIENT COMPRS STK BK 18-30 MMHG | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6457 | TUBULR DRSG W/WO ELAST WDTH LINR YD | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6456 | ZINC PAST BANDGE WD GT /EQU 3 & LT 5 IN | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6455 | SELF-ADHERENT BANDGE WDTH GT /EQU 5 IN | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | A6454 | SLF ADHERNT BANDGE WD GT /EQU 3 & LT 5 IN | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6453 | SELF-ADHERENT BANDGE WDTH LT /EQU 3 IN | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6452 | HI COMPRS BANDGE WD GT /EQU 3 & LT 5 IN | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6451 | MOD COMPRS BANDGE WD GT /EQU 3 & LT 5 IN | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6450 | LT COMPRS BANDGE WDTH GT /EQU 5 IN | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6449 | LT COMPRS BANDGE WDTH GT /EQU 3 & LT 5 IN | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6448 | LT COMPRS BANDGE ELAST WDTH LT 3 IN | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6441 | PADD BANDGE NON-ELAST NON-WOVEN/NON | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6412 | EYE PATCH OCCLUSIVE EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6411 | EYE PAD NON-STERILE EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6410 | EYE PAD STERILE EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6407 | PACK STRIPS NON-IMPREGNTD UP 2 IN | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | A6403 | GAUZ NON-IMPREG STERL GT 16 LT EQU 48 SQ | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6402 | GAUZ NON-IMPREG STERL 16 SQ/LT NO AD | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6266 | GAUZ IMPRG NOT H2O SAL/ZINC LINR YD | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6259 | TRNSPRT FILM STERL GT 48 SQ EA DRESS | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6258 | TRNSPRT FILM GT 16 SQ BUT LT EQU 48 SQ EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6257 | TRNSPRT FILM STERL 16 SQ/LT EA DRESS | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6255 | SPCL ABSORB DRESS GT 16LT EQU 48 W/ADHES | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6254 | SPCLTY ABSORB DRESS 16 SQ/LT W/ADHES | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6253 | SPCLTY ABSORB DRESS GT 48 SQ NO ADHES | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6252 | SPCL ABSORB DRESS GT 16LT EQU 48 NO ADHES | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6251 | SPCLTY ABSORB DRESS 16SQ/LT NO ADHES | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6248 | HYDROGEL DRESS WOUND FIL GEL FL OZ | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | A6247 | HYDROGEL DRESS STERL GT 48 SQ ADHES | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6246 | HYDROGEL DRESS GT 16 LT EQU 48 SQ W/ADHES | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6245 | HYDROGEL DRESS 16 SQ/LT W/ADHES EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6244 | HYDROGEL DRESS GT 48 SQ W/O ADHES EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6243 | HYDROGEL DRESS GT 16 LT EQU 48SQ NO ADHES | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6242 | HYDROGEL DRESS 16 SQ/LT W/O ADHES EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6241 | HYDROCOLLOID DRESS DRY FORM PER G | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6240 | HYDROCOLLOID DRESS FIL PASTE-FL OZ | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6238 | HYDRCOLLOID DRESS GT 16LT EQU 48 W/ADHES | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6237 | HYDROCOLLOID DRESS 16 SQ/LT W/ADHES | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6236 | HYDROCOLLOID DRESS GT 48 SQ W/O ADHES | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6235 | HYDRCOLLOID DRESS GT 16LT EQU 48 NO ADHES | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | A6234 | HYDRCOLLOID DRESS 16 SQ/LT W/O ADHES | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6232 | GAUZ IMPREG HYDRGEL DIR GT 16 LT EQU 48 | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6231 | GAUZ IMPREG HYDRGEL DIR WND 16 SQ/LT | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6230 | GAUZ IMPREG H2O/SALINE STERL GT 48 SQ | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6229 | GAUZ IMPREG WATR/SALINE GT 16LT EQU 48 SQ | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6224 | GAUZ IMPREG NOT H2O/HYDROGEL GT 48 SQ | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6223 | GAUZ IMPREG NOT H2O/HYDRGL GT 16LT EQU 48 | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6222 | GAUZ IMPREG NOT H2O/HYDRGEL 16 SQ/LT | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6220 | GAUZE NON-IMPREG GT 16 LT EQU 48 SQ ADHES | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6219 | GAUZE NON-IMPREG STERL 16 SQ/LT ADHES | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6217 | GAUZE NON-IMPREG NONSTRL GT 16LT EQU 48SQ | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6216 | GAUZE NON-IMPREG NONSTERL 16 SQ/LT | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | A6214 | FOAM DRESS GT 48 SQ W/ADHES BORDR EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6213 | FOAM DRESS GT 16 LT EQU 48 SQ W/ADHES EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6212 | FOAM DRESS 16 SQ/LT W/ADHES BORDR EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6211 | FOAM DRESS STERL GT 48 SQ NO ADHES | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6210 | FOAM DRESS GT 16 LT EQU 48SQ W/O ADHES EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6209 | FOAM DRESS STERL 16 SQ/LT NO ADHES | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6207 | CNTC LAYER GT 16 SQ BUT LT EQU 48 SQ EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6206 | CNTCT LAYR STERL 16 SQ IN/LT EA DRESS | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6204 | COMPOS DRESS GT 16 LT EQU 48 SQ W/ADHES | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6203 | COMPOS DRESS 16 SQ/LT W/ADHES BORDR | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6199 | ALGINAT/OTH FIBR GELL DRESS FIL-6IN | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6197 | ALGINAT/OTH FIBR GELL GT 16LT EQU 48 SQEA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | A6196 | ALGINAT/OTH FIBR GELL PAD 16 SQ/LT EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6154 | WOUND POUCH EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6024 | COLL DRESS WND FIL STERL PER 6 IN | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6023 | COLL DRSG STERILE SZ GT 48 SQ IN EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6022 | COLL DRSG STRLGT 16 BUTLT /EQU 48 SQ IN EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6021 | COLL DRESS PAD SIZE 16 SQ/LESS EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6011 | COLLEGEN WOUND FIL GEL/PASTE PER G | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A6010 | COLLEGEN WOUND FILLR DRY FORM PER G | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5514 | DIA MX DEN INS DIR CARV CSTM FAB EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5513 | DIA ONLY MX DN INSRT CSTM MLD P F E | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5512 | FOR DIAB ONLY MX DNSITY INSRT PRFAB | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5507 | DM ONLY NOS MOD SHOE/CSTM MOLD SHOE | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | A5506 | DM ONLY MOD SHOE/CSTM OFF SET HEEL | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5505 | DM ONLY MOD SHOE/CSTM W/MT BAR SHOE | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5504 | DM ONLY MOD SHOE/CSTM W/WEDGE SHOE | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5503 | DM ONLY MOD SHOE/CSTM ROLLER/ROCKER | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5501 | DM ONLY CSTM PREP SHOE MOLD PTS FT | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5500 | DM ONLY CSTM PREP SHOE MX DNS INSRT | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5200 | PERQ CATH/TUBE ANCHR DEVC ADHES SKN | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5131 | APPLINC CLNR INCONT&OST APPLN-16 OZ | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5126 | ADHES/NON-ADHES; DISK/FOAM PAD | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5122 | SKN BARRIER; SOLID 8X8/EQUVALNT EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5121 | SKN BARRIER; SOLID 6X6/EQUVALNT EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5120 | SKIN BARRIER WIPES OR SWABS EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | A5114 | LEG STRAP; FOAM/FABRIC REPL-SET | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5113 | LEG STRAP; LATEX REPLCMT ONLY-SET | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5112 | URINARY DRAIN BAG LEG/ABD LATEX EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5105 | URIN SUSPENSRY LEG BAG W/WO TUBE EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5093 | OSTOMY ACCESSORY; CONVEX INSERT | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5082 | CONTINENT DEVC;CATH CONTINENT STOMA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5081 | STOMA PLUG OR SEAL ANY TYPE | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5073 | OST POUCH URIN; BARRIER W/FLNGE EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5072 | OST POUCH URIN; W/O BARR ATTCH EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5071 | OST POUCH URIN; W/BARRIER ATTCH EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5063 | OST POUCH DRNABLE; BARR W/FLNGE EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5062 | OST POUCH DRNABL; W/O BARR ATTCH EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | A5061 | OST POUCH DRNABLE; W/BARR ATTCH EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5057 | OST POUCH DRAIN BARR CONVX FLTR EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5056 | OST POUCH DRAIN EXT BARRIER FLTR EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5055 | STOMA CAP | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5054 | OST POUCH CLOS; BARRIER W/FLNGE EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5053 | OSTOMY POUCH CLOS; USE FACEPLATE EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5052 | OST POUCH CLOS; W/O BARR ATTACH EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A5051 | OST POUCH CLOS; W/BARRIER ATTCH EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4932 | RECTAL THERMOMETER REUSBL TYPE EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4931 | ORL THERMOMETER REUSBL ANY TYPE EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4930 | GLOVES STERILE PER PAIR | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4927 | GLOVES NON-STERILE PER 100 | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | A4670 | AUTOMATIC BLOOD PRESSURE MONITOR | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4663 | BLOOD PRESSURE CUFF ONLY | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4660 | SPHYGMOMANOMETER/BP W/CUFF&STETH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4657 | SYRINGE WITH OR WITHOUT NEEDLE EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4640 | REPL PAD W/ALTRNAT PRSS PAD OWND PT | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4637 | REPL TIP CANE CRUTCH WALKER EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4636 | REPL HANDGRIP CANE CRTCH/WALKER EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4635 | UNDERARM PAD CRUTCH REPLACEMENT EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4630 | REPL BATTRY TRNSQ ELEC STIM OWND PT | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4629 | TRACHEOST CARE KIT EST TRACHEOST | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4628 | ORAL &/OR OP SUCTION CATHETER EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4626 | TRACHEOSTOMY CLEANING BRUSH EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | A4624 | TRACHEAL SUCTN CATH NOT CLOS SYS EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4623 | TRACHEOSTOMY INNER CANNULA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4615 | CANNULA NASAL | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4605 | TRACHEAL SUCTION CATH CLOS SYS EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4604 | TUBING W/INTGR HEAT ELEM W/PAP DEVC | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4595 | ELEC STIM SUPPLIES 2 LEAD PER MONTH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4565 | SLINGS | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4558 | CONDUCTVE GEL/PASTE USE W/ELEC DEVC | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4557 | LEAD WIRES PER PAIR | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4556 | ELECTRODES PER PAIR | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4481 | TRACHEOSTOMA FLTR TYPE SZ EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4465 | NONELASTIC BINDER FOR EXTREMITY | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | A4463 | SURG DRESSING HOLDER REUSABLE EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4456 | ADHESIVE REMOVER WIPES ANY TYPE EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4455 | ADHESIVE REMOVER/SOLVENT PER OUNCE | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4452 | TAPE WATERPROOF PER 18 SQUARE IN | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4450 | TAPE NON-WATERPROOF 18 SQUARE IN | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4434 | OST POUCH URN;LOCK FLNG FAUCT VLV | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4433 | OST POUCH URIN; BARR W/LOCK FLNG EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4432 | OST POUCH URN;NO-LCK FLNG FAUCT VLV | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4431 | OST POUCH URIN;BARR FAUCT TAP VLV | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4430 | OST POUCH URN BLT-IN CNVX FAUCT VLV | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4429 | OST POUCH URIN W/BLT-IN CONVX VALVE | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4428 | OST POUCH URIN W/FAUCET TAP W/VALVE | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | A4427 | OST POUCH DRN;BARR LOCK FLNG FLTR | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4426 | OST POUCH DRNBL;BARR W/LOCK FLNG EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4425 | OST POUCH DRNBL; BARR NON-LOCK FLNG | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4424 | OST POUCH DRNBL BARR ATTCH FILTR EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4423 | OST POUCH CLOS; BARR W/LOCK FLNG EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4422 | OST ABSORB MATL THICKN LQD STOML OP | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4420 | OST POUCH CLO;USE BARR LOCK FLNG EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4419 | OST POUCH CLOS; BARRIER W/NON-LOCK | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4418 | OST POUCH CLOS; W/O BARR W/FILTR EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4417 | OST POUCH CLO BARR W/BLT-IN CONVXIT | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4416 | OST POUCH CLO BARR ATTCH W/FILTR EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4415 | OST SKN BARRIER W/O CONVX GT 4X4 IN | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | A4414 | OST SKN BARRIER W/O CONVX 4X4 IN/LT | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4413 | OST POUCH DRNABL BARRIER FLNGE/FLTR | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4412 | OST POUCH DRNBL BARR FLNGE W/O FLTR | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4411 | OST SKN BARR SOLID 4X4/EQ W/CONVXTY | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4410 | OST SKN BARR EXT W/O CONVX GT 4X4 IN | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4409 | OST SKN BARR EXT W/O CONVX 4X4 IN/LT | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4408 | OST SKN BARRIER W/CONVXITY GT 4X4 IN | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4407 | OST SKN BARRIER W/CONVXITY 4X4 IN/LT | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4406 | OST SKN BARRIER PECTIN PASTE-OZ | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4405 | OST SKN BARRIER NONPECTIN PASTE-OZ | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4404 | OSTOMY RING EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4402 | LUBRICANT PER OUNCE | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | A4400 | OSTOMY IRRIGATION SET | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4399 | OST IRRIG SPL; CONE/CATH W/WO BRUSH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4398 | OSTOMY IRRIGATION SUPPLY; BAG EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4397 | IRRIGATION SUPPLY; SLEEVE EACH | HCPCS - MED-SURG SUPPLIES | EXPIRED | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4396 | OSTOMY BELT W/PERISTOMAL HERN SUP | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4395 | OST DEODORANT OST POUCH SOLID-TAB | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4394 | OSTOMY DEODORANT W/WO LUB PER FL OZ | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4393 | OST POUCH URIN EXT W/CONVXITY EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4392 | OST POUCH URIN STD W/CONVXITY EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4391 | OST POUCH URIN W/EXT WEAR BARR EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4390 | OST POUCH DRNABLE EXT W/CONVXITY EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4389 | OST POUCH DRNBL BARR BUILT-IN CONVX | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | A4388 | OST POUCH DRNABL W/EXT WEAR BARR EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4387 | OST POUCH CLOS BARR BUILT-IN CONVX | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4385 | OST SKN BARRIER 4X4 EXT W/O CONVXTY | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4384 | OST FCEPLAT EQUVALNT SILCON RING EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4383 | OST POUCH URIN USE FCEPLAT RUBR EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4382 | OST POUCH URIN FCEPLAT HVY PLSTC EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4381 | OST POUCH URIN USE FCEPLAT PLSTC EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4380 | OST POUCH URIN W/FCEPLAT RUBR EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4379 | OST POUCH URIN W/FCEPLAT PLSTC EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4378 | OST POUCH DRAINABLE FCEPLAT RUBR EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4377 | OST POUCH DRNABLE FCEPLAT PLSTC EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4376 | OST POUCH DRNABLE W/FCEPLAT RUBR EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | A4375 | OST POUCH DRNABLE W/FCEPLAT PLST EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4373 | OST SKN BARR W/FLNGE BUILT-IN CONVX | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4372 | OST SKIN BARR SOL 4X4/EQUV STD EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4371 | OSTOMY SKIN BARRIER POWDER PER OZ | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4369 | OSTOMY SKIN BARRIER LIQUID PER OZ | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4368 | OSTOMY FILTER ANY TYPE EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4367 | OSTOMY BELT EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4366 | OSTOMY VENT ANY TYPE EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4364 | ADHES LIQUID/EQUAL ANY TYPE-OUNCE | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4363 | OSTOMY CLAMP ANY TYPE REPL ONLY EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4362 | SKN BARRIER; SOLID 4X4/EQUVALNT; EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4361 | OSTOMY FACEPLATE EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | A4360 | DISP EXT URETHRAL CLAMP/COMP DEV EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4358 | URINARY LEG BAG; VINYL W/WO TUBE EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4357 | BEDSID DRN BAG DAY/NGT W/WO TUBE EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4356 | EXT URETHRAL CLAMP/COMPRS DEVICE EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4355 | IRRIG TUBING CONT 3-WAY CATH EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4353 | INTERMIT URIN CATH W/INSERTION SPL | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4352 | INTERMIT URIN CATH; COUDE TIP EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4351 | INTERMIT URIN CATH; STRAIT TIP EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4349 | MALE EXT CATH W/WO ADHES DISPBL EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4344 | IDC FOLEY TYP TWO-WAY ALL SIL/PU EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4340 | INDWELL CATHETER; SPECIALTY TYPE EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4338 | INDWLL CATH; 2-WAY LATEX W/COAT EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | A4334 | URIN CATH ANCHR DEVICE LEG STRAP EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4333 | URIN CATH ANCHR DEVC ADHES ATTCH EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4332 | LUBRICNT INDIVIDUAL STERL PACKET EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4331 | EXT DRN TUBING W/CNCTOR/ADAPTR EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4330 | PERIAN FECAL CLCT POUCH W/ADHES EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4328 | FE EXT URIN CLCT DEVICE; POUCH EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4327 | FE EXT URIN CLCT DEVC; METL CUP EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4326 | MALE EXT CATH CLCT CHAMB ANY TYPE | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4322 | IRRIGATION SYRINGE BULB/PISTON EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4320 | IRRIG TRAY W/BULB/PISTON SYRINGE | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4316 | INSRTION TRAY W/BAG 3-WAY CONT IRRG | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4315 | INSRTION TRAY W/BAG 2-WAY SILCON | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

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| ABH of Illinois-Medicaid | A4314 | INSRTION TRAY W/BAG 2-WAY LATEX | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4313 | INSRT TRAY W/O BAG 3-WAY CNT IRRIG | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4312 | INSRTION TRAY W/O BAG 2-WAY SILCON | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4311 | INSRTION TRAY W/O BAG 2-WAY LATEX | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4310 | INSRTION TRAY W/O DRN BAG&W/O CATH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4284 | BRST SHIELD&SPLSH PROTCTR PUMP REPL | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4265 | PARAFFIN PER POUND | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4236 | REPL BATT SILVER OXIDE HOM BG MON | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4235 | REPL BATT LITHIUM HOM BG MON OWN PT | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4234 | REPL BATT ALK J CELL HOM BG MON | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4233 | REPL BATT ALK NOT J CELL HOM BG MON | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4232 | SYRINGE NDLE EXT INSULIN PUMP STERL | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | A4231 | INFUS SET EXT INSULIN PUMP NEEDLE | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4230 | INFUS SET EXT INSULIN PUMP NONNDLE | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4225 | SPL EXT INS INF PMP SYR T CART ST E | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4224 | SPL MAINT INSULIN INFUS CATH PER WK | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4222 | INFUS SPL EXT RX INFUS PUMP CAS/BAG | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4221 | SUPS MAINT NON-INS RX INFUS CATH PW | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4217 | STERILE WATER/SALINE 500 ML | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4216 | STERL H2O SALINE & OR DXT DIL 10 ML | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4213 | SYRINGE STERILE 20 CC/GREATER EACH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | A4212 | NONCORING NEEDLE/STYLET W/WO CATH | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Prior authorization may be required if Medicaid allowable limitations are exceeded, please reference the IL HFS DME Fee Schedule for Medicaid limits. | |
| ABH of Illinois-Medicaid | J0598 | INJ C1 ESTERASE INHIB CINRYZE 10 U | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81528 | ONCOLOGY COLORECTAL SCR | PATH & LAB - MICROBIOLOGY | NO | 11/30/2020 | 11/30/2020 | | | |
| ABH of Illinois-Medicaid | J2679 | INJECTION FLUPHENAZINE HCL 1.25 MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2024 | 01/01/2024 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | J1939 | INJECTION BUMETANIDE 0.5 MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | J0688 | INJ CEZ NOT THR EQV TO J0690 500 MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | G0146 | PRINC ILL NAV-PEER SUP ADD 30MN/MON | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | G0140 | PRINC ILLNESS NV-PEER SUP 60MIN/MON | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | G0136 | ADM STD EVD-BAS SOC DET RISK 5-15MI | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | G0024 | PRINC ILLNESS NAV SRV ADD 30MIN/MON | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | G0023 | PRINC ILLNESS NAV SRV 60MIN CAL MTH | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | G0022 | COMM HLTH INTEG SRV E ADD 30MIN MTH | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | G0019 | COM HEALTH INTEGR SRV 60MIN PER MTH | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | G0018 | PSYCHO CRISIS FURN APP ADDL 30 MIN | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | G0017 | PSYCHTH CRISIS APP SITE SRV 1ST 60M | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | G0013 | IND COU PREP STAFF PRV HIV/HIV RISK | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | A4287 | DSP COL&STG BG BRST MK ANY SZ/TY EA | HCPCS - MED-SURG SUPPLIES | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | 99459 | PELVIC EXAMINATION | E & M-SPECIAL E/M SERVICES | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | 93588 | VNGRPH CHD VNVN CLTRL BELOW | MEDICINE - CARDIOVASCULAR | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | 93587 | VNGRPH CHD VNVN CLTRL AT/ABV | MEDICINE - CARDIOVASCULAR | NO | 01/01/2024 | 01/01/2024 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 93586 | VNGRPH CHD CORONARY SINUS | MEDICINE - CARDIOVASCULAR | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | 93585 | VNGRPH CHD AZYGS/HEMIAZYGS | MEDICINE - CARDIOVASCULAR | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | 93584 | VNGRPH CHD ANOM/PERSIST SVC | MEDICINE - CARDIOVASCULAR | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | 93153 | INTERROG W/O PRGRMG IPNSS | MEDICINE - CARDIOVASCULAR | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | 93152 | INTERROG&PRGRMG IPNSS POLYSM | MEDICINE - CARDIOVASCULAR | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | 93151 | INTERROG&PRGRMG IPNSS | MEDICINE - CARDIOVASCULAR | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | 93150 | THERAPY ACTIVATION IPNSS | MEDICINE - CARDIOVASCULAR | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | 92972 | PERQ TRLUML CORONRY LITHOTRP | MEDICINE - CARDIOVASCULAR | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | 92623 | DX ALY AUD OI SND PRCSR EACH | MEDICINE - SPECIAL OTORHINOLAR | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | 92622 | DX ALY AUD OI SND PRCSR 1ST | MEDICINE - SPECIAL OTORHINOLAR | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | 90623 | MENACWY-TT MENB-FHBP VACC IM | MEDICINE - VACCINES, TOXOIDS | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | 87523 | HEPATITIS D QUANTIFICATION | PATH & LAB - MICROBIOLOGY | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | 76989 | DX INTRAOP EPCAR US CHD I&R | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | 76988 | DX NTROP EPCR US CHD IMG ACQ | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | 76987 | DX INTRAOP EPICAR CAR US CHD | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | 76984 | DX INTRAOP THORACIC AORTA US | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 01/01/2024 | 01/01/2024 | | | |

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| ABH of Illinois-Medicaid | 33280 | RMVL PHRNC NRV STIM PG ONLY | SURGERY - RESPIRATORY SYSTEM | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | 33279 | RMVL PHRNC NRV STIM TRANSVNS | SURGERY - RESPIRATORY SYSTEM | NO | 01/01/2024 | 01/01/2024 | | | |
| ABH of Illinois-Medicaid | 40650 | RPR LIP FTH VERMILION ONLY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2110 | PT 66 &GT CLM FRLTY&1 AC IP ADV IL MP | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28299 | COR HLX VLGS DOUBLE OSTEOT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00756 | ANES HRNA RPR DIPHRG HRNA | ANESTH - UPPER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0499T | CYSTO F/URTL STRIX/STENOSIS | CATEGORY III CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0465T | SUPCHRDL NJX RX W/O SUPPLY | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0434T | INTERRO EVAL NPGS APNEA | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K1033 | NONPNEU SEQ COMP GARMENT HALF LEG | HCPCS-K CODES-DMERCS ONLY | EXPIRED | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | M0201 | ADM PV FLU HB A/O COVID-19 VAC H; | HCPCS - MEDICAL SERVICES | NO | 06/08/2021 | 06/08/2021 | | | |
| ABH of Illinois-Medicaid | 0533T | CONT REC MVMT DO 6-10 DAYS | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 11004 | DBRDMT SKIN XTRNL GENT&PER | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01968 | ANES/ANALG CS DLVR NEURAXIAL | ANESTH - OBSTETRIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01967 | NEURAXL LBR ANES VAG DLVR | ANESTH - OBSTETRIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01962 | ANES URGENT HYSTERECTOMY | ANESTH - OBSTETRIC | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 92004 | COMPRE OPH EXAM NEW PT 1/GT | MEDICINE - OPHTHALMOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | G9453 | DOC PT RSN NOT RECV 1-T SCR HCV INF | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 17271 | DSTR MAL LES S/N/H/F/G 0.6-1 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30545 | RPR CHOANAL ATRESIA TRSNPLTN | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36450 | BLD EXCHANGE TRUJ NEWBORN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88331 | PATH CONSLTJ SURG 1 BLK 1SPC | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | M1158 | PT HX IC COND PT/DUR MSMT PERIOD | HCPCS - MEDICAL SERVICES | EXPIRED | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 88355 | M/PHMTRC ALYS SKELETAL MUSC | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88346 | IMFLUOR 1ST 1ANTB STAIN PX | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99401 | PREV MED CNSL INDIV APPRX 15 | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 97036 | APP MDLTY 1+HUBBRD TNK EA 15 | MEDICINE - PHYSICAL MEDICINE A | NO | 05/01/2022 | 05/31/2022 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 97033 | APP MDLTY 1+IONTPHRSIS EA 15 | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 96440 | CHMOTX ADMN PLRL CAV THRCNTS | MEDICINE - CHEMOTHERAPY ADMINI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | K1018 | EXT UL TREMOR STIM PERIPH N WRIST | HCPCS-K CODES-DMERCS ONLY | EXPIRED | 04/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K1009 | SPCH VOL MOD SYS INCL ALL CMP & ACC | HCPCS-K CODES-DMERCS ONLY | EXPIRED | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0426T | INSJ/RPLC NSTIM APNEA STM LD | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 81451 | HL NEO GSAP 5-50 RNA ALYS | PATH & LAB - MICROBIOLOGY | YES | 01/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0800 | INJECTION CORTICOTROPIN UP 40 UNITS | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 10036 | PLMT SFT TISS LOCLZJ DEV EA | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0536T | CONT REC MVMT DO DL W/I&R | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0508T | PLS ECHO US B1 DNS MEAS TIB | CATEGORY III CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01965 | ANES INCOMPL/MISSED AB PX | ANESTH - OBSTETRIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92260 | OPHTHALMODYNAMOMETRY | MEDICINE - OPHTHALMOLOGY | YES | 12/01/2020 | 12/31/2078 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 92018 | COMPL OPH EXAM GENERAL ANES | MEDICINE - OPHTHALMOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9715 | PT USE HOSPC SRVC ANY TM DUR MSR PR | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20665 | RMVL TONGS/HALO ANTHR INDIV | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20220 | BONE BIOPSY TROCAR/NDL SUPFC | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31237 | NSL/SINS NDSC SURG BX POLYPC | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | K1013 | EN T W OR W/O ADAPT AT RPLC ONLY EA | HCPCS-K CODES-DMERCS ONLY | EXPIRED | 04/01/2021 | 04/01/2021 | | | |
| ABH of Illinois-Medicaid | 11042 | DBRDMT SUBQ TIS 1ST 20SQCM/LT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C9151 | INJECTION PEGCETACOPLAN 1 MG | HCPCS - C CODES-OUTPATIENT PP | EXPIRED | 07/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 20694 | RMVL EXT FIXJ SYS UNDER ANES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 20662 | APPLICATION HALO PELVIC | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67850 | DSTRJ LESION LID MARGIN LT 1CM | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20690 | APPL UNIPLN UNI EXT FIXJ SYS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20206 | BIOPSY MUSCLE PERQ NEEDLE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9614 | PHOTODOC LT 2 CECAL LSMK EST COMP EXM | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01963 | ANES CESAREAN HYSTERECTOMY | ANESTH - OBSTETRIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 97605 | NEG PRS WND THER DMELT EQU 50SQCM | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 17284 | DSTR MAL LS F/E/E/N/L/M3.1-4 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 17280 | DSTR MAL LS F/E/E/N/L/M .5/LT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 17273 | DSTR MAL LES S/N/H/F/G 2.1-3 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15050 | PINCH GRAFT UP TO 2 CM DIAM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2109 | PT 66 &GT CLM FRLTY&1 AC IP ADV IL MP | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92287 | ANT SGM IMG IR FLRSCN ANGRPH | MEDICINE - OPHTHALMOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 40654 | RPR LIP FTHGT 1HALF VER HT/CPX | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36425 | VENIPUNCTURE CUTDOWN 1 YR/GT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28296 | COR HLX VLGS DSTL MTAR OSTEO | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 28292 | COR HLX VLGS RSC PRX PHLX BS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99214 | OFFICE O/P EST MOD 30 MIN | E & M - OTHER E/M SERVICES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 97608 | NEG PRS WND THER NDMEGT 50SQCM | CATEGORY III CODES | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 97598 | DBRDMT OPN WND ADDL 20CM/LT | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 10160 | PNXR ASPIR ABSC HMTMA BULLA | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 10121 | INC&RMVL FB SUBQ TISS COMP | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92230 | FLUORESCEIN ANGIOSCOPY I&R | MEDICINE - OPHTHALMOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92072 | FITG C-LENS KERATOCONUS 1ST | MEDICINE - OPHTHALMOLOGY | YES | 12/01/2020 | 12/31/2078 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | C9788 | OA IMG BREAST UNI DOC A&R US EX | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9157 | INJECTION TOFERSEN 1 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 20225 | BONE BIOPSY TROCAR/NDL DEEP | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 13160 | SEC CLSR SURG WND/DEHSN XTN | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11471 | EXC SKN H/P/P/U COMPLEX | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0436T | PRGRMG EVAL NPGS APNEA STUDY | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0433T | REPOS NSTIM APNEA SENSING LD | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G8825 | PT NOT D/C TO HOME BY POSTOP DAY 7 | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G2108 | PT 66/GT INST SNP/RES LTC GT 90 D MSR | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62141 | CRNOP SKULL DEFECTGT 5 CM DIAM | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99212 | OFFICE O/P EST SF 10 MIN | E & M - OTHER E/M SERVICES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99204 | OFFICE O/P NEW MOD 45 MIN | E & M - OTHER E/M SERVICES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 17282 | DSTR MAL LS F/E/E/N/L/M1.1-2 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 17261 | DSTRJ MAL LES T/A/L .6-1.0CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 17264 | DSTRJ MAL LES T/A/L 3.1-4.0 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | K1021 | EXSUFFLATION BELT INC ALL SUP&ACCES | HCPCS-K CODES-DMERCS ONLY | EXPIRED | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K1001 | ELEC POSIT OBS SLEEP APNEA TX SENS | HCPCS-K CODES-DMERCS ONLY | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D2335 | RESIN-BASED COMP-4/GT SURFACES ANT | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D1354 | APPL CARIES ARR MDICMNT-PER TOOTH | HCPCS- DENTAL-S | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | 81244 | FMR1 GEN ALYS CHARAC ALLELES | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 64890 | NRV GRF 1STRND HND/FOOT LT 4CM | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9927 | DOC SY RSN NO RX WF/ANR FDA-APVD AC | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64898 | NRV GRF MLTST ARM/LEG GT 4 CM | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 64885 | NERVE GRAFT HEAD/NECK LT 4 CM | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 10180 | I&D COMPLEX PO WOUND INFCTJ | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 10061 | I&D ABSCESS COMP/MULTIPLE | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0809T | ARTHRD SI JT PRQ TFX&IMPLT | CATEGORY III CODES | EXPIRED | 07/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 11056 | PARNG/CUTG B9 HYPRKR LES 2 -4 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0768T | TC MAG STIMJ PN SBSQ TX 1NRV | CATEGORY III CODES | EXPIRED | 01/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0641T | NCNTC NR IFR SPCTRSC WND IMG | CATEGORY III CODES | EXPIRED | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G9697 | DOC PT RSN NOT PRSC LA INHALED BD | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9613 | DOCUMENTATION OF POST-SURG ANATOMY | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0432T | REPOS NSTIM APNEA STIMJ LD | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 99308 | SBSQ NF CARE LOW MDM 20 | E & M - NURSING FACILITY SERVI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62142 | RMVL B1 FLP/PROSTC PLATE SKL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36460 | INTRAUTERINE TRANSFUSION FTL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88341 | IMHCHEM/IMCYTCHM EA ADD ANTB | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88332 | PATH CONSLTJ SURG EA ADD BLK | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88321 | CONSLTJ&REPRT SLD PREP ELSWR | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 28297 | COR HLX VLGS JT ARTHRD | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00752 | ANES HRNA RPR LMBR&VNT&/DEHS | ANESTH - UPPER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96446 | CHEMOTX ADMN PERTL CAV IMPL | MEDICINE - CHEMOTHERAPY ADMINI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 97607 | NEG PRS WND THR NDMELT EQU 50SQCM | MEDICINE - PHYSICAL MEDICINE | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | K1015 | FOOT ADDUCTUS POSITIONING DEVC ADJ | HCPCS-K CODES-DMERCS ONLY | EXPIRED | 04/01/2021 | 04/01/2021 | | | |
| ABH of Illinois-Medicaid | 0431T | RMVL/RPLC NSTIM APNEA PLS GN | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 88350 | IMFLUOR EA ADDL 1ANTB STN PX | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0404T | TRNSCRV UTERIN FIBROID ABLTJ | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81450 | HL NEO GSAP 5-50DNA/DNA&RNA | PATH & LAB - MICROBIOLOGY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 64585 | REV/RMV PERPH NSTIM ELTRD RA | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 11008 | RMV PRSTC MTRL/MESH ABD WALL | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 10080 | I&D PILONIDAL CYST SIMPLE | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92283 | EXTND COLOR VISION XM | MEDICINE - OPHTHALMOLOGY | YES | 12/01/2020 | 12/31/2078 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 92020 | GONIOSCOPY | MEDICINE - OPHTHALMOLOGY | YES | 12/01/2020 | 12/31/2078 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 92012 | INTRM OPH EXAM EST PATIENT | MEDICINE - OPHTHALMOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 92242 | FLUORESCEIN&ICG ANGIOGRAPHY | MEDICINE - OPHTHALMOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | S0171 | INJECTION BUMETANIDE 0.5 MG | HCPCS - TEMP NATIONAL CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27284 | ARTHRODESIS HIP JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74710 | X-RAY MEASUREMENT OF PELVIS | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31241 | NSL/SNS NDSC LIG SPHNPTN ART | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0056 | OPTIM CHRON DISEASE MGT MIPS VAL PW | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 00792 | ANES IPER UPR ABD PRTL HPTC | ANESTH - UPPER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00750 | ANES HRNA RPR UPR ABD NOS | ANESTH - UPPER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99205 | OFFICE O/P NEW HI 60 MIN | E & M - OTHER E/M SERVICES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0435T | PRGRMG EVAL NPGS APNEA 1 SES | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K1029 | ORAL DVC/APPL NM ELEC STIM TNG MSC | HCPCS-K CODES-DMERCS ONLY | EXPIRED | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0739 | INJ CABOTEGRAVIR 1 MG FDA-APPD PRSC | HCPCS-DRUGS (NOT ORAL) | YES | 07/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64892 | NRV GRF 1STRND ARM/LEG LT 4CM | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 10030 | IMG GID FLU COLL DRG SFT TIS | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0535T | CONT REC MVMT DO REPRT CNFIG | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G8506 | PATIENT RECV ACE INHIBITOR/ARB TX | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 92083 | EXTENDED VISUAL FIELD XM | MEDICINE - OPHTHALMOLOGY | YES | 12/01/2020 | 12/31/2078 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 92060 | SENSORIMOTOR EXAMINATION | MEDICINE - OPHTHALMOLOGY | YES | 12/01/2020 | 12/31/2078 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | G9852 | PATIENTS WHO DIED FROM CANCER | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9853 | PTT ADM TO ICU IN LST 30 DA OF LIFE | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C9153 | INJECTION AMISULPRIDE 1 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 20693 | ADJMT/REVJ EXT FIXJ SYS ANES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20664 | APPL HALO CRANIAL 6+PINS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 17270 | DSTR MAL LES S/N/H/F/G .5 /LT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31239 | NSL/SINUS ENDOSCOPY SURG DCR | SURGERY - RESPIRATORY SYSTEM | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 40652 | RPR LIP FTHLT HALF VER HEIGHT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36455 | BLD EXCHANGE TRUJ OTH THN NB | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36420 | VENIPUNCTURE CUTDOWN LT 1 YR | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88334 | PATH CONSLTJ SURG CYTO XM EA | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93655 | ICAR CATH ABLTJ DSCRT ARRHYT | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99215 | OFFICE O/P EST HI 40 MIN | E & M - OTHER E/M SERVICES | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | K1031 | NONPNEU CPRSN CTR WO CALIB GRAD PRS | HCPCS-K CODES-DMERCS ONLY | EXPIRED | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K1025 | NONPNEUM SEQUN CMPRS GRMNT FULL ARM | HCPCS-K CODES-DMERCS ONLY | EXPIRED | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K1022 | ADD LE PROS ENDOSK KN DISART AK HD | HCPCS-K CODES-DMERCS ONLY | EXPIRED | 10/01/2021 | 10/01/2021 | | | |
| ABH of Illinois-Medicaid | 81455 | SO/HL 51/GT GSAP DNA/DNA&RNA | PATH & LAB - MICROBIOLOGY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | G9995 | PT WHO USE PALLIAT SVC DUR MEAS PER | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 11047 | DBRDMT BONE EACH ADDL | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62140 | CRNOP SKULL DEFECTLT 5 CM DIAM | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 10060 | I&D ABSCESS SIMPLE/SINGLE | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9229 | CHLAMYD GON & SYP SCR RSLT NOT DOC | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C9156 | FLOTUFOLASTAT F-18 DIAGNOSTIC 1 MCI | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 10/01/2023 | 10/01/2023 | | | |
| ABH of Illinois-Medicaid | 17281 | DSTR MAL LS F/E/E/N/L/M .6-1 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 17274 | DSTR MAL LES S/N/H/F/G 3.1-4 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20663 | APPLICATION HALO FEMORAL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20661 | APPLICATION HALO CRANIAL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31238 | NSL/SINS NDSC SRG NSL HEMRRG | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28295 | COR HLX VLGS PRX MTAR OSTEOT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 99202 | OFFICE O/P NEW SF 15 MIN | E & M - OTHER E/M SERVICES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | K1020 | NONINVASIVE VAGUS NERVE STIMULATOR | HCPCS-K CODES-DMERCS ONLY | EXPIRED | 04/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 11057 | PARNG/CUTG B9 HYPRKR LES GT 4 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11055 | PARING/CUTG B9 HYPRKER LES 1 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11043 | DBRDMT MUSC&/FSCA 1ST 20/LT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92025 | CPTRIZED CORNEAL TOPOGRAPHY | MEDICINE - OPHTHALMOLOGY | YES | 12/01/2020 | 12/31/2078 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 92286 | ANT SGM IMG I&R SPECLR MIC | MEDICINE - OPHTHALMOLOGY | YES | 12/01/2020 | 12/31/2078 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | G9454 | 1-T SCR HCV NOT RECV 12 MO NO RSN | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9451 | PATIENT RECV ONE-TIME SCR HCV INF | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C9803 | H OC SP CLCT SARS-COV-2 COVD-19 ANY | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 03/01/2020 | 03/01/2020 | | | |
| ABH of Illinois-Medicaid | 20250 | BIOPSY VRT BDY OPEN THORACIC | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19020 | MASTOTOMY EXPL DRG ABSC DP | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 17286 | DSTR MAL LS F/E/E/N/L/MGT 4.0 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 12021 | TX SUPFC WND DEHSN W/PACKING | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 12020 | TX SUPFC WND DEHSN SMPL CLSR | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0429T | RMVL NSTIM APNEA SEN LD | CATEGORY III CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99306 | 1ST NF CARE HIGH MDM 50 | E & M - NURSING FACILITY SERVI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01961 | ANES CESAREAN DELIVERY ONLY | ANESTH - OBSTETRIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01999 | UNLISTED ANES PROCEDURE | ANESTH - OTHER PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 62143 | RPL B1 FLP/PROSTC PLATE SKL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81171 | AFF2 GEN ALY DETC ABNL ALLEL | PATH & LAB - CYTOGENETIC STUDI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31240 | NSL/SNS NDSC CNCH BULL RESCJ | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96921 | EXCIMER LSR PSRIASIS 250-500 | MEDICINE - SPECIAL DERMATOLOGI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K1032 | NONPNEU SEQ COMP GARMENT FULL LEG | HCPCS-K CODES-DMERCS ONLY | EXPIRED | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K1017 | MONTHLY SPL USE DEVC CODED K1016 | HCPCS-K CODES-DMERCS ONLY | EXPIRED | 04/01/2021 | 04/01/2021 | | | |
| ABH of Illinois-Medicaid | K1003 | WHIRLPOOL TUB WALK IN PORTABLE | HCPCS-K CODES-DMERCS ONLY | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K1006 | SP HOME MODEL ELEC USE EXT URINE MS | HCPCS-K CODES-DMERCS ONLY | EXPIRED | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0428T | RMVL NSTIM APNEA PLS GEN | CATEGORY III CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81243 | FMR1 GEN ALY DETC ABNL ALLEL | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 63685 | INS/RPLC SPI NPG/RCVR POCKET | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 10081 | I&D PILONIDAL CYST COMP | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 11200 | RMVL SKIN TAGS UP TO&INC 15 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G8818 | PT D/C HOME NO LATR THN POSTOP DA 7 | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C9771 | NASAL/SINUS ENDO CRYO NSL TISS&/NRV | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 19030 | NJX PX ONLY MAM DUCTO/GLCTO | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 17260 | DSTRJ MAL LES T/A/L 0.5 CM/LT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 17266 | DSTRJ MAL LES T/A/L GT 4.0 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | K1024 | NONPN CMPR CNTL W/SQ CLBR GRDNT PRS | HCPCS-K CODES-DMERCS ONLY | EXPIRED | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K1014 | ADD ENDOSK K-SHN S 4 B L/MXAX FL SW | HCPCS-K CODES-DMERCS ONLY | EXPIRED | 04/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64895 | NRV GRF MLTST HND/FOOT LT 4 CM | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64897 | NRV GRF MLTST ARM/LEG LT 4 CM | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11044 | DBRDMT BONE 1ST 20 SQ CM/LT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11006 | DBRDMT SKIN XTRNL GENT PER | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G8941 | ELD MAL SCR POS F/U NOT DOC NOT ELG | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C9154 | INJECTION BUPRENORPHINE ER 1 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9152 | INJECTION ARIPIPRAZOLE 1 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 20251 | BIOPSY VRT BDY OPEN LMBR/CRV | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 17272 | DSTR MAL LES S/N/H/F/G 1.1-2 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 17263 | DSTRJ MAL LES T/A/L 2.1-3.0 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30560 | LYSIS INTRANASAL SYNECHIA | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30540 | RPR CHOANAL ATRESIA NTRANASL | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92265 | NDL OCULOELECTROMYOGRAPHY 1+ | MEDICINE - OPHTHALMOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92082 | INTERMEDIATE VISUAL FIELD XM | MEDICINE - OPHTHALMOLOGY | YES | 12/01/2020 | 12/31/2078 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 81456 | SO/HL 51/GT GSAP RNA ALYS | PATH & LAB - MICROBIOLOGY | YES | 01/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81449 | SO NEO GSAP 5-50 RNA ALYS | PATH & LAB - MICROBIOLOGY | YES | 01/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0066U | PAMG-1 IA CERVICO-VAG FLUID | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 01969 | ANES C HYST FLWG NEURAXIAL | ANESTH - OBSTETRIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27286 | ARTHRD HIP JT SBTRCHC OSTEOT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88329 | PATH CONSLTJ DRG SURG | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88325 | CONSLTJ COMPRE RVW REC REPRT | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88348 | ELECTRON MICROSCOPY DX | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 97606 | NEG PRS WND THER DMEGT 50 SQCM | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 96922 | EXCIMER LSR PSRIASISGT 500SQCM | MEDICINE - SPECIAL DERMATOLOGI | YES | 11/20/2020 | 12/31/2078 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0427T | INSJ/RPLC NSTIM APNEA PLS GN | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0425T | INSJ/RPLC NSTIM APNEA SEN LD | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64590 | INS/RPL PRPH SAC/GSTR NPG/R | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 11450 | EXC SKN HDRDNT AX SMPL/NTRM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11001 | DBRDMT ECZ/INFCT SKN EA ADDL | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 10140 | I&D HMTMA SEROMA/FLUID COLLJ | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0534T | CONT REC MVMT DO SETUP&TRAIN | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 11045 | DBRDMT SUBQ TISS EACH ADDL | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 91300 | SARSCOV2 VAC 30MCG/0.3ML IM | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |
| ABH of Illinois-Medicaid | G9725 | PT USE HOSPC SRVC ANY TM DUR MSR PR | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9612 | PHDOC 2/MORE CECAL LDMK EST CMPL EX | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9192 | DOC SYS RSN NOT PRSC BETA-BLOCKR TX | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20692 | APPL MLTPLN UNI EXT FIXJ SYS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20680 | REMOVAL OF IMPLANT DEEP | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19000 | PUNCTURE ASPIR CYST BREAST | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36440 | BLD PUSH TFUJ 2 YR/LT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 88342 | IMHCHEM/IMCYTCHM 1ST ANTB | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88333 | PATH CONSLTJ SURG CYTO XM 1 | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88323 | CONSLTJ&REPRT MATRL PREP SLD | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28298 | COR HLX VLGS PRX PHLX OSTEOT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00796 | ANES IPER UPR ABD LVR TRNSPL | ANESTH - UPPER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00790 | ANES IPER UPR ABD NOS | ANESTH - UPPER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99213 | OFFICE O/P EST LOW 20 MIN | E & M - OTHER E/M SERVICES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 97597 | DBRDMT OPN WND 1ST 20 CM/LT | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 97034 | APP MDLTY 1+CNTRST BTH EA 15 | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 99203 | OFFICE O/P NEW LOW 30 MIN | E & M - OTHER E/M SERVICES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | K1028 | PS&CEU NMS ES TNG MUSC CON PH APP | HCPCS-K CODES-DMERCS ONLY | EXPIRED | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K1016 | TRANSCUT ELEC N STIM ELEC STIM TG N | HCPCS-K CODES-DMERCS ONLY | EXPIRED | 04/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0430T | RMVL NSTIM APNEA STIMJ LD | CATEGORY III CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64595 | REV/RMV PRPH SAC/GSTR NPG/R | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 62147 | CRNOP W/AUTOGRAFTGT 5 CM DIAM | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11451 | EXC SKN HDRDNT AX COMPLEX | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 11046 | DBRDMT MUSC&/FSCA EA ADDL | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0769T | TC MAG STIMJ PN SBSQ TX EA | CATEGORY III CODES | EXPIRED | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 11463 | EXC SKN HDRDNT ING COMPLEX | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01958 | ANES XTRNL CEPHALIC VERSION | ANESTH - BURN EXCISIONS OR DEB | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92370 | RPR&REFITG SPECT XCP APHAKIA | MEDICINE - OPHTHALMOLOGY | YES | 12/01/2020 | 12/31/2078 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 92285 | EXTERNAL OCULAR PHOTOGRAPHY | MEDICINE - OPHTHALMOLOGY | YES | 12/01/2020 | 12/31/2078 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 92081 | LIMITED VISUAL FIELD XM | MEDICINE - OPHTHALMOLOGY | YES | 12/01/2020 | 12/31/2078 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | G8964 | CARD SS IMAG NOT MON ASX PCI 2 YRS | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20696 | APP MLTPLN UNI XTRNL FIX 1ST | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20670 | REMOVAL IMPLANT SUPERFICIAL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11470 | EXC SKN H/P/P/U SMPL/NTRM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11462 | EXC SKN HDRDNT ING SMPL/NTRM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11201 | RMVL SKIN TAGS EA ADDL 10 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11000 | DBRDMT ECZ/INFECTED SKINLT 10PCT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 10120 | INC&RMVL FB SUBQ TISS SMPL | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0775T | ARTHRD SI JT PRQ IARTIC IMPL | CATEGORY III CODES | EXPIRED | 01/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 00797 | ANES IPER UPR ABD GSTR PX MO | ANESTH - UPPER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00770 | ANES PX MAJ ABD BLOOD VESSEL | ANESTH - UPPER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00754 | ANES HRNA RPR OMPHALOCELE | ANESTH - UPPER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01966 | ANES INDUCED ABORTION PX | ANESTH - OBSTETRIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 97035 | APP MDLTY 1+ULTRASOUND EA 15 | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 20200 | MUSCLE BIOPSY SUPERFICIAL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 10035 | PLMT SFT TISS LOCLZJ DEV 1ST | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20697 | APP MLTPLN UNI XTRNL FIX XCH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | K1026 | MCH ALLRG PRTC BR/INH FL CRM NSL TP | HCPCS-K CODES-DMERCS ONLY | EXPIRED | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K1019 | SUP & ACC EXT UL TR STIM PN WRIST | HCPCS-K CODES-DMERCS ONLY | EXPIRED | 04/01/2021 | 04/01/2021 | | | |
| ABH of Illinois-Medicaid | C9158 | INJECTION RISPERIDONE 1 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G8884 | CLIN DOC RSN PT BX RESLT NOT REVIEW | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C9770 | VT MC PP APP SR IJ PHRMACL/BIOL AGT | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | 17283 | DSTR MAL LS F/E/E/N/L/M2.1-3 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 63688 | REV/RMV IMP SP NPG/R DTCH CN | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G8963 | CARD STRSS IMAG MON ASX PT PCI 2 YR | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0323 | CM SRVC BH COND AL 20 MIN Q CAL MO | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 88344 | IMHCHEM/IMCYTCHM EA MLT ANTB | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92310 | CONTACT LENS FITTING OU | MEDICINE - OPHTHALMOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | M1156 | PT RECD ACTIVE CHEMO DUR MSMT PER | HCPCS - MEDICAL SERVICES | EXPIRED | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 00794 | ANES IPER UPR ABD PNCRTECT | ANESTH - UPPER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96920 | EXCIMER LSR PSRIASISLT 250SQCM | MEDICINE - SPECIAL DERMATOLOGI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0424T | INSJ/RPLC NSTIM APNEA COMPL | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81445 | SO NEO GSAP 5-50DNA/DNA&RNA | PATH & LAB - MICROBIOLOGY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 64891 | NRV GRF 1STRND HND/FOOT GT 4CM | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64896 | NRV GRF MLTST HND/FOOT GT 4 CM | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64893 | NRV GRF 1STRND ARM/LEG GT 4 CM | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92270 | ELECTRO-OCULOGRAPHY W/I&R | MEDICINE - OPHTHALMOLOGY | YES | 12/01/2020 | 12/31/2078 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 92240 | ICG ANGIOGRAPHY I&R UNI/BI | MEDICINE - OPHTHALMOLOGY | NO | 11/30/2020 | 11/30/2020 | | | |
| ABH of Illinois-Medicaid | 92100 | SERIAL TONOMETRY | MEDICINE - OPHTHALMOLOGY | YES | 12/01/2020 | 12/31/2078 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 92019 | LMTD OPH EXAM GENERAL ANES | MEDICINE - OPHTHALMOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92014 | COMPRE OPH EXAM EST PT 1/GT | MEDICINE - OPHTHALMOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | G9854 | PT NOT ADM TO ICU IN LST 30 DA LIFE | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G8885 | BX RESULTS NOT REVIEWED TRACKED/DOC | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36430 | TRANSFUSION BLD/BLD COMPNT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36416 | COLLJ CAPILLARY BLOOD SPEC | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2066 | INTG DVC E R 30 D;REC TRANS & TR | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | M1157 | PT RECD BMT ANY TIME DUR MSMT PER | HCPCS - MEDICAL SERVICES | EXPIRED | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 42180 | REPAIR LAC PALATELT 2 CM | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 97032 | APPL MODALITY 1+ESTIM EA 15 | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | K1002 | CES SYSTEM ANY TYPE | HCPCS-K CODES-DMERCS ONLY | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K1023 | DSTL TRNSCT ELC NV STM PR NV UP ARM | HCPCS-K CODES-DMERCS ONLY | EXPIRED | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81172 | AFF2 GEN ALYS CHARAC ALLELES | PATH & LAB - CYTOGENETIC STUDI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62146 | CRNOP W/AUTOGRAFTLT 5 CM DIAM | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0715T | PERQ TRLUML CORONRY LITHOTRP | CATEGORY III CODES | EXPIRED | 07/01/2022 | 07/01/2022 | | | |
| ABH of Illinois-Medicaid | 0642T | NCNTC NR IFR SPCTRSC WND I&R | CATEGORY III CODES | EXPIRED | 01/01/2010 | 12/31/2078 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 11005 | DBRDMT SKIN ABDOMINAL WALL | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92250 | FUNDUS PHOTOGRAPHY W/I&R | MEDICINE - OPHTHALMOLOGY | YES | 12/01/2020 | 12/31/2078 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 92235 | FLUORESCEIN ANGRPH MLTIFRAME | MEDICINE - OPHTHALMOLOGY | NO | 11/30/2020 | 11/30/2020 | | | |
| ABH of Illinois-Medicaid | G9596 | PEDIAC HD CT TR ORD OTH ECP OTH RSN | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G8883 | BX RSLT REV COMMUNICATED TRACKD&DOC | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G8852 | POSITIVE AIRWAY PRES TX WAS PRESCRB | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0014M | LIVER DS ALYS 3 BMRK SRM ALG | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 17276 | DSTR MAL LES S/N/H/F/G GT 4.0 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 17262 | DSTRJ MAL LES T/A/L 1.1-2.0 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19001 | PUNCTURE ASPIR CYST BRST EA | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C8921 | TTE CONG CARDIAC ANOMAL; COMPLETE | HCPCS - C CODES - OUTPATIENT PP | NON-COV | 11/20/2020 | 12/31/2078 | Other | | |
| ABH of Illinois-Medicaid | C8922 | TTE CONG CARDIAC ANOMAL; LIMITED | HCPCS - C CODES - OUTPATIENT PP | NON-COV | 11/20/2020 | 12/31/2078 | Other | | |
| ABH of Illinois-Medicaid | C8928 | TTE M-MODE REC REST & CV ST W/I&R | HCPCS - C CODES - OUTPATIENT PP | NON-COV | 11/20/2020 | 12/31/2078 | Other | | |
| ABH of Illinois-Medicaid | 0609T | MRS DISC PAIN ACQUISJ DATA | CATEGORY III CODES | NON-COV | 06/30/2020 | 12/31/2078 | Other | | |
| ABH of Illinois-Medicaid | 0610T | MRS DISC PAIN TRANSMIS DATA | CATEGORY III CODES | NON-COV | 06/30/2020 | 12/31/2078 | Other | | |
| ABH of Illinois-Medicaid | 0611T | MRS DISC PAIN ALG ALYS DATA | CATEGORY III CODES | NON-COV | 06/30/2020 | 12/31/2078 | Other | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0612T | MRS DISCOGENIC PAIN I&R | CATEGORY III CODES | NON-COV | 06/30/2020 | 12/31/2078 | Other | | |
| ABH of Illinois-Medicaid | C9762 | CMRI MRPHOL&FNC Q SEG DYSF;STR IMAG | HCPCS-C CODES-OUTPATIENT PP | NON-COV | 06/04/2020 | 12/31/2078 | Other | | |
| ABH of Illinois-Medicaid | C9763 | CMRI MRPHOL&FNC Q SEG DYSF;STS IMAG | HCPCS-C CODES-OUTPATIENT PP | NON-COV | 06/04/2020 | 12/31/2078 | Other | | |
| ABH of Illinois-Medicaid | 62326 | NJX INTERLAMINAR LMBR/SAC | SURGERY - NERVOUS SYSTEM | YES | 01/01/2019 | 12/31/2078 | Carve Out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 62362 | IMPLANT SPINE INFUSION PUMP | SURGERY - NERVOUS SYSTEM | YES | 01/01/2019 | 12/31/2078 | Carve Out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 62361 | IMPLANT SPINE INFUSION PUMP | SURGERY - NERVOUS SYSTEM | YES | 01/01/2019 | 12/31/2078 | Carve Out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 93319 | 3D ECHO IMG CGEN CAR ANOMAL | MEDICINE - CARDIOVASCULAR | YES | 01/01/2010 | 12/31/2078 | Carve Out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 93593 | R HRT CATH CHD NML NT CNJ | MEDICINE - CARDIOVASCULAR | YES | 01/01/2010 | 12/31/2078 | Carve Out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 93594 | R HRT CATH CHD ABNL NT CNJ | MEDICINE - CARDIOVASCULAR | YES | 01/01/2010 | 12/31/2078 | Carve Out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 93595 | L HRT CATH CHD NM/ABN NT CNJ | MEDICINE - CARDIOVASCULAR | YES | 01/01/2010 | 12/31/2078 | Carve Out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 93596 | R&L HRT CATH CHD NML NT CNJ | MEDICINE - CARDIOVASCULAR | YES | 01/01/2010 | 12/31/2078 | Carve Out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 93597 | R&L HRT CATH CHD ABNL NT CNJ | MEDICINE - CARDIOVASCULAR | YES | 01/01/2010 | 12/31/2078 | Carve Out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 0649T | QUAN MR TISS W/MRI 1ORGN | CATEGORY III CODES | YES | 01/01/2010 | 12/31/2078 | Carve Out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | J7519 | INJECTN MYCOPHENOLATE MOFETIL 10 MG | HCPCS - DRUGS (NOT ORAL) | NO | 10/01/2023 | 10/01/2023 | | | |
| ABH of Illinois-Medicaid | 91322 | SARSCOV2 VAC 50 MCG/0.5ML IM | MEDICINE - VACCINES, TOXOIDS | NO | 09/11/2023 | 09/11/2023 | | | |
| ABH of Illinois-Medicaid | 91321 | SARSCOV2 VAC 25 MCG/.25ML IM | MEDICINE - VACCINES, TOXOIDS | NO | 09/11/2023 | 09/11/2023 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 91320 | SARSCV2 VAC 30MCG TRS-SUC IM | MEDICINE - VACCINES, TOXOIDS | NO | 09/11/2023 | 09/11/2023 | | | |
| ABH of Illinois-Medicaid | 91319 | SARSCV2 VAC 10MCG TRS-SUC IM | MEDICINE - VACCINES, TOXOIDS | NO | 09/11/2023 | 09/11/2023 | | | |
| ABH of Illinois-Medicaid | 91318 | SARSCOV2 VAC 3MCG TRS-SUC IM | MEDICINE - VACCINES, TOXOIDS | NO | 09/11/2023 | 09/11/2023 | | | |
| ABH of Illinois-Medicaid | J0801 | INJECTION COR ACTHAR GEL UP TO 40 U | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9345 | INJECTION RETIFANLIMAB-DLWR 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J0874 | INJECTION DAP NOT TE TO J0878 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0802 | INJECTION COR ANI UP TO 40 UNITS | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2359 | INJECTION OLANZAPINE 0.5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7214 | INJ FVIII/VWD FA CMPLX R Q FVIII IU | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0349 | INJECTION REZAFUNGIN 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2781 | INJECTION PEGCETACOPLAN IVT MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 90381 | RSV MONOC ANTB SEASN 1 ML IM | MEDICINE - VACCINES, TOXOIDS | NO | 07/17/2023 | 07/17/2023 | | | |
| ABH of Illinois-Medicaid | 90380 | RSV MONOC ANTB SEASN .5ML IM | MEDICINE - VACCINES, TOXOIDS | NO | 07/17/2023 | 07/17/2023 | | | |
| ABH of Illinois-Medicaid | 0144A | ADM SRSCV2 BVL 25MCG/.25ML A | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 08/31/2022 | 08/31/2022 | | | |
| ABH of Illinois-Medicaid | 0111A | ADM SARSCOV2 25MCG/0.25ML1ST | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0104A | ADM SARSCOV2 5MCG/.5ML AS03B | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/26/2022 | 04/26/2022 | | | |
| ABH of Illinois-Medicaid | 0003A | ADM SARSCOV2 30MCG/0.3ML 3RD | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |
| ABH of Illinois-Medicaid | 91313 | SARSCOV2 VAC BVL 50MCG/0.5ML | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 08/31/2022 | 08/31/2022 | | | |
| ABH of Illinois-Medicaid | 0171A | ADM SARSCV2 BVL 3MCG/0.2ML 1 | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 04/18/2023 | | | |
| ABH of Illinois-Medicaid | 0112A | ADM SARSCOV2 25MCG/0.25ML2ND | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |
| ABH of Illinois-Medicaid | 0073A | ADM SARSCV2 10MCG TRS-SUCR 3 | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |
| ABH of Illinois-Medicaid | 0002A | ADM SARSCOV2 30MCG/0.3ML 2ND | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |
| ABH of Illinois-Medicaid | 0051A | ADM SARSCV2 30MCG TRS-SUCR 1 | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |
| ABH of Illinois-Medicaid | 0031A | ADM SARSCOV2 VAC AD26 .5ML | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 01/18/2021 | 01/18/2021 | | | |
| ABH of Illinois-Medicaid | 91308 | SARSCOV2 VAC 3 MCG TRS-SUCR | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |
| ABH of Illinois-Medicaid | 91317 | SARSCOV2 VAC BVL 3MCG/0.2ML | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 12/08/2022 | 12/08/2022 | | | |
| ABH of Illinois-Medicaid | 91303 | SARSCOV2 VAC AD26 .5ML IM | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 01/18/2021 | 01/18/2021 | | | |
| ABH of Illinois-Medicaid | 0172A | ADM SARSCV2 BVL 3MCG/0.2ML 2 | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 04/18/2023 | | | |
| ABH of Illinois-Medicaid | 0124A | ADM SARSCV2 BVL 30MCG/.3ML A | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 08/31/2022 | 08/31/2022 | | | |
| ABH of Illinois-Medicaid | 91307 | SARSCOV2 VAC 10 MCG TRS-SUCR | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |
| ABH of Illinois-Medicaid | 91305 | SARSCOV2 VAC 30 MCG TRS-SUCR | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 0151A | ADM SARSCV2 BVL 10MCG/.2ML 1 | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 04/18/2023 | | | |
| ABH of Illinois-Medicaid | 0011A | ADM SARSCOV2 100MCG/0.5ML1ST | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |
| ABH of Illinois-Medicaid | 91310 | SARSCOV2 VAC 5MCG/0.5ML AS03 | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/26/2022 | 04/26/2022 | | | |
| ABH of Illinois-Medicaid | 91309 | SARSCOV2 VAC 50MCG/0.5ML IM | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |
| ABH of Illinois-Medicaid | 0094A | ADM SARSCOV2 50 MCG/.5 MLBST | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |
| ABH of Illinois-Medicaid | 0082A | ADM SARSCV2 3MCG TRS-SUCR 2 | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |
| ABH of Illinois-Medicaid | 0074A | ADM SARSCV2 10MCG TRS-SUCR B | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |
| ABH of Illinois-Medicaid | 0004A | ADM SARSCOV2 30MCG/0.3ML BST | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |
| ABH of Illinois-Medicaid | 0083A | ADM SARSCV2 3MCG TRS-SUCR 3 | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |
| ABH of Illinois-Medicaid | 91316 | SARSCOV2 VAC BVL 10MCG/0.2ML | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 12/08/2022 | 12/08/2022 | | | |
| ABH of Illinois-Medicaid | 0173A | ADM SARSCV2 BVL 3MCG/0.2ML 3 | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 12/08/2022 | 12/08/2022 | | | |
| ABH of Illinois-Medicaid | 0081A | ADM SARSCV2 3MCG TRS-SUCR 1 | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |
| ABH of Illinois-Medicaid | 0072A | ADM SARSCV2 10MCG TRS-SUCR 2 | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |
| ABH of Illinois-Medicaid | 0041A | ADM SARSCOV2 5MCG/0.5ML 1ST | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 05/04/2021 | 05/04/2021 | | | |
| ABH of Illinois-Medicaid | 91306 | SARSCOV2 VAC 50MCG/0.25ML IM | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |
| ABH of Illinois-Medicaid | 91301 | SARSCOV2 VAC 100MCG/0.5ML IM | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 91315 | SARSCOV2 VAC BVL 10MCG/0.2ML | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 08/31/2022 | 08/31/2022 | | | |
| ABH of Illinois-Medicaid | 91312 | SARSCOV2 VAC BVL 30MCG/0.3ML | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 08/31/2022 | 08/31/2022 | | | |
| ABH of Illinois-Medicaid | 0141A | ADM SRSCV2 BVL 25MCG/.25ML 1 | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 04/18/2023 | | | |
| ABH of Illinois-Medicaid | 0053A | ADM SARSCV2 30MCG TRS-SUCR 3 | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |
| ABH of Illinois-Medicaid | 0052A | ADM SARSCV2 30MCG TRS-SUCR 2 | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |
| ABH of Illinois-Medicaid | 0021A | ADM SARSCOV2 5X1010VP/.5ML 1 | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 12/16/2020 | 12/16/2020 | | | |
| ABH of Illinois-Medicaid | 0071A | ADM SARSCV2 10MCG TRS-SUCR 1 | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |
| ABH of Illinois-Medicaid | 0054A | ADM SARSCV2 30MCG TRS-SUCR B | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |
| ABH of Illinois-Medicaid | 91302 | SARSCOV2 VAC 5X1010VP/.5MLIM | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 12/16/2020 | 12/16/2020 | | | |
| ABH of Illinois-Medicaid | 0174A | ADM SARSCV2 BVL 3MCG/0.2ML A | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/01/2023 | 04/01/2023 | | | |
| ABH of Illinois-Medicaid | 0134A | ADM SARSCV2 BVL 50MCG/.5ML A | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 08/31/2022 | 08/31/2022 | | | |
| ABH of Illinois-Medicaid | 0121A | ADM SARSCV2 BVL 30MCG/.3ML 1 | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 04/18/2023 | | | |
| ABH of Illinois-Medicaid | 0064A | ADM SARSCOV2 50MCG/0.25MLBST | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |
| ABH of Illinois-Medicaid | 0042A | ADM SARSCOV2 5MCG/0.5ML 2ND | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 05/04/2021 | 05/04/2021 | | | |
| ABH of Illinois-Medicaid | 91314 | SARSCOV2 VAC BVL 25MCG/.25ML | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 08/31/2022 | 08/31/2022 | | | |
| ABH of Illinois-Medicaid | 0022A | ADM SARSCOV2 5X1010VP/.5ML 2 | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 12/16/2020 | 12/16/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0001A | ADM SARSCOV2 30MCG/0.3ML 1ST | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |
| ABH of Illinois-Medicaid | 91311 | SARSCOV2 VAC 25MCG/0.25ML IM | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |
| ABH of Illinois-Medicaid | 0164A | ADM SRSCV2 BVL 10MCG/0.2ML A | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 12/08/2022 | 12/08/2022 | | | |
| ABH of Illinois-Medicaid | 0154A | ADM SARSCV2 BVL 10MCG/.2ML A | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 08/31/2022 | 08/31/2022 | | | |
| ABH of Illinois-Medicaid | 0142A | ADM SRSCV2 BVL 25MCG/.25ML 2 | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 04/18/2023 | | | |
| ABH of Illinois-Medicaid | 0044A | ADM SARSCOV2 5MCG/0.5ML BST | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 10/10/2022 | 10/10/2022 | | | |
| ABH of Illinois-Medicaid | 0012A | ADM SARSCOV2 100MCG/0.5ML2ND | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |
| ABH of Illinois-Medicaid | 43401 | ESOPHAGUS SURGERY FOR VEINS | SURGERY - DIGESTIVE SYSTEM | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 95831 | LIMB MUSCLE TESTING MANUAL | MEDICINE - NEUROLOGY AND NEURO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 19271 | REVISION OF CHEST WALL | SURGERY - INTEGUMENTARY SYSTEM | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 0014U | HEM HMTLMF NEO GENE REARGMT | PATH & LAB - CHEMISTRY | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0013U | ONC SLD ORG NEO GENE REARGMT | PATH & LAB - CHEMISTRY | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G9389 | UNPLN RUPT PC RQR VITRCT DUR CC SUR | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9260 | DOC PATIENT DEATH FOLLOWING CEA | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2160 | PT LST 1DS HRP ZOST LIV OR 2DS EQU GT 50 | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | U0003 | IA DET DNA/RNA; COVID-19 AMP P T | HCPCS - PATH & LAB | EXPIRED | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9615 | PREOPERATIVE ASSESSMENT DOCUMENTED | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9583 | PT PRSC OPIATES FOR LNGR THAN 6 WKS | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95833 | BODY MUSCLE TESTING MANUAL | MEDICINE - NEUROLOGY AND NEURO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 78594 | PULM VI GASEOUS RBRTHING&WSHOT MLT PRJCJ | RADIOLOGY - NUCLEAR MEDICINE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 78587 | PULM VI AERSL MLT PRJCJ | RADIOLOGY - NUCLEAR MEDICINE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 78011 | THYROID IMAGING W/VASCULAR FLOW | RADIOLOGY - NUCLEAR MEDICINE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 77785 | REMOTE AFTLD RADIONUCLIDE BRACHYTX 1 CHANNEL | RADIOLOGY - RADIATION ONCOLOGY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 99339 | DOMICIL/R-HOME CARE SUPERVIS | E & M - HOME SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49657 | LAP INC HERN RECUR COMP | SURGERY - DIGESTIVE SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99226 | SUBSEQUENT OBSERVATION CARE | E & M - HOSPITAL INPATIENT SER | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94720 | CARBON MONOXIDE DIFFW/CAP | MEDICINE - PULMONARY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 11101 | BIOPSY SKIN SUBQ&/MUCOUS MEMBRANE EA ADDL LESN | SURGERY - INTEGUMENTARY SYSTEM | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | C9753 | DSTRC IO BASIVA N EA ADD VA BDY L/S | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9752 | DESTRC IO BASIVA N 1ST 2 VERT B L/S | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0514T | INTRAOP VIS AXIS ID PT FIXJ | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 01682 | ANES SHOULDER SPICA APPLICATION REMOVAL/REPAIR | ANESTH - SHOULDER AND AXILLA | EXPIRED | 01/01/2010 | 01/01/2078 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9759 | HISTORY PREOP POS CAPSULE RUPTURE | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9678 | OCM MEOS PMT ENHNCD CARE MGMT SRVC | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9601 | PT D/C HOME NO LTR THN POST-OP D 7 | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0147U | DRUG ASSAY 85+ RX/METABLT | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G9799 | PT MED DISPENS EVNT INDIC HX ASTHMA | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99335 | DOMICIL/R-HOME VISIT EST PAT | E & M - HOME SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | M1065 | SHINGRIX VACC NOT ADM RSN DOC CLIN | HCPCS - MEDICAL SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99328 | DOMICIL/R-HOME VISIT NEW PAT | E & M - HOME SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99324 | DOMICIL/R-HOME VISIT NEW PAT | E & M - HOME SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77052 | COMPUTER-AIDED DETECTION SCREENING MAMMOGRAPHY | RADIOLOGY-BREAST | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G8574 | NO STROKE FLW ISOLATED CABG SURGERY | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | V5180 | HEARING AID CROS BEHIND THE EAR | HCPCS - HEARING SERVICES | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G9634 | H-REL QOL ASSESS 2 VST&QOL SME/IMPR | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88385 | RA-BASED EVL MLT MOLEC PROBES 51 THRU 250 PROBES | PATH & LAB - SURGICAL PATHOLOG | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 0191T | INSERT ANT SEGMENT DRAIN INT | CATEGORY III CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93299 | INTERROG EVAL ICPMS/SCRMS | MEDICINE - CARDIOVASCULAR | EXPIRED | 04/01/2010 | 04/01/2010 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 92559 | GROUP AUDIOMETRIC TESTING | MEDICINE - SPECIAL OTORHINOLAR | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G8572 | NO DEEP STRNL WND INF/MEDIASTINITIS | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A4466 | GARMENT BELT SLEEVE OR OTH COVERING ELASTIC EACH | HCPCS - MED-SURG SUPPLIES | EXPIRED | 04/01/2010 | 04/01/2010 | | | |
| ABH of Illinois-Medicaid | 96152 | INTERVENE HLTH/BEHAVE INDIV | MEDICINE - HEALTH AND BEHAVIOR | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 95827 | EEG ALL NIGHT RECORDING | MEDICINE - NEUROLOGY AND NEURO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G9600 | SYM AAAS THAT RQR URG/EMERGENT REPR | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9942 | PT ADD SP PROC SD LUMB DISCECT/LAM | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9850 | PT HAD GT 1 ED VST LST 30 DA OF LIFE | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9828 | HER2-TRG THER ADM DUR INIT CRS TX | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C9754 | CREATION AV FIST PERQ; DIR ANY SITE | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 92560 | BEKESY AUDIOMETRY SCREEN | MEDICINE - SPECIAL OTORHINOLAR | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87515 | IADNA HEPATITIS B VIRUS DIRECT PROBE TECHNIQUE | PATH & LAB - MICROBIOLOGY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 62319 | NJX INFUS/BOLUS DX/SBST EDRL/SUBARACH LUM/SACRAL | SURGERY - NERVOUS SYSTEM | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 94240 | FUNCTIONAL RESIDUAL CAPACITY OR RESIDUAL VOLUME | MEDICINE - PULMONARY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G9632 | PT NOT ELG E.G. GYN/OTH PLV MAL DOC | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 10022 | FINE NEEDLE ASPIRATION WITH IMAGING GUIDANCE | SURGERY - GENERAL | EXPIRED | 01/01/2010 | 01/01/2078 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G8974 | HGB LEVEL MSR NOT DOC RSN NOT GIVEN | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80500 | LAB PATHOLOGY CONSULTATION | PATH & LAB - CONSULTATIONS (CL | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E0464 | PRSSURE SUPP VENT W/VOL CNTRL NONINVASV INTERFCE | HCPCS - DME | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 49580 | RPR UMBIL HERN REDUC LT 5 YR | SURGERY - DIGESTIVE SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33015 | INCISION OF HEART SAC | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 78647 | CEREBROSPINAL FLUID SCAN | RADIOLOGY - NUCLEAR MEDICINE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 99327 | DOMICIL/R-HOME VISIT NEW PAT | E & M - HOME SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99251 | INPATIENT CONSULTATION | E & M - CONSULTATIONS | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99201 | OFFICE/OUTPATIENT VISIT NEW | E & M - OTHER E/M SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0356T | INSRT DRUG DEVICE FOR IOP | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0231T | NJX TFRML EPRL W/US LUMB/SAC | CATEGORY III CODES | EXPIRED | 12/31/2020 | 12/31/2020 | carve out | | |
| ABH of Illinois-Medicaid | 82543 | COL-CHR/MS STABLE ISOTOPE DIL 1 ANALYTE NES | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 49568 | HERNIA REPAIR W/MESH | SURGERY - DIGESTIVE SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77051 | COMPUTER-AIDED DETECTION DX MAMMOGRAPHY | RADIOLOGY-BREAST | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 73520 | RADEX HIPS BILATERAL 2 VIEWS ANTEROPOST PELVIS | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 50392 | INTRO INTRACATH/CATH IN RNL PELVIS DRG&/NJX PRQ | SURGERY - URINARY SYSTEM | EXPIRED | 01/01/2010 | 01/01/2078 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 99334 | DOMICIL/R-HOME VISIT EST PAT | E & M - HOME SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0467T | REVJ/RPLMNT CH RESPIR ELTRD | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0423T | ASSAY SECRETORY TYPE II PLA2 | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0296T | EXT ECG RECORDING | CATEGORY III CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9666 | PT H F/D LDL-C LT RSLT 70/189 MG/DL | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78206 | LIVER IMAGE (3D) WITH FLOW | RADIOLOGY - NUCLEAR MEDICINE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 78591 | PULM VI GASEOUS 1 PRJCJ | RADIOLOGY - NUCLEAR MEDICINE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 77032 | MAMMOGRAPHIC GID NEEDLE PLACEMENTT BREAST | RADIOLOGY-BREAST | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G9469 | PT RECV CSGT /EQU 10 MG/D PDN EQ 90/GT D | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9390 | NO UNPLN RUP PC RQR VITRECT CC SURG | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9268 | DOC PT 1/GT COMPLICATION W/I 90 DAYS | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9264 | DOC PT RCV MNT HDGT /EQU 90 D CTH DC RSN | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2154 | PT REC 1TD VAC OR/1TDAP BTW 9YR MEA | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9349 | CT SCAN PARANSL SIN ORD DX/RCV 28 D | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9258 | DOC OF PATIENT STROKE FOLLOWING CEA | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9241 | PT VA NOT CATH TM MAINT HD INITIAT | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G2165 | PT NOT RECV IV 7/1 YR PRI&6/30 MSR; | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2158 | PT PRIOR PNEUM VAC ADV REAC B4 MEAS | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2131 | PATIENTS 81 YEARS & OLDR DX FRAILTY | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2061 | Q NPH HP ONL A&M EST PT 7 D;5-10 M | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2024 | SP CLCT SARS-COV2 COVID19 SNF/L ANY | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75966 | TRLUML BALO ANGIOPLASTY RENAL/OTH VISC ART RS&I | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | K0734 | SKIN PROTECTION WC SEAT CUSH ADJ WIDTH LESS THAN 22 INCH | HCPCS - K CODES -DMERCS ONLY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 95953 | EEG MONITORING/COMPUTER | MEDICINE - NEUROLOGY AND NEURO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G9365 | ONE HIGH-RISK MEDICATION ORDERED | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G8959 | CLINCIAN TX MDD COM CLINCIAN TX CC | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9827 | HER2-TRG THER NOT ADM DUR INIT TX | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0297T | EXT ECG SCAN W/REPORT | CATEGORY III CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01935 | ANESTH PERC IMG DX SP PROC | ANESTH - RADIOLOGICAL PROCEDUR | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9816 | D OCR AFT D/C HOSP W/I 30 D P PCR | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94620 | PULMONARY STRESS TESTING SIMPLE | MEDICINE - PULMONARY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G9966 | CHLDRN SCR RISK DVLP BEHA & SOC DLA | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 83913 | MOLECULAR DIAGNOSTICS RNA STABILIZATION | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 78807 | NUCLEAR LOCALIZATION/ABSCESS | RADIOLOGY - NUCLEAR MEDICINE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | K0903 | FOR DIAB ONLY MX DEN INSRT DIR CARV CSTM FAB EA | HCPCS - DME | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 99354 | PROLNG SVC O/P 1ST HOUR | E & M - PROLONGED SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9948 | PT ADD SP PROC SD LUMB DISCECT/LAM | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9933 | ADENOMA/CRC DETECTED DUR SCR COLO | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9904 | DOC MED RSN FOR NOT SCR TOBACCO USE | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36870 | THRMBC PRQ ARVEN FSTL AUTOG/NONAUTOG GRF | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G9855 | PATIENTS WHO DIED FROM CANCER | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82491 | CHROMATOGRAPHY QUAN COLUMN 1 ANALYTE NES | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 92226 | SPECIAL EYE EXAM SUBSEQUENT | MEDICINE - OPHTHALMOLOGY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 72090 | RADEX SPINE SCOLIOS STUDY W/SUPINE & ERECT STUDY | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 28290 | CORRJ HALLUX VALGUS W/WO SESMDC SMPL EXOSTECTOMY | SURGERY - MUSCULOSKELETAL SYST | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 0053U | ONC PRST8 CA FISH ALYS 4 GEN | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | M1064 | SHINGRIX VACC DOC AS ADM/PREV RCVD | HCPCS - MEDICAL SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9739 | PT UN CMPL G ORTH FS PROM I EVL&/DC | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9633 | PT DID NOT SUSTN URETER INJ 30D PS | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78000 | THYROID UPTAKE SINGLE DETERMINATION | RADIOLOGY - NUCLEAR MEDICINE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G9834 | PATIENT HAS METASTATIC DZ AT DX | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0397U | ONC NONSM CLL LNG CA 109 | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 07/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0168U | FTL ANEUPLOIDY DNA SEQ ALYS | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 92993 | REVISION OF HEART CHAMBER | MEDICINE - CARDIOVASCULAR | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0314T | LAPS RMVL VGL ARRY&PLS GEN | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0230T | NJX TFRML EPRL W/US LUMB/SAC | CATEGORY III CODES | EXPIRED | 12/31/2020 | 12/31/2020 | carve out | | |
| ABH of Illinois-Medicaid | 0229T | NJX TFRML EPRL W/US CER/THOR | CATEGORY III CODES | EXPIRED | 12/31/2020 | 12/31/2020 | carve out | | |
| ABH of Illinois-Medicaid | 0387T | TRANSCATH INSERT OR REPLACE LEADLESS PM VENTR | CATEGORY III CODES | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 94350 | DETER MALDISTRIBJ OF INSPIRED GAS N WSHOT CURVE | MEDICINE - PULMONARY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 94400 | CO2 BREATHING RESPONSE CURVE | MEDICINE - PULMONARY | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C9745 | NASAL ENDO SURG; BALLN DILAT EUST T | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G9836 | REASON FOR NOT ADM TRASTUZUMAB DOC | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19272 | EXTENSIVE CHEST WALL SURGERY | SURGERY - INTEGUMENTARY SYSTEM | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 87277 | IAADI LEGIONELLA MICDADEI | PATH & LAB - MICROBIOLOGY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | M1071 | PT ADD SP PROC PERF SD L DSKC/LAMNT | HCPCS - MEDICAL SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99355 | PROLNG SVC O/P EA ADDL 30 | E & M - PROLONGED SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | M1025 | PT IN HOSPICE ANY TIME DUR PERF PRD | HCPCS - MEDICAL SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | M1015 | D/C/DISCONT EP OF CARE DOC MED REC | HCPCS - MEDICAL SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0034A | ADM SARSCOV2 VAC AD26 .5ML B | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0098U | RESPIR PATHOGEN 14 TARGETS | PATH & LAB - CHEMISTRY | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81211 | BRCA1&BRCA2 FULL SEQ ANALYS/COMM DUP/DEL BRCA | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G9256 | DOC PATIENT DEATH FOLLOWING CAS | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58293 | VAG HYST W/URO REPAIR COMPL | SURGERY - FEMALE GENITAL SYSTE | EXPIRED | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | G8926 | SPIRO TST NOT PRFRM/DOC RSN NOT GVN | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76102 | COMPLEX BODY SECTION X-RAYS | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2124 | PT 66-80 & 1 CL FRLTY MP&D DMNT MED | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C9132 | PRT CC KCENTRA PER I.U. FCT IX ACTV | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87470 | IADNA BARTONELLA DIRECT PROBE TECHNIQUE | PATH & LAB - MICROBIOLOGY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 64560 | PRQ IMPLTJ NSTIM ELTRDS AUTONOMIC NRV | SURGERY - NERVOUS SYSTEM | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 0390T | PERI-PROC DEVICE EVAL IN PERS LEADLESS PM SYSTEM | CATEGORY III CODES | EXPIRED | 01/01/2010 | 01/01/2078 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9817 | D NOT OCR AFT DC HOS W/I 30 D P PCR | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33722 | REPAIR OF HEART DEFECT | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0487T | TRVG BIOMCHN MAPG W/REPRT | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0478T | REC FTL CAR 3 CH REV I&R | Category III Codes | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 92992 | REVISION OF HEART CHAMBER | MEDICINE - CARDIOVASCULAR | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9559 | DOC MED RSN NOT PRSC BETA-LACTM ABX | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9526 | PT NOT REF HOSPICE CARE RSN NOT GVN | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9301 | PT HAD P ABX INFUS PRIOR INFLAT TQ | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83914 | MUTATION ID ENZYMATIC LIG/PRIMER XTN 1 SGM EA | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 83788 | MASS SPECT&TANDEM MASS SPECT ANAL QUAL EA SPEC | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 63194 | INCISE SPINE & CORD CERVICAL | SURGERY - NERVOUS SYSTEM | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 83891 | MOLEC ISOL/XTRJ HP NUCLEIC ACID EA TYPE | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G9578 | DOC SGND OPIOID TX AGRMNT 1 DUR TX | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9261 | DOC PT SURV & ABSNCE STROKE FLW CEA | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9250 | DOC PAIN TO CMFRT 48 HRS INIT ASMT | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90862 | PHARMACOLOGIC MGMT MIN MEDICAL PSYCHOTHERAPY | MEDICINE - PSYCHIATRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 83904 | MOLEC MUTATION ID SEQUENCING 1 SGM EA SGM | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 36148 | INTRO NDL/CATH AV SHUNT ADDL ACCESS THER IVNTJ | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G9857 | PATIENT ADMITTED TO HOSPICE | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9738 | PATIENT REFUSED TO PARTICIPATE | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74245 | X-RAY UPPER GI&SMALL INTEST | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 63196 | INCISE SPINE&CORD 2 TRX CRVL | SURGERY - NERVOUS SYSTEM | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G9198 | ORD 1ST/2ND CEPH NOT DOC R NOT GVN | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C9054 | INJECTION LEFAMULIN XENLETA 1 MG | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 83901 | MOLECULAR DX AMP TARGET MULTIPLEX EA ADDL SEQ | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 82486 | CHROMATOGRAPHY QUAL COLUMN ANALYTE NES | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 19366 | BREAST RECONSTRUCTION | SURGERY - INTEGUMENTARY SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 01180 | ANESTHESIA OBTURATOR NEURECTOMY EXTRAPELVIC | ANESTH - PELVIS (EXCEPT HIP) | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G9718 | HSPC SRVC PT PROV ANY TM DUR MSR PR | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0150U | DRUG ASSAY 120+ RX/METABLT | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0139U | NEURO AUSTM MEAS 6 C METABLT | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64410 | N BLOCK INJ PHRENIC | SURGERY - NERVOUS SYSTEM | EXPIRED | 01/01/2010 | 01/01/2078 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 64402 | N BLOCK INJ FACIAL | SURGERY - NERVOUS SYSTEM | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 78223 | HEPATBL DUX SYS IMG GLBLDR | RADIOLOGY - NUCLEAR MEDICINE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 0163T | TOT DISC ARTHRP EA ADDL LMBR | CATEGORY III CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9810 | PT ACHV PDC AL 75PCT ASTHMA CONTR MED | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9800 | PTS ID HAV INTOLERNCE/ALLERGY BB TX | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G8810 | RHOGAM NOT ORDERED REASONS DOC CLIN | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77056 | MAMMOGRAPHY BILATERAL | RADIOLOGY-BREAST | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G8730 | PAIN ASSESS POS TOOL F/U PLAN DOC | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9400 | DOC MED/PT RSN NOT DISC TX OPTIONS; | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9303 | OP RPT NOT ID PROS SPEC RSN NOT GVN | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2159 | PT NOT REC 13-VAL CONJ & 23 -VAL GT 60 | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2123 | PT 66-80 YR/&AL 1 CLM FRLTY DUR MSR | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69605 | MASTOID SURGERY REVISION | SURGERY - AUDITORY SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9360 | NO DOC NEG/MANAGED POS TB SCREEN | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9300 | DOC RSN NOT INFUS P ABX PRI PROX TQ | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 63182 | REVISE SPINAL CORD LIGAMENTS | SURGERY - NERVOUS SYSTEM | EXPIRED | 11/20/2020 | 12/31/2078 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G2162 | PT NOT REC 1DS HRP ZOST OR 2DS EQU GT 50 | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2155 | PT HX 1+ CNTR ANAPH TDAP ANAP TD EN | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G8509 | PN ASMT DOC POS F/U PLN NO DOC NO R | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33011 | REPEAT DRAINAGE OF HEART SAC | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 96119 | NEUROPSYC TSTG W/PROF I&R ADMN BY TECH PR HR | MEDICINE - CENTRAL NERVOUS SYS | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | C9055 | INJECTION BREXANOLONE 1 MG | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0012U | GERMLN DO GENE REARGMT DETCJ | PATH & LAB - CHEMISTRY | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0001M | NFCT DS CHRNC HCV 6 BIOCHEM ASSAY SRM ALG LVR | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G9584 | PT EVAL RISK MISUSE OPI VAL INSTRM | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9506 | BIOLOGIC IMMUNE RESPONSE MOD PRSC | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9262 | DOC PT DEATH HOSPITAL FOLLOW EVAR | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G8809 | RH IMMUNE GLOBULIN RHOGAM ORDERED | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83908 | MOLECULAR DX AMPLIFICATION SIGNAL EACH SEQUENCE | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 75791 | ANGIOGRPHY AV SHUNT COMPLETE EVAL FLUOR RS&I | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 73510 | RADEX HIP UNILATERAL COMPLETE MINIMUM 2 VIEWS | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | J0610 | INJ CALC GLUCONATE/FRESEN PER 10 ML | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 01/01/2020 | 12/04/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | U0005 | IA DET NA; SARS-COV-2 COVID-19 | HCPCS - PATH & LAB | EXPIRED | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | G2156 | PT NOT REC 1TD VAC OR/1TDAP BTW 9YR | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2117 | PT 66-80 CLM FRLTY&1 AC IP AD IL MP | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2102 | DIL RET EYE EX OPH/OPTOM DOC & REV | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59135 | TREAT ECTOPIC PREGNANCY | SURGERY - MATERNITY CARE AND D | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92225 | SPECIAL EYE EXAM INITIAL | MEDICINE - OPHTHALMOLOGY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 37202 | TCAT THER INFUSION OTH/THN THROMBOLYSIS ANY TYPE | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G9851 | PT HAD 1/LT ED VST LAST 30 DA LIFE | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9803 | PT PRSC 180-D MSR BB PST D/C AMI | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9909 | D M R NOT PROV T CESS INT IF ID T U | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9747 | PT IS UNDRGO PALLIAT DIALYSIS CATH | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9450 | HISTORY OF INJECTION DRUG USE | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9340 | FINAL RPT DOC DICOM DATA 12 -MO AFTR | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | K0553 | SPL ALLOW TX CGM1 MO SPL EQU 1 U SRVC | HCPCS - K CODES -DMERCS ONLY | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9523 | PT DXD HEMODIAL/PERITONEAL DIALYSIS | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9251 | DOC PAIN NOT CMFRT 48 HR INIT ASMT | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | S0073 | INJECTION AZTREONAM 500 MG | HCPCS - TEMP NATIONAL CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43760 | CHANGE GASTROSTOMY TUBE PERCUTANEOUS W/O GDNCE | SURGERY - DIGESTIVE SYSTEM | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G8973 | MOST RECENT HGB LEVEL LT 10 G/DL | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2133 | PT 66-80 CLM FRLTY&1 AC IP ADV I MP | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2132 | PT 66-80 CLM FRLTY&DIS MED DMNT MP | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37251 | IV US NON-C VSL DX EVAL&/THER IVNTJ EA VSL | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 81213 | BRCA1&BRCA2 ANAL UNCOMMON DUP/DEL VARIANTS | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G2023 | SPEC CLCT SARS-COV2 COVID19 ANY SRC | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94725 | MEMB DIFFUSION CAP | MEDICINE - PULMONARY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G2120 | W/I PST 2 Y CA&/VITD OPT NO ORD/PER | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95956 | EEG MONITOR TECHNOL ATTENDED | MEDICINE - NEUROLOGY AND NEURO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 83909 | MOLEC SEP&ID HI RESOLU TQ EACH NUCLEIC ACID PREP | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 82489 | CHROMATOGRAPHY QUAL THIN LAYER ANALYTE NES | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 82488 | CHROMATOGRAPHY QUAL PAPR 2-DIMENSIONAL ANAL NES | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 49656 | LAP INC HERNIA REPAIR RECUR | SURGERY - DIGESTIVE SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49570 | RPR EPIGASTRIC HERN REDUCE | SURGERY - DIGESTIVE SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0492T | ABL LSR OPN WND ADDL 20 SQCM | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 75978 | TRANSLUMINAL BALLOON ANGIOPLASTY VENOUS RS&I | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 75968 | TRLUML BALO ANGIOPLASTY EA VISCERAL ART RS&I | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 99420 | ADMN & INTERPJ HEALTH RISK ASSESSMENT INSTRUMENT | E & M - PREVENTIVE MEDICINE SE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 99357 | PROLNG SVC I/P/OBS EA ADDL | E & M - PROLONGED SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99336 | DOMICIL/R-HOME VISIT EST PAT | E & M - HOME SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0462T | PRGRMG EVL AORTIC VENTR SYS | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0396T | INTRAOP KINETIC BALNCE SENSR | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 93561 | CARDIAC OUTPUT MEASUREMENT | MEDICINE - CARDIOVASCULAR | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62318 | NJXS INFUS/BOLUS DX/SBST EDRL/SUBARACH CRV/THRC | SURGERY - NERVOUS SYSTEM | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | V5170 | HEARING AID CROS IN THE EAR | HCPCS - HEARING SERVICES | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 11100 | BX SKIN SUBCUTANEOUS&/MUCOUS MEMBRANE 1 LESION | SURGERY - INTEGUMENTARY SYSTEM | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 0460T | REPOS AORTIC VENTR DEV ELTRD | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0400T | MLTISPECTRL DIGITAL LES ALYS | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81214 | BRCA1 FULL SEQ ANAL&COMMON DUP/DEL VARIANTS | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | S0030 | INJECTION METRONIDAZOLE 500 MG | HCPCS - TEMP NATIONAL CODES | EXPIRED | 01/01/2020 | 12/04/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9937 | DIAGNOSTIC COLONOSCOPY | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00740 | ANES UPPER GI ENDOSCOPY PROXIMAL TO DUODENUM | ANESTH - UPPER ABDOMEN | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | C1842 | RET PROS ALL I&EX CMPNT;AO TO C1841 | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 71030 | RADEX CHEST COMPLETE MINIMUM 4 VIEWS | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 71021 | RADEX CH 2 VIEWS FRNT & LAT APICAL LORDOTIC PX | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 0313T | LAPS RMVL NSTIM ARRAY VAGUS | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 83896 | MOLECULAR DX NUCLEIC ACID PROBE EACH | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G9558 | PT TX W/BETA-LACTAM ABX DEFINITV TX | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92543 | CALORIC VESTIBULAR TEST EA IRRIGATION W/RECORD | MEDICINE - SPECIAL OTORHINOLAR | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 90911 | BIOFEEDBACK PERI/URO/RECTAL | MEDICINE - BIOFEEDBACK | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 90804 | INDIV PSYCTX OFFICE/OUTPATIENT 20-30 MIN | MEDICINE - PSYCHIATRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 75964 | TRLUML BALOON ANGIOP PERIPHER EA ADDL ART RS&I | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 74020 | RADEX ABDOMEN COMPL W/DCBTS&/ERC VIEWS | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G2157 | PT REC 13-VAL PNEUM CONJ& 23-VALGT 60 | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2130 | PT 66/GT INST SNP/RES LTC GT 90 DA MSR | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80502 | LAB PATHOLOGY CONSULTATION | PATH & LAB - CONSULTATIONS (CL | EXPIRED | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 82541 | COL-CHR/MS QUAL 1 STATIONARY&MOBILE PHASE NES | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 95834 | BODY MUSCLE TESTING MANUAL | MEDICINE - NEUROLOGY AND NEURO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G9750 | PT APV QUAL TP PROG & SCH LD KID TP | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9631 | PT URETR INJ SRG/DISC 30 D POSTSURG | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0151U | NFCT BCT/VIR RESP NFCTJ 33 | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 78220 | LVR FUNCJ STD HEPATBL AGT SRL IMAGES | RADIOLOGY - NUCLEAR MEDICINE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 78003 | PLASMA VOL RADIOPHARM VOL DILUTION SPX 1 SAMPLE | RADIOLOGY - NUCLEAR MEDICINE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 77776 | INTERSTITIAL RADIATION SOURCE APPLIC SIMPLE | RADIOLOGY - RADIATION ONCOLOGY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 77777 | INTERSTITIAL RADIATION SOURCE APPLIC INTERMED | RADIOLOGY - RADIATION ONCOLOGY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 49590 | REPAIR SPIGELIAN HERNIA | SURGERY - DIGESTIVE SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | M1066 | SHINGRIX VACC NOT DOC AS ADM NO RSN | HCPCS - MEDICAL SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0126U | FTL CGEN ABNOR PRNT COMP 5 Y | PATH & LAB - CHEMISTRY | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0097U | GI PATHOGEN 22 TARGETS | PATH & LAB - CHEMISTRY | EXPIRED | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 33870 | TRANSVERSE AORTIC ARCH GRAFT | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | M1062 | PATIENT IMMUNOCOMPROMISED | HCPCS - MEDICAL SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35476 | TRLUML BALLOON ANGIOPLASTY PERCUTANEOUS VENOUS | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G8674 | RSK-A ST CH R SC N CR M TS RB N RSN | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9574 | 18/OLDR MD/DYSTH NO REMS 6M PHQ NO | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2103 | 7 STD FLD STREO PH OPH/OPTM DOC&REV | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 79000 | Nuclear therapy, hyperthyroidism | RADIOLOGY - NUCLEAR MEDICINE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G9269 | DOC PT W/O 1/GT COMP NO M W/I 30 DAY | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36147 | INTRO NDL/CATH AV SHUNT IST ACCESS W/ RAD EVAL | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 22851 | APPLICATION INTERVERTEBRAL BIOMECHANICAL DEVICE | SURGERY - MUSCULOSKELETAL SYST | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | C1841 | RETINAL PROSTH INCL INTRL&EXT CMPNT | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G2089 | MOST RECENT HBA1C LVL 7.0PCT TO 9.0PCT | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2134 | PT 66/GT 1+ FRAILTY MED DEMENTIA YR | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9640 | DOC OF PLANNED HYBRID/STAGED PROC | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83903 | MOLEC MUTATION SCANNING PROPERTIES 1 SGM EACH | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 82487 | CHROMATOGRAPHY QUAL PAPR 1-DIMENSNL ANALYTE NES | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 50394 | INJECTION PROCEDURE PYELOGRAPHY VIA TUBE/CATH | SURGERY - URINARY SYSTEM | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 97261 | Manipulation, performed by physician; each addtnl area | MEDICINE - PHYSICAL MEDICINE A | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G9829 | BREAST ADJUVANT CHEMOTHERAPY ADM | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9814 | DEATH OCR DUR INDEX ACUTE CARE HOSP | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62163 | ZNEUROENDOSCOPY W/FB REMOVAL | SURGERY - NERVOUS SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0551T | TPRNL BALO CNTNC DEV ADJMT | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0376T | INSERT ANT SEGMENT DRAIN INT | CATEGORY III CODES | EXPIRED | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 62311 | NJX DX/THER SBST EPIDURAL/SUBARACH LUMBAR/SACRAL | SURGERY - NERVOUS SYSTEM | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | S0077 | INJ CLINDAMYCIN PHOSPHATE 300 MG | HCPCS - TEMP NATIONAL CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9826 | PT TRANS TO PRACTICE AFT INIT CHEMO | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0548T | TPRNL BALO CNTNC DEV BI | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0497T | XTRNL PT ACT ECG IN-OFF CONN | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0453T | INSJ/RPLCMT MECH-ELEC NTRFCE | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0315T | RMVL VAGUS NERVE PLS GEN | CATEGORY III CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0325U | ONC OVAR SPHRD CELL PARP | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 07/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G9617 | PREOP ASSESS NOT DOC RSN NOT GVN | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35761 | EXPLORATION OF ARTERY/VEIN | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 00810 | ANES LOWER INTESTINE ENDOSCOPY DISTAL DUODENUM | ANESTH - LOWER ABDOMEN | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 83902 | MOLECULAR DIAGNOSTICS REVERSE TRANSCRIPTION | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 82492 | CHROMATOGRAPHY QUAN COLUMN MULTIPLE ANALYTES | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 73500 | RADEX HIP UNILATERAL 1 VIEW | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G9935 | ADENOMA/CRC NOT DETECTED DUR SCR CO | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9924 | DOC MED NO R SAF CNCRN/REC POS SCR | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9932 | DOC PT RSN NO REC N/MNG POS TB SCR | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78806 | ABSCESS IMAGING WHOLE BODY | RADIOLOGY - NUCLEAR MEDICINE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | M1061 | PATIENT PREGNANCY | HCPCS - MEDICAL SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35741 | EXPLORATION POPLITEAL ARTERY | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | M1022 | PT IN HOSPICE ANY TIME DUR PERF PRD | HCPCS - MEDICAL SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33010 | DRAINAGE OF HEART SAC | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 0295T | EXT ECG COMPLETE | CATEGORY III CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95951 | EEG MONITORING/VIDEORECORD | MEDICINE - NEUROLOGY AND NEURO | EXPIRED | 04/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 86729 | ANTIBODY LYMPHOGRANULOMA VENEREUM | PATH & LAB - IMMUNOLOGY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 86185 | CNTERIMMUNOELECTROPHORESIS EACH ANTIGEN | PATH & LAB - IMMUNOLOGY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 86243 | FC RECEPTOR | PATH & LAB - IMMUNOLOGY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 19304 | MAST SUBQ | SURGERY - INTEGUMENTARY SYSTEM | EXPIRED | 01/01/2010 | 01/01/2078 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | M1138 | ONGOING CARE NOT INDICAT SEEN 1-2 V | HCPCS - MEDICAL SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88386 | RA-BASED EVAL MLT MOLEC PROBES 251 THRU 500 PRBS | PATH & LAB - SURGICAL PATHOLOG | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 87477 | IADNA BORRELIA BURGDORFERI QUANTIFICATION | PATH & LAB - MICROBIOLOGY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 33470 | REVISION OF PULMONARY VALVE | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | M1140 | ONGO C N I DC 1-2 V DT MD EVNT DOC | HCPCS - MEDICAL SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | M1033 | PT FOR OUD INIT AFT JUNE 30 PERF PR | HCPCS - MEDICAL SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D8060 | INTRCPTV ORTHODONT TX TRNSITNL DENT | HCPCS - DENTAL | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57112 | VAGINECTOMY W/NODES COMPL | SURGERY - FEMALE GENITAL SYSTE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83912 | MOLECULAR DIAGNOSTICS INTERPRETATION & REPORT | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 92506 | SPEECH/HEARING EVALUATION | MEDICINE - SPECIAL OTORHINOLAR | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 84061 | PHOSPHATASE ACID FORENSIC EXAMINATION | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 76970 | ULTRASOUND EXAM FOLLOW-UP | RADIOLOGY - DIAGNOSTIC ULTRASO | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82544 | COL-CHR/MS STABLE ISOTOPE DIL MLT ANALYTES NES | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 95832 | HAND MUSCLE TESTING MANUAL | MEDICINE - NEUROLOGY AND NEURO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 94250 | EXPIRED GAS COLLECTION | MEDICINE - PULMONARY | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78135 | RED CELL SURVIVAL KINETICS | RADIOLOGY - NUCLEAR MEDICINE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 01190 | ANESTHESIA OBTURATOR NEURECTOMY INTRAPELVIC | ANESTH - PELVIS (EXCEPT HIP) | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 0249T | LIGATION HEMORRHOID W/US | CATEGORY III CODES | EXPIRED | 08/01/2009 | 08/01/2009 | | | |
| ABH of Illinois-Medicaid | C9053 | INJECTION CRIZANLIZUMAB-TMCA 1 MG | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9041 | INJ COAG FACTR XA INACTIVATED 10 MG | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0228T | NJX TFRML EPRL W/US CER/THOR | CATEGORY III CODES | EXPIRED | 12/31/2020 | 12/31/2020 | carve out | | |
| ABH of Illinois-Medicaid | 01936 | ANESTH PERC IMG TX SP PROC | ANESTH - RADIOLOGICAL PROCEDUR | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0174 | INJECTION, LECANEMAB-IRMB, 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 07/06/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 83894 | MOLEC SEP GEL ELECTROPHORESIS EACH PREPJ | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 74249 | CONTRST X-RAY UPPR GI TRACT | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 73530 | RADEX HIP OPERATIVE PROCEDURE | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 99356 | PROLNG SVC I/P/OBS 1ST HOUR | E & M - PROLONGED SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99224 | SUBSEQUENT OBSERVATION CARE | E & M - HOSPITAL INPATIENT SER | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0386T | EX H RATE SZ 30+ DAY RI ONLY | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0382T | EXT H RATE SZ 14 DAY RI ONLY | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0317T | ELEC ALYS VAGUS NRV PLS GEN | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0145U | DRUG ASSAY 65+ RX/METABLT | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 11/20/2020 | 12/31/2078 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0405T | OVRSGHT XTRCORP LIV ASST PAT | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G9749 | PT IS UNDRGO PALLIAT DIALYSIS CATH | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2135 | PT 66/GT W/1+ ENC FRAILTY ADV ILNS YR | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2104 | EYE IMG V 7SD FLD STEREO P RSL D&R | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9783 | DOC P DIA LDL-C RLT 70 MG/DL&NO STATN | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9815 | D DID NOT OCR DUR IDX AC CARE HOSP | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9641 | MAJOR AMPUTATION/OPEN SURG BYPS RQR | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D8050 | INTRCPTV ORTHODONT TX PRIM DENTITN | HCPCS - DENTAL | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0085T | BREATH TEST HEART REJECT | CATEGORY III CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0006U | DETC IA MEDS 120+ ANALYTES | PATH & LAB - CHEMISTRY | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 15732 | MUSC MYOCUTANEOUS/FASCIOCUTANEOUS FLAP HEAD&NC | SURGERY - INTEGUMENTARY SYSTEM | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 72010 | RADEX SPINE ENTIRE SURVEY STD ANTEROPOST & LAT | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 71010 | RADIOLOGIC EXAMINATION CHEST SINGLE VIEW FRONTAL | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G8872 | EXCSD TISS EVAL IMAG IO CNF TGT LES | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G8731 | PN ASMT TOOL DOC NEG NO F/U PLN RQR | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94770 | EXHALED CARBON DIOXIDE TEST | MEDICINE - PULMONARY | EXPIRED | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9267 | DOC PT 1/GT COMP/MORTALITY IN 30 DAY | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7506 | PREDNISONE ORAL PER 5 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G8975 | DOC MED RSN PT HGB LEVL LT 10 G/DL | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93562 | CARD OUTPUT MEASURE SUBSQ | MEDICINE - CARDIOVASCULAR | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9265 | PT MAINT HD GT /EQU 90 DAY CATH AS VA | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83900 | MOLECULAR DX AMP TARGET MULTIPLEX 1ST 2 SEQ | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 78584 | PULM PI PART VNTJ 1 BRTH | RADIOLOGY - NUCLEAR MEDICINE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 99241 | OFFICE CONSULTATION | E & M - CONSULTATIONS | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69715 | TEMPLE BNE IMPLNT W/STIMULAT | SURGERY - AUDITORY SYSTEM | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 32405 | PERCUT BX LUNG/MEDIASTINUM | SURGERY - RESPIRATORY SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0401T | MLTISPECTRL DIGITAL LES ALYS | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 83898 | MOLECULAR DX AMPLIFICATION TARGET EA SEQUENCE | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 49653 | LAP VENT/ABD HERN PROC COMP | SURGERY - DIGESTIVE SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77083 | RADIOGRAPHIC ABSORPTIOMETRY 1+ SITS | RADIOLOGY-DIAGNOSTIC | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 78007 | THYROID IMAGING W/UPTAKE MULT DETERMINATIONS | RADIOLOGY - NUCLEAR MEDICINE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 31588 | LARYNGOPLASTY NOT OTHERWISE SPECIFIED | SURGERY - RESPIRATORY SYSTEM | EXPIRED | 01/01/2010 | 01/01/2078 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 99218 | INITIAL OBSERVATION CARE | E & M - HOSPITAL OBSERVATION S | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 63180 | REVISE SPINAL CORD LIGAMENTS | SURGERY - NERVOUS SYSTEM | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0455T | REMVL AORTIC VENTR CMPL SYS | CATEGORY III CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0204 | DIAGNOSTIC MAMMOGRAPHY INCL CAD WHEN PERF; BILAT | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 0470T | OCT SKN IMG ACQUISJ I&R 1ST | Category III Codes | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G9835 | TRASTUZUMAB ADM W/I 12 MO OF DX | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0454T | INSJ/RPLCMT SUBQ ELECTRODE | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0386U | GI BARRETT ESOPH MTHYLTN ALY | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 04/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0355T | GI TRACT CAPSULE ENDOSCOPY | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 94370 | DETER AIRWY CLOSING VOL 1 BRTH TSTS | MEDICINE - PULMONARY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G9635 | HLTH-REL QOL NOT ASSESS TL DOC RSN | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9620 | PT NOT SCR UTERN MALG/NO U/S NO RSN | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9560 | PT NOT TX BETA-LCTM ABX RSN NOT GVN | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88154 | CYTP SLIDES C/V MNL SCR&CPTR-RESCR CELL S&I | PATH & LAB - CYTOPATHOLOGY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G8960 | CLN TX MDD NOT C CLN CC RSN NOT GVN | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0549T | TPRNL BALO CNTNC DEV UNI | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9907 | DOC MED RSN NOT PROV TOB CESS INTVN | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9701 | CHLDN TAKNG ABX 30 DA PRI DATE ENC | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0144U | DRUG ASSAY 160+ RX/METABLT | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 78586 | PULM VI AERSL 1 PROJECTION | RADIOLOGY - NUCLEAR MEDICINE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G9804 | NO PRS LST 135 180-D BB PST DC AMI | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7303 | CNTRACEPTVE SPL HORMONE VAG RING EA | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78320 | BONE IMAGING (3D) | RADIOLOGY - NUCLEAR MEDICINE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G9532 | DOC SYS RSN FOR OBTG IMAG OF HEAD | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9448 | PT BORN IN THE YEARS 1945 TO 1965 | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9401 | NO DOC PT RCRD DISC BTW PHYS & PT | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G1009 | CDSM SAGE HMS DEFINED MCR AUC PROG | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J9199 | INJ GEMCITABINE HCL INFUGEM 200 MG | HCPCS-CHEMO DRUGS | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0491T | ABL LSR OPN WND 1ST 20 SQCM | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0463T | INTERROG AORTIC VENTR SYS | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0476T | REC FTL CAR SGL ELEC TR DATA | Category III Codes | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 96153 | INTERVENE HLTH/BEHAVE GROUP | MEDICINE - HEALTH AND BEHAVIOR | EXPIRED | 01/01/2010 | 01/01/2078 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 50398 | CHANGE NEPHROSTOMY/PYELOSTOMY TUBE | SURGERY - URINARY SYSTEM | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G9833 | PATIENT TRAN TO PRAC AFT INI CHEMO | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9825 | HER2/NEU NEG OR UNDOCUMENTD/UNKNOWN | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0550T | TPRNL BALO CNTNC DEV RMVL EA | CATEGORY III CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0466T | INSJ CH WAL RESPIR ELTRD/RA | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 19260 | REMOVAL OF CHEST WALL LESION | SURGERY - INTEGUMENTARY SYSTEM | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G9647 | PT MRS SCORE NOT OBTAINED 90 DA F/U | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9967 | CHDRN NOT SCR RSK DVLP BEHA&SOC DLA | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73540 | RADEX PELVIS&HIPS INFT/CHLD MINIMUM 2 VIEWS | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 49654 | LAP INC HERNIA REPAIR | SURGERY - DIGESTIVE SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0100U | RESPIR PATHOGEN 21 TARGETS | PATH & LAB - CHEMISTRY | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 99225 | SUBSEQUENT OBSERVATION CARE | E & M - HOSPITAL INPATIENT SER | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9636 | H-REL QOL NOT ASSES 2 VST/QOL DCLND | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | M1144 | ONGO CAR NO INDC PT SN ONLY 1-2 VST | HCPCS - MEDICAL SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9266 | PT MAINT HD GT /EQU 90 DAY NO CATH AS VA | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9263 | DOC PT D/C ALIVE FLW EVAR AAA REPR | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9257 | DOC PATIENT STROKE FOLLOWING CAS | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0389T | PROG DEVICE EVAL IN PERSON LEADLESS PM SYSTEM | CATEGORY III CODES | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | J9310 | INJECTION RITUXIMAB 100 MG | HCPCS - CHEMO DRUGS | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G8938 | BMI O/S NOR PARAM F/U PT NOT ELIG | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2163 | PT RC INFLUENZA ON/BTW JUL1 YR JN30 | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C9749 | REPAIR NAS VEST LAT WALL STEN IMPL | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 19324 | ENLARGE BREAST | SURGERY - INTEGUMENTARY SYSTEM | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 78588 | PULM PI PART VNTJ IMG AERSL 1/MLT PRJCJ | RADIOLOGY - NUCLEAR MEDICINE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 20926 | REMOVAL OF TISSUE FOR GRAFT | SURGERY - MUSCULOSKELETAL SYST | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 0385T | EX H RATE FOR SZ OVR 30 DAY | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0357U | ONC MLNMA AI QUAN ALYS 142 | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 01/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G9798 | D/C AMI BTW 7/1 YR PRI MSR-6/30 MSR | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9585 | PT NOT EVL RSK MSUSE OPI VAL INSTRM | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9562 | PT F/U EVAL EV 3 MOS DUR OPIOID TX | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9302 | P ABX NOT CMPL PRIOR TQ RSN NOT GVN | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77058 | MRI BREAST UNILATERAL | RADIOLOGY-BREAST | EXPIRED | 01/01/2010 | 01/01/2078 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 78010 | THYROID IMAGING ONLY | RADIOLOGY - NUCLEAR MEDICINE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 77786 | REMOTE AFTLD RADIONUCLIDE BRACHYTX 2-12 CHANNEL | RADIOLOGY - RADIATION ONCOLOGY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 0128U | OB PE 3 ANALYTES Y CHRMSM | PATH & LAB - CHEMISTRY | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 78205 | LIVER IMAGING (3D) | RADIOLOGY - NUCLEAR MEDICINE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | D0351 | 3D PHOTOGRAPHIC IMAGE | HCPCS- DENTAL-Radiographs | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0493T | CNTC NEAR IFR SPECTRSC WOUND | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 92561 | BEKESY AUDIOMETRY DIAGNOSIS | MEDICINE - SPECIAL OTORHINOLAR | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49561 | RPR VENTRAL HERN INIT BLOCK | SURGERY - DIGESTIVE SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9579 | NO DOC SGND OPIOID TX AGRMNT DUR TX | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G8573 | STROKE FLW ISOLATED CABG SURGERY | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G8398 | DILAT MACULAR/FUNDUS EXAM NOT PRFRM | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49587 | RPR UMBIL HERN BLOCK GT 5 YR | SURGERY - DIGESTIVE SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49572 | RPR EPIGASTRIC HERN BLOCKED | SURGERY - DIGESTIVE SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99337 | DOMICIL/R-HOME VISIT EST PAT | E & M - HOME SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49560 | RPR VENTRAL HERN INIT REDUC | SURGERY - DIGESTIVE SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9449 | HX RECV BLOOD TRANSFUSIONS PRI 1992 | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | G9359 | DOC NG/MN P TB SCR E TB NOT AC 1Y V | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9326 | CT NOT RPT RD INDX REG RSN NOT GVN | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78805 | ABSCESS IMAGING LTD AREA | RADIOLOGY - NUCLEAR MEDICINE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | U0004 | 2019-NCOV CRONAVIRUS/COVID-19 ANY T | HCPCS - PATH & LAB | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | K0736 | SKIN PROTCT/PSTN WC CUSHN ADJ WDTH LSS THN 22 IN DEPTH | HCPCS - K CODES -DMERCS ONLY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 96150 | ASSESS HLTH/BEHAVE INIT | MEDICINE - HEALTH AND BEHAVIOR | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 83499 | ASSAY OF HYDROXYPROGESTERONE 20- | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | S0169 | CALCITRIOL 0.25 MICROGRAM | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D5994 | PERIODONTAL MED CARRIER LAB PROCESS | HCPCS - DENTAL | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0452T | INSJ/RPLCMT DEV VASC SEAL | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 88318 | DETERMINATIVE HISTOCHEMISTRY ID CHEM COMPONENTS | PATH & LAB - SURGICAL PATHOLOG | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 88107 | CYTP FLU BR/WA XCPT C/V SMRS&FILTER INTERPJ | PATH & LAB - CYTOPATHOLOGY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 83897 | MOLEC NUCLEIC ACID TR EA NUCLEIC ACID PREPJ | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 83890 | MOLEC DIAG ISOL/XTRJ EA NUCLEIC ACID TYPE | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 94750 | PULMONARY COMPLIANCE STUDY | MEDICINE - PULMONARY | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43855 | REVISE STOMACH-BOWEL FUSION | SURGERY - DIGESTIVE SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 43850 | REVISE STOMACH-BOWEL FUSION | SURGERY - DIGESTIVE SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | M1063 | PATIENTS RECEIVING HIGH DOSES IS TX | HCPCS - MEDICAL SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | M1017 | PATIENT ADM TO PALLIATIVE CARE SRVC | HCPCS - MEDICAL SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67112 | RPR RETINAL DTCHMNT SCLERAL BUCKLING/VITRECTOMY | SURGERY - EYE AND OCULAR ADNEX | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 78607 | BRAIN IMAGING (3D) | RADIOLOGY - NUCLEAR MEDICINE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G2062 | Q N-P HP ONL A&M EST PT 7 D;11-20 M | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2058 | CCM SRVC EA A 20 M CS TM DIR CA MO | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G8873 | PT NDLE LOC SPEC VERFD IO INSP/PATH | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G8671 | RSK-A ST CH R SC N CR M TS RBSEQU 0/GT 0 | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2095 | DC SYS RSN N PRSC ACE INHB/ARB/ARNI | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9811 | PT NO ACHV PDC 75PCT ASTHMA CNTRL MED | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9808 | ANY PT NO AS CTR MED DISP DUR MSR Y | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9802 | PT USE HOSPC SVC ANY TM DUR MSR PR | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9778 | PT WHO HAVE A DX OF PREG DUR MSMNT | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9774 | PATIENTS WHO HAVE HAD HYSTERECTOMY | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74260 | X-RAY EXAM OF SMALL BOWEL | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |

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| ABH of Illinois-Medicaid | 35721 | EXPLORATION FEMORAL ARTERY | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G9399 | DOC PT RCRD DISC BTW PHYS/CLIN & PT | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9639 | MAJOR AMP/OPEN SURG BYPS NOT RQR | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49652 | LAP VENT/ABD HERNIA REPAIR | SURGERY - DIGESTIVE SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0461T | REPOS AORTIC CONTRPULSJ DEV | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0456T | REMVL AORTIC DEV VASC SEAL | CATEGORY III CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0381T | EXT H RATE EPI SZ 14 DAYS | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0324U | ONC OVAR SPHRD CELL 4 RX PNL | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 07/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 33860 | ASCENDING AORTIC GRAFT | SURGERY - CARDIOVASCULAR SYSTE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 83905 | MOLEC MUTATION ALLELE TRANSCRIPTION 1 SGM EA | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G9849 | PATIENTS WHO DIED FROM CANCER | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9524 | PATIENT WAS REF TO HOSPICE CARE | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D6052 | SEMI-PRECISION ATTACHMENT ABUTMENT | HCPCS - DENTAL | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9755 | CREATION OF ARTERIOVENOUS FISR PERQ | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 76101 | COMPLEX BODY SECTION X-RAY | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | M1139 | ONGO CARE NO IND PT SD ER&SN 1-2 V | HCPCS - MEDICAL SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | G9196 | DOC MED RSN NOT ORD 1/2 GEN CPH AMP | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15850 | REMOVE SUTURES SAME SURGEON | SURGERY - INTEGUMENTARY SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9856 | PATIENT WAS NOT ADMITTED TO HOSPICE | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9616 | DOC RSN NOT DOC A PREOP ASSESSMENT | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | M1137 | DOC PT DX DEG NEURO COND DX EOC | HCPCS - MEDICAL SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9329 | DICOM AVAIL 12-MO NOT DOC NO RSN | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9327 | CT RPT RD INDX REG ALL DATA ELEMENT | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G8627 | SURG PROC 30 DAY FLW CAT SURG COMP | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G8571 | DVLP DP STRNL WND I/MDSTNT 30 D PO | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | S0020 | INJ BUPIVICAINE HYDROCHLORIDE 30 ML | HCPCS - TEMP NATIONAL CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C9747 | ABLATION PROS TR HIFU INCL I GUID | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 74480 | INTRO URETERAL CATH/STENT PRQ RS&I | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 0316T | REPLC VAGUS NERVE PLS GEN | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G2119 | W/ PST 2 Y CA &/ VITD OPT ORD/PERF | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88347 | IMMUNOFLUORESCENT STUDY EA ANTIBODY INDIR METHOD | PATH & LAB - SURGICAL PATHOLOG | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 96151 | ASSESS HLTH/BEHAVE SUBSEQ | MEDICINE - HEALTH AND BEHAVIOR | EXPIRED | 01/01/2010 | 01/01/2078 | | | |

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| ABH of Illinois-Medicaid | 0058T | CRYOPRESERVATION OVARY TISS | CATEGORY III CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | M1024 | 12-17Y MD/D NR 6M PHQ-9/9M NA/GT /EQU 5 | HCPCS - MEDICAL SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92564 | SISI HEARING TEST | MEDICINE - SPECIAL OTORHINOLAR | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94360 | DETER RESIST TO AIRFLO OSCILLATORY/PLETHYSMOGRAP | MEDICINE - PULMONARY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 74241 | X-RAY UPPER GI DELAY W/KUB | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | Q9995 | INJECTION EMICIZUMAB-KXWH 0.5 MG | HCPCS - TEMP CODES | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G2164 | PT PRIOR INFLU ADVS REACT ANY TIME | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2153 | IN HOSPICE/USNG HOSPICE DUR MSR PER | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99343 | HOME VISIT NEW PATIENT | E & M - HOME SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99318 | ANNUAL NURSING FAC ASSESSMNT | E & M - NURSING FACILITY SERVI | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99217 | OBSERVATION CARE DISCHARGE | E & M - HOSPITAL OBSERVATION S | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77787 | REMOTE AFTLD RADIONUCLIDE BRACHYTX GT 12 CHANNEL | RADIOLOGY - RADIATION ONCOLOGY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G2065 | CCM 1 HOUR DZ SRVC PCM AL 30 MIN CM | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0126T | CHD RISK IMT STUDY | CATEGORY III CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G1005 | CDSM NIA DEFINED MCR AUC PROG | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0202 | SCREENING MAMMOGRAPHY BIL INCL CAD WHEN PERFORMD | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |

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| ABH of Illinois-Medicaid | G9240 | PT VA CATH TIME MAINT HD INITIAT | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9239 | DOC RSN PT I MNT HD CTH MO VASC ACC | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92585 | AUDITOR EVOKE POTENT COMPRE | MEDICINE - SPECIAL OTORHINOLAR | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61870 | IMPLANT NEUROELECTRODES | SURGERY - NERVOUS SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 71035 | RADEX CHEST SPECIAL VIEWS | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 78001 | THYROID UPTAKE MULTIPLE DETERMINATIONS | RADIOLOGY - NUCLEAR MEDICINE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 74010 | RADEX ABD ANTEROPOST&ADDL OBLQ&CONE VIEWS | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 94260 | THRC GAS VOL | MEDICINE - PULMONARY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 93875 | N-INVAS PHYSIOLOGIC STD XTRC ART COMPL BI STD | MEDICINE - NON-INVASIVE VASCUL | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | J2400 | INJ CHLOROPROCAINE HCL PER 30 ML | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64413 | N BLOCK INJ CERVICAL PLEXUS | SURGERY - NERVOUS SYSTEM | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | D3427 | PERIRADICULAR SURG W/O APICOECTOMY | Apicoectomy | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9031 | BCG PER INSTILLATION | HCPCS - CHEMO DRUGS | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G9801 | HOS PT TRANS DIR TO NON-ACF ANY DX | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9618 | DOC SCR UTEN MALIG/US&/ENDOMET SAMP | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G8925 | SP TR FEV1 GT EQU 60PCT FEV1/FVC GT EQU 70PCT | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | G9623 | DOC MED RSN NO SCR UNHLTHY AL USE | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9837 | TRASTUZUMAB NOT ADM W/I 12 MO OF DX | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9748 | PT APV QUAL TP PROG & SCH LD KID TP | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9602 | PT NOT D/C HOME BY POST-OP DAY 7 | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9350 | CT PARANSL SINUS NOT ORD DX/IN 28 D | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0297 | LOW DOSE CT SCAN FOR LUNG CANCR SCR | 2004 Codeset | EXPIRED | 12/31/2020 | 12/31/2020 | carve out | | |
| ABH of Illinois-Medicaid | 21310 | CLOSED TX NOSE FX W/O MANJ | SURGERY - MUSCULOSKELETAL SYST | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0125U | FTL CGEN ABNOR PRNT COMP 5 | PATH & LAB - CHEMISTRY | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0124U | FTL CGEN ABNOR 3 ANALYTES | PATH & LAB - CHEMISTRY | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0111T | RBC MEMBRANES FATTY ACIDS | CATEGORY III CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0611 | INJECT CALCIUM GLUCONATE PER 10 ML | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 95950 | AMBULATORY EEG MONITORING | MEDICINE - NEUROLOGY AND NEURO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 81545 | ONCOLOGY THYROID | PATH & LAB - MICROBIOLOGY | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 49655 | LAP INC HERN REPAIR COMP | SURGERY - DIGESTIVE SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49220 | MULTIPLE SURGERY ABDOMEN | SURGERY - DIGESTIVE SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0833 | INJ COSYNTROPIN NOT OTHERWISE SPECIFIED 0.25 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 01/01/2010 | 01/01/2078 | | | |

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| ABH of Illinois-Medicaid | 77031 | STRTCTC LOCLZJ GID BREAST BX/NEEDLE PLACEMENT | RADIOLOGY-BREAST | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 50393 | INTRO URETER CATH/STNT RENAL PELVIS DRG&/NJX | SURGERY - URINARY SYSTEM | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 69718 | REVISE TEMPLE BONE IMPLANT | SURGERY - AUDITORY SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | M1023 | PT 12-17Y MD/DYSTH NO R 6M PHQ-9/PH | HCPCS - MEDICAL SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0206 | DIAGNOSTIC MAMMOGRAPHY INCL CAD WHEN PERF; UNI | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | M1031 | PATIENTS NO CLINICAL INDIC FOR IMAG | HCPCS - MEDICAL SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C9056 | INJECTION GIVOSIRAN 0.5 MG | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 75962 | TRANSLUMINAL BALLOON ANGIOP PERIPHERAL ART RSI | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 74475 | INTRO CATH IN RENAL PELVIS DRG&/NJX PRQ RS&I | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 77055 | MAMMOGRAPHY UNILATERAL | RADIOLOGY-BREAST | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | J0280 | INJECTION AMINOPHYLLINE TO 250 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78585 | PULM PI PART VNTJ RBRTHING&WSHOT +-1 BRTH | RADIOLOGY - NUCLEAR MEDICINE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 99219 | INITIAL OBSERVATION CARE | E & M - HOSPITAL OBSERVATION S | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95943 | PARASYMP&SYMP HRT RATE TEST | MEDICINE - NEUROLOGY AND NEURO | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | M1026 | PT IN HOSPICE ANY TIME DUR PERF PRD | HCPCS - MEDICAL SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0384T | EX H RATE SZ 15-30 DAY RI | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 0290T | LASER INC FOR PKP/LKP RECIP | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0149U | DRUG ASSAY 60+ RX/METABLT | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0143U | DRUG ASSAY 120+ RX/METABLT | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63199 | INCISE SPIN&CORD 2 STGS THRC | SURGERY - NERVOUS SYSTEM | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | M1136 | THE START OF AN EOC DOC MED RECORD | HCPCS - MEDICAL SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C9058 | INJ PEGFLGRASTM-BMEZ BIOSMLR 0.5 MG | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G9304 | OP RPT IDS PROSTHETIC IMPLANT SPEC | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9270 | DOC PT W/O 1/MORE COMP W/I 90 DAYS | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9259 | DOC PT SURV & ABSNCE STROKE FLW CAS | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G8422 | BMI NOT DOC DOC PT NOT ELG BMI CALC | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7401 | MOMETASONE FUROATE SIN IMPL 10 MCG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0146U | DRUG ASSAY 80+ RX/METABLT | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0127U | OB PE 3 ANALYTES | PATH & LAB - CHEMISTRY | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G9809 | PT USE HOSPC SRVC ANY TM DUR MSR PR | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78593 | PULM VI GASEOUS RBRTHING&WSHOT 1 PRJCJ | RADIOLOGY - NUCLEAR MEDICINE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G9366 | ONE HIGH-RISK MEDICATION NOT ORDERD | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 78710 | KIDNEY IMAGING (3D) | RADIOLOGY - NUCLEAR MEDICINE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G2063 | Q N-P HP ONL A&MGT EST TO 7 D;21/GT M | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2114 | PT 66-80 1 CL FRLTY&DIS MED DMNT MP | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C9057 | INJECTION CETIRIZINE HCL 1 MG | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0457T | REMVL MECH-ELEC SKIN NTRFCE | CATEGORY III CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0459T | RELOCAJ RPLCMT AORTIC VENTR | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0451T | INSJ/RPLCMT AORTIC VENTR SYS | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0383T | EXT H RATE SZ 15-30 DAYS | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0298T | EXT ECG REVIEW AND INTERP | CATEGORY III CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92586 | AUDITOR EVOKE POTENT LIMIT | MEDICINE - SPECIAL OTORHINOLAR | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0468T | RMVL CH WAL RESPIR ELTRD/RA | CATEGORY III CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0365 | VESSEL MAPPING HEMODIALYSIS ACSS | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 31620 | ENDOBRNCL US BRONCHOSCOPIC DX/THER IVNTJ | SURGERY - RESPIRATORY SYSTEM | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | K0554 | RECEIVER DEDICATED TX GCM SYS | HCPCS - K CODES -DMERCS ONLY | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49566 | REREPAIR VENTRL HERN BLOCK | SURGERY - DIGESTIVE SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87450 | AG DETECT NOS IA SINGLE | PATH & LAB - MICROBIOLOGY | EXPIRED | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 99340 | DOMICIL/R-HOME CARE SUPERVIS | E & M - HOME SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99325 | DOMICIL/R-HOME VISIT NEW PAT | E & M - HOME SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0056U | HEM AML DNA GENE REARGMT | ANESTH - INTRATHORACIC | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0099U | RESPIR PATHOGEN 20 TARGETS | PATH & LAB - CHEMISTRY | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 83893 | MOLEC DOT/SLOT BLOT EA NUCLEIC ACID PREPJ | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 0312T | LAPS IMPLTJ NSTIM VAGUS | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 71020 | RADIOLOGIC EXAM CHEST 2 VIEWS FRONTAL&LATERAL | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G9561 | PT PRSC OPIATES FOR LNGR THAN 6 WKS | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G8874 | EXC TISS NOT EVAL IMAG IO TARG LES | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G8732 | NO DOC PAIN ASMT REASON NOT GIVEN | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G8628 | SURG PROC NOT IN 30 DA FLW CAT SURG | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76930 | ECHO GUIDE CARDIOCENTESIS | RADIOLOGY - DIAGNOSTIC ULTRASO | EXPIRED | 04/01/2010 | 04/01/2010 | | | |
| ABH of Illinois-Medicaid | V5210 | HEARING AID BICROS IN THE EAR | HCPCS - HEARING SERVICES | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G9563 | PT NO F/U EVL EV 3 MOS DR OPIOID TX | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83907 | MOLEC DX LYSIS CELLS PRIOR NUCLEIC ACID EXTRTJ | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 83906 | MOLEC MUTATION ALLELE SPEC TRANSLATION 1 SGM EA | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 83892 | MOLEC ENZYMATIC DIGESTION EA ENZYME TX | PATH & LAB - CHEMISTRY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | J0886 | INJ EPOETIN ALFA 1000 UNITS FOR ESRD DIALYSIS | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 99220 | INITIAL OBSERVATION CARE | E & M - HOSPITAL OBSERVATION S | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9503 | PT TAKING TAMSULOSIN HYDROCHLORIDE | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86378 | MIGRATION INHIBITORY FACTOR TEST MIF | PATH & LAB - IMMUNOLOGY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G8672 | RSK-A ST CH R SC N CR M TS RIB SCLT 0 | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2370 | INJECTION PHENYLEPHRINE HCL TO 1 ML | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95071 | BRONCHIAL ALLERGY TESTS | MEDICINE - ALLERGY AND CLINICA | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | B9000 | ENTERAL NUTRITION INFUSION PUMP - WITHOUT ALARM | HCPCS - ENTERAL & PARENTERAL | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G8976 | MOST RECENT HCB LEVEL GT EQU 10 G/DL | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90669 | PCV7 VACCINE IM | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G8939 | PA D P FU PL NOT D D PT NOT ELG ENC | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G8811 | DOCUMENT RHOGRAM NOT ORDERED RSN NS | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D8690 | ORTHODONTIC TREATMENT | HCPCS - DENTAL | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G1006 | CDSM TEST APPROP DEFINED MCR AUC | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2166 | PT REFUSED PARTICIPATE ADM &/ D/C; | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | G9573 | AD GT 18 YR MD/DYSTHYM REMISS 6 M PHQ | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9348 | CT SCAN PNS ORDERED TIME DX DOC RSN | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 72069 | RADEX SPINE THORACOLMBR STANDING SCOLIOSIS | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G2161 | PT PRIOR ADVS REACT ZOSTER ANY TIME | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9197 | DOC ORD FOR 1ST/2ND GEN CEPH AMP | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9232 | CLIN TREAT MDD NOT COM CLIN TRT CC | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2064 | CCM 1 HR DZ AL 30 M PHYS T CA MO | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62310 | NJX DX/THER SBST EPIDURAL/SUBRACH CERV/THORACIC | SURGERY - NERVOUS SYSTEM | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G8442 | PA NO DOC PRF DOC PT NOT ELG PA ENC | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86822 | HLA TYPING LYMPHOCYTE CULTURE PRIMED | PATH & LAB - IMMUNOLOGY | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G9577 | PT PRSC OPIATES FOR LNGR THAN 6 WKS | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9936 | SRV CC-PH CLNC PLYP CC/O MN R RSJ&A | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9934 | DOC NEO D ONLY DX TD SA SS PLYP/SSA | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | V5220 | HEARING AID BICROS BEHIND THE EAR | HCPCS - HEARING SERVICES | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G9525 | DOC PT RSN FOR NOT REF HOSPICE CARE | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96154 | INTERV HLTH/BEHAV FAM W/PT | MEDICINE - HEALTH AND BEHAVIOR | EXPIRED | 01/01/2010 | 01/01/2078 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 96118 | NUROPSYC TESTING PR HR W/PT & INTERPJ TIME | MEDICINE - NEUROLOGY AND NEURO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 77059 | MRI BREAST BILATERAL | RADIOLOGY-BREAST | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 77057 | SCREENING MAMMOGRAPHY BILATERAL | RADIOLOGY-BREAST | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 74247 | CONTRST X-RAY UPPR GI TRACT | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 78006 | THYROID IMAGING W/UPTAKE SINGLE DETERMINATION | RADIOLOGY - NUCLEAR MEDICINE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | Q9993 | INJECTION TAA PF EXT-RELEASE MS FORMULATION 1 MG | HCPCS - TEMP CODES | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 0475T | REC FTL CAR SGL 3 CH I&R | Category III Codes | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0458T | REMVL SUBQ ELECTRODE | CATEGORY III CODES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0148U | DRUG ASSAY 100+ RX/METABLT | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63195 | INCISE SPINE & CORD THORACIC | SURGERY - NERVOUS SYSTEM | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0693 | INJECTION CEFIDEROCOL 5 MG | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 49582 | RPR UMBIL HERN BLOCK LT 5 YR | SURGERY - DIGESTIVE SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96111 | DEVELOPMENTAL TESTING W/INTERP & REPORT | MEDICINE - CENTRAL NERVOUS SYS | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 49585 | RPR UMBIL HERN REDUC GT 5 YR | SURGERY - DIGESTIVE SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49565 | REREPAIR VENTRL HERN REDUCE | SURGERY - DIGESTIVE SYSTEM | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0498T | XTRNL PT ACT ECG R&I PR 30 D | CATEGORY III CODES | EXPIRED | 11/20/2020 | 12/31/2078 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 77079 | CT BONE MINERAL DENSITY STUDY 1+ SITS APPND | RADIOLOGY-DIAGNOSTIC | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 74000 | RADEX ABDOMEN 1 ANTEROPOSTERIOR VIEW | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 73550 | RADIOLOGIC EXAMINATION FEMUR 2 VIEWS | RADIOLOGY - DIAGNOSTIC RADIOLO | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 78596 | PULM QUAN DIFFIAL FUNCJ VNTJ/PRFUJ STD | RADIOLOGY - NUCLEAR MEDICINE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 0391T | INTERROG DEVICE EVAL IN PERSON LEADLESS PM SYST | CATEGORY III CODES | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 99326 | DOMICIL/R-HOME VISIT NEW PAT | E & M - HOME SERVICES | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0477T | REC FTL CAR SGL XRTJ ALYS | Category III Codes | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0471T | OCT SKN IMG ACQUISJ I&R ADDL | Category III Codes | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G0431 | RX SCR MX; RX CLASS HI CMPLX TST METH PER PT ENC | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 63198 | INCISE SPIN&CORD 2 STGS CRVL | SURGERY - NERVOUS SYSTEM | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9380 | INJECTION TECLISTAMAB-CQYV 0.5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2023 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9350 | INJECTION MOSUNETUZUMAB-AXGB 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2023 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9347 | INJECTION TREMELIMUMAB-ACTL 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2023 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | J9323 | INJ PEMETREXED DITROMETHAMINE 10 MG | HCPCS - CHEMO DRUGS | YES | 07/01/2023 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9063 | INJ MRVETUXIMB SORAVTANSN-GYNX 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2023 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9056 | INJ BENDAMUSTINE HCL VIVIMUSTA 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2023 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J2329 | INJECTION UBLITUXIMAB-XIIY 1MG | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2023 | 12/31/2078 | Carve Out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | H0012 | ALCOHL&/RX SRVC; SUB-AC DTOX RES OP | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | Request authorization directly from the state | |
| ABH of Illinois-Medicaid | C9149 | INJECTION TEPLIZUMAB-MZWV 5 MCG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 04/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0013A | ADM SARSCOV2 100MCG/0.5ML3RD | MEDICINE - VACCINES, TOXOIDS | EXPIRED | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |
| ABH of Illinois-Medicaid | J1440 | FECAL MICROBIOTA LIVE - JSLM 1 ML | HCPCS - MEDICAL SERVICES | YES | 07/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1813 | INSL LYUMJEV ADM THRU DME PER 50 U | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1576 | INJECTION IG IV NON-LYOPH 500 MG | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1811 | INSL FIASP ADM THRU DME PER 50 U | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2023 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | J2427 | INJECTION PAL PALMITATE ER 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1814 | INSULIN LYUMJEV PER 5 UNITS | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0665 | INJECTION BUPIVICAINE NOS 0.5 MG | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2023 | 07/01/2023 | | | |
| ABH of Illinois-Medicaid | J0457 | INJECTION AZTREONAM 100 MG | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2023 | 07/01/2023 | | | |
| ABH of Illinois-Medicaid | J2249 | INJECTION REMIMAZOLAM 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7213 | INJECTN COAG FACTOR IX IXINITY 1 IU | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2426 | INJ PP LAI EXT RLS INVGA SUSTNA 1MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G2170 | PC AVF DIR TISS APP TR E&SEC RDR BF | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1812 | INSULIN FIASP PER 5 UNITS | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9381 | INJECTION TEPLIZUMAB-MZWV 5 MCG | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1836 | INJECTION METRONIDAZOLE 10 MG | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2023 | 07/01/2023 | | | |
| ABH of Illinois-Medicaid | J0736 | INJECTION CLINDAMYCIN PHOS 300 MG | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2023 | 07/01/2023 | | | |
| ABH of Illinois-Medicaid | J0206 | INJECTION ALLOPURINOL SODIUM 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1941 | INJECTION FUROSEMIDE 20 MG | HCPCS - DRUGS (NOT ORAL) | YES | 07/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0737 | INJ CP BXTR NOT THR EQ J0736 300 MG | HCPCS - DRUGS (NOT ORAL) | NO | 07/01/2023 | 07/01/2023 | | | |
| ABH of Illinois-Medicaid | 0091A | ADM SARSCOV2 50 MCG/.5 ML1ST | MEDICINE - VACCINES, TOXOIDS | NON-COV | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |

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| ABH of Illinois-Medicaid | 0092A | ADM SARSCOV2 50 MCG/.5 ML2ND | MEDICINE - VACCINES, TOXOIDS | NON-COV | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |
| ABH of Illinois-Medicaid | 0093A | ADM SARSCOV2 50 MCG/.5 ML3RD | MEDICINE - VACCINES, TOXOIDS | NON-COV | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |
| ABH of Illinois-Medicaid | 0113A | ADM SARSCOV2 25MCG/0.25ML3RD | MEDICINE - VACCINES, TOXOIDS | NON-COV | 04/18/2023 | 12/31/2078 | | Non-covered due to Non-FDA approved | |
| ABH of Illinois-Medicaid | 90679 | RSV VACC PREF RECOMB ADJT IM | MEDICINE - VACCINES, TOXOIDS | NO | 05/03/2023 | 05/03/2023 | | | |
| ABH of Illinois-Medicaid | J2215 | UNKNOWN DESCRIPTION | UNKNOWN | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | J2213 | UNKNOWN DESCRIPTION | UNKNOWN | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | J0197 | UNKNOWN DESCRIPTION | UNKNOWN | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | J2211 | UNKNOWN DESCRIPTION | UNKNOWN | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 65625 | UNKNOWN DESCRIPTION | UNKNOWN | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | J2214 | UNKNOWN DESCRIPTION | UNKNOWN | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | 99111 | UNKNOWN DESCRIPTION | UNKNOWN | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | G0424 | PULM REHAB EXER 1 HR SESS 2 PER DAY | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5130 | INJ PEG-PBBK FYLNETRA BS 0.5 MG | HCPCS - TEMP CODES | YES | 04/01/2023 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | Q5129 | INJ BEVACIZUMAB-ADCD BS 10 MG | HCPCS - TEMP CODES | YES | 04/01/2023 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

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| ABH of Illinois-Medicaid | Q5127 | INJ PEG-FPGK STIMUFEND BS0.5 MG | HCPCS - TEMP CODES | YES | 04/01/2023 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9297 | INJ SANDOZ NOT THR EQ J9305 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 04/01/2023 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9196 | INJ GEM HCI NOT THR EQ J9201 200 MG | HCPCS - DRUGS (NOT ORAL) | YES | 04/01/2023 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J1449 | INJECTION EFLAPEGRASTIM-XNST 0.1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 04/01/2023 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J1747 | INJECTION SPESOLIMAB-SBZO 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 04/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5120 | INJECTION PEG-BMEZ BIOSIMILR 0.5 MG | HCPCS - TEMP CODES | YES | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5122 | INJECTION PEG-APGF BIOSIMILR 0.5 MG | HCPCS - TEMP CODES | YES | 01/01/2021 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | Q5111 | INJECTION PEG-CBQV BIOSIMILR 0.5 MG | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | G2171 | PRQ AVF DR ANY MG-GD ART&V CTH&RF E | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 06/04/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | Q5128 | INJ RANIBIZUMAB-EQRN BS 0.1 MG | HCPCS - TEMP CODES | YES | 04/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0218 | INJECTION OLIPUDASE ALFA-RPCP 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 04/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1411 | INJ ETRNCOGN DZAPRVOVC-DRLB Q THR D | HCPCS - DRUGS (NOT ORAL) | YES | 04/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C1834 | PRESS SNSR SYS IM EXCL MOB SW APP | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 10/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5108 | INJECTION PEG-JMDB BIOSIMILR 0.5 MG | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | G2088 | OFF-B TX OUD;EA ADD 30M BYD 1ST120M | HCPCS-PROC/PROF SERVICES (TE | NO | 01/10/2023 | 01/10/2023 | | | |
| ABH of Illinois-Medicaid | G2087 | OFF-BSD TX OUD;AL 60 M SUBSEQ CA MO | HCPCS-PROC/PROF SERVICES (TE | NO | 01/10/2023 | 01/10/2023 | | | |
| ABH of Illinois-Medicaid | G2086 | OFF-BASED TX ODU;AL 70 M 1ST CA MO | HCPCS-PROC/PROF SERVICES (TE | NO | 01/10/2023 | 01/10/2023 | | | |
| ABH of Illinois-Medicaid | T1016 | CASE MANAGEMENT EACH 15 MINS | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/30/2020 | Other | Benefit Limit - 240 total hours per State fiscal year per member | |
| ABH of Illinois-Medicaid | 15778 | IMPL ABSRB MSH/PRSTH DLY CLS | SURGERY - INTEGUMENTARY SYSTEM | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5126 | INJ BEVACIZUMAB-MALY BIOSIMIL 10 MG | HCPCS - TEMP CODES | YES | 01/01/2023 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9394 | I FUL FRSNS KB NO TX EQ J9395 25MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2023 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

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| ABH of Illinois-Medicaid | J9049 | INJ BZ HOSPIRA NO TX EQ J9041 0.1MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2023 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9048 | I BZ FRSNS KB NO TX EQ J9041 0.1MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2023 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | Q5125 | INJ FILGRASTIM-AYOW BIOSIMILR 1 MCG | HCPCS - TEMP CODES | YES | 10/01/2022 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9298 | INJ NIV & RELATLIMAB-RMBW 3 MG/1 MG | HCPCS - CHEMO DRUGS | YES | 10/01/2022 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9274 | INJECTION TEBENTAFUSP-TEBN 1 MCG | HCPCS - CHEMO DRUGS | YES | 10/01/2022 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J1932 | INJECTION LANREOTIDE 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 10/01/2022 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | A9607 | LU 177 VPIVOTID TETRAXETN THR 1 MCI | HCPCS - MED-SURG SUPPLIES | YES | 10/01/2022 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

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| ABH of Illinois-Medicaid | J9331 | INJ SIROLIMUS PRT-BOUND PSL 1 MG | HCPCS-DRUGS (NOT ORAL) | YES | 07/01/2022 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 49615 | RPR AA HRN RCR 3-10 RDC | SURGERY - DIGESTIVE SYSTEM | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 55867 | LAPS SURG PRST8ECT SMPL STOT | SURGERY - INTERSEX SURGERY | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 33900 | PERQ P-ART REVSC 1 NM NT UNI | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 92066 | ORTHOP TRAING SUPVJ PHYS/QHP | MEDICINE - OPHTHALMOLOGY | YES | 01/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 49594 | RPR AA HRN 1ST 3-10 NCR/STRN | SURGERY - DIGESTIVE SYSTEM | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 76883 | US NRV&ACC STRUX 1XTR COMPRE | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 81441 | IBMFS SEQ ALYS PNL 30 GENES | PATH & LAB - MICROBIOLOGY | YES | 01/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 15853 | REMOVAL SUTR/STAPL XREQ ANES | SURGERY - INTEGUMENTARY SYSTEM | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 87467 | HEPATITIS B SURFACE AG QUAN | PATH & LAB - MICROBIOLOGY | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 58579 | UNLISTED HYSTSC PX UTERUS | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 99281 | EMR DPT VST MAYX REQ PHY/QHP | E & M - EMERGENCY DEPARTMENT S | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C9094 | INJ SUTIMLIMAB-JOME 10 MG | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 07/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 15999 | UNLISTED PX EXC PRESSURE ULC | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 92700 | UNLISTED ORL SERVICE/PX | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |

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| ABH of Illinois-Medicaid | 92065 | ORTHOP TRAING PFRMD PHYS/QHP | MEDICINE - OPHTHALMOLOGY | YES | 12/01/2020 | 12/31/2078 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 50949 | UNLISTED LAPS PX URETER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | G2198 | DOC MD RSN NO S UH ALC USE SYS S ME | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | 87901 | NFCT AGT GNTYP ALYS HIV1 REV | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78099 | UNLISTED ENDOCRINE PX DX NUC | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 83037 | HB GLYCOSYLATED A1C HOME DEV | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23800 | ARTHRODESIS GLENOHUMERAL JT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23655 | CLTX SHO DSLC W/MNPJ W/ANES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23550 | OPTX ACROMCLV DISLC AQT/CHRN | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49623 | RMVL NINFCT MESH HERNIA RPR | SURGERY - DIGESTIVE SYSTEM | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 49613 | RPR AA HRN RCR LT 3 RDC | SURGERY - DIGESTIVE SYSTEM | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | G3002 | CPM&TX MO BDL FTF AL 30 M;1ST 30 M | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 95919 | QUAN PUPLMTRY PHY/QHP UNI/BI | MEDICINE - NEUROLOGY AND NEURO | YES | 01/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 49592 | RPR AA HRN 1ST LT 3 NCR/STRN | SURGERY - DIGESTIVE SYSTEM | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 30469 | RPR NSL VLV COLLAPSE W/RMDLG | SURGERY - RESPIRATORY SYSTEM | YES | 01/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1611 | INJ GLUC HYDRC NOT TX EQV J1610/1MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2023 | 01/01/2023 | | | |

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| ABH of Illinois-Medicaid | J0225 | INJECTION VUTRISIRAN 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 93573 | NJX CATH SLCT P-ART ANGRP BI | MEDICINE - CARDIOVASCULAR | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 49618 | RPR AA HRN RCR GT 10 NCR/STRN | SURGERY - DIGESTIVE SYSTEM | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | J2247 | INJ MICAFUNG SD NOT TX EQ J2248/1MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 84433 | ASY THIOPURIN S-MTHYLTRNSFRS | PATH & LAB - CHEMISTRY | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 33903 | PERQ P-ART REVSC 1 ABNOR BI | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | G0318 | PRLNG HM EM BYD TT PR SRVC;EA 15 M | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 69728 | RMV NTR OI IMP SK TCGT EQU 100 | SURGERY - AUDITORY SYSTEM | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 93569 | NJX CTH SLCT P-ART ANGRP UNI | MEDICINE - CARDIOVASCULAR | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 22860 | TOT DISC ARTHRP 2NTRSPC LMBR | SURGERY - MUSCULOSKELETAL SYST | YES | 01/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22864 | RMVL TOT ARTHRP 1NTRSPC CRV | SURGERY - MUSCULOSKELETAL SYST | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 24220 | INJECTION PX FOR ELBOW ARTHG | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24200 | RMVL FB UPPER ARM/ELBW SUBQ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24126 | EXC/CRTG B1 CST/TUM RDS ALGR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86486 | SKIN TEST UNLISTED ANTIGN EA | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 42999 | UNLISTED PX PHRNX ADND/TNSL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 41599 | UNLISTED PX TONGUE FLR MOUTH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 27899 | UNLISTED PX LEG/ANKLE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 37799 | UNLISTED PX VASCULAR SURGERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | D4240 | GING F PROC-4/GT CNTG TH/TT BND SPS/Q | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | G2201 | DOC MED RSN FOR NOT PROV BRF CNSLG | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | G2203 | DOC MED RSN NO CNSLG ID UH ALC USER | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | Q4236 | CAREPATCH PER SQ CM | HCPCS - TEMP CODES | NON-COV | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 99347 | HOME/RES VST EST SF MDM 20 | E & M - HOME SERVICES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99234 | HOSP IP/OBS SM DT SF/LOW 45 | E & M - HOSPITAL INPATIENT SER | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99231 | SBSQ HOSP IP/OBS SF/LOW 25 | E & M - HOSPITAL INPATIENT SER | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 97799 | UNLISTED PHYSCL MED/REHAB PX | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | C9096 | INJ FILGRASTIM-AYOW BS RLEUKO 1 MCG | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 07/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A9278 | RECEIVR; EXT NONDME INTRSTL SYS CGM | HCPCS - ADMIN MISC & INVEST | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 50080 | PERQ NL/PL LITHOTRP SMPLLT 2CM | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49999 | UNLISTED PX ABD PERTM&OMN | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 50549 | UNLISTED LAPS PX RENAL | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |

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| ABH of Illinois-Medicaid | 50040 | NFROS NFROT W/DRG | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2327 | INJCT RISANKIZUMAB-RZAA INTRAV 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 87484 | EHRLICHA CHAFFEENSIS AMP PRB | PATH & LAB - MICROBIOLOGY | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 49614 | RPR AA HRN RCR LT 3 NCR/STRN | SURGERY - DIGESTIVE SYSTEM | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | G3003 | EACH ADD 15 MIN CPM & TX PER CM | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 93575 | NJX CATH SLCT P ANGRPH MAPCA | MEDICINE - CARDIOVASCULAR | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 49593 | RPR AA HRN 1ST 3-10 RDC | SURGERY - DIGESTIVE SYSTEM | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | J0703 | I CP HCI B BRN NO TX EQV MXPM 500MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 93574 | NJX CATH SLCT PULM VN ANGRPH | MEDICINE - CARDIOVASCULAR | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 79999 | RP THERAPY UNLISTED PX | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | G0308 | CREAT SUB PKT INSRT 180 D I INT GS | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 07/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 50081 | PERQ NL/PL LITHOTRP CPLXGT 2CM | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50070 | NL COMP CGEN KDN ABNORMALITY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24120 | EXC/CRTG B1 CST/B9 TUM RDS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23505 | CLTX CLAVICULAR FX W/MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24310 | TNOT OPN ELBW TO SHO EA TDN | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 21499 | UNLISTED MUSCSKEL PX HEAD | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 24340 | TENODESIS BICEPS TDN AT ELBW | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24110 | EXC/CURTG B1 CST/B9 TUM HUM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23630 | OPTX GR HMRL TBRS FX INT FIX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47399 | UNLISTED PROCEDURE LIVER | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | J0131 | INJECTION ACETAMINOPHEN NOS 10 MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2020 | 12/04/2020 | | | |
| ABH of Illinois-Medicaid | 94799 | UNLISTED PULMONARY SVC/PX | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 95999 | UNLISTED NEUROLOGICAL DX PX | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 86999 | UNLISTED TRANSFUSION MED PX | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 35883 | REVJ FEM ANAST NONAUTOG GRF | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38589 | UNLISTED LAPS PX LYMPHTC SYS | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 99252 | IP/OBS CONSLTJ NEW/EST SF 35 | E & M - CONSULTATIONS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44979 | UNLISTED LAPS PX APPENDIX | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 41899 | UNLISTED PX DENTALVLR STRUX | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 39499 | UNLISTED PX MEDIASTINUM | SURGERY - MEDIASTINUM AND DIAP | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 49622 | RPR PARASTOMAL HRNA NCR/STRN | SURGERY - DIGESTIVE SYSTEM | NO | 01/01/2023 | 01/01/2023 | | | |

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| ABH of Illinois-Medicaid | 49591 | RPR AA HRN 1ST LT 3 CM RDC | SURGERY - DIGESTIVE SYSTEM | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 69730 | RPLC OI IMPLT SK TC ESPGT EQU 100 | SURGERY - AUDITORY SYSTEM | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | J0701 | I CP HCI BAXTR NO TX EQV MXPM 500MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 36837 | PRQ AV FSTL CRT UXTR SEP ACS | SURGERY - CARDIOVASCULAR SYSTE | YES | 01/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 43291 | EGD FLX TRNSORL RMVL BALO | SURGERY - DIGESTIVE SYSTEM | YES | 01/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 49616 | RPR AA HRN RCR 3-10 NCR/STRN | SURGERY - DIGESTIVE SYSTEM | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 33901 | PERQ P-ART REVSC 1 NM NT BI | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 49595 | RPR AA HRN 1ST GT 10 RDC | SURGERY - DIGESTIVE SYSTEM | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | G0316 | PRLNG HI/OBS CARE EM BYD TT;EA 15 M | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | J0877 | INJ DAP NOT THER EQV TO J0878 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 15854 | REMOVAL SUTR&STAPL XREQ ANES | SURGERY - INTEGUMENTARY SYSTEM | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 87478 | BORRELIA MIYAMOTOI AMP PRB | PATH & LAB - MICROBIOLOGY | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 87468 | ANAPLSMA PHGCYTOPHLM AMP PRB | PATH & LAB - MICROBIOLOGY | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 55899 | UNLISTED PX MALE GENITAL SYS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 78499 | UNLISTED CV PX DX NUC MED | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49329 | UNLSTD LAPS PX ABD PERTM&OMN | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |

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| ABH of Illinois-Medicaid | 69799 | UNLISTED PX MIDDLE EAR | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 37501 | UNLISTED VASC ENDOSCOPY PX | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 38999 | UNLISTD PX HEMIC/LYMPHTC SYS | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 42299 | UNLISTED PX PALATE UVULA | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 99238 | HOSP IP/OBS DSCHRG MGMT 30/LT | E & M - HOSPITAL INPATIENT SER | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99199 | UNLISTED SPECIAL SVC PX/RPRT | MEDICINE - OTHER SERVICES AND | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 97039 | UNLISTED MODALITY | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 83498 | ASY HYDROXYPROGESTERONE 17-D | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83030 | HEMOGLOBIN F FETAL CHEMICAL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58999 | UNLISTED PX FML GENITAL SYS | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 49621 | RPR PARASTOMAL HERNIA RDC | SURGERY - DIGESTIVE SYSTEM | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 33904 | PERQ P-ART REVSC EACH ADDL | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 69729 | IMPL OI IMPLT SK TC ESPGT EQU 100 | SURGERY - AUDITORY SYSTEM | YES | 01/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 36836 | PRQ AV FSTL CRTJ UXTR 1 ACS | SURGERY - CARDIOVASCULAR SYSTE | YES | 01/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 43290 | EGD FLX TRNSORL DPLMNT BALO | SURGERY - DIGESTIVE SYSTEM | YES | 01/01/2023 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 49617 | RPR AA HRN RCR GT 10 RDC | SURGERY - DIGESTIVE SYSTEM | NO | 01/01/2023 | 01/01/2023 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 33902 | PERQ P-ART REVSC 1 ABNOR UNI | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 49596 | RPR AA HRN 1ST GT 10 NCR/STRN | SURGERY - DIGESTIVE SYSTEM | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | G0317 | PRLNG NF EM BYD TT SRVC; EA 15 MIN | HCPCS - PROC/PROF SERVICES (TE | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | J0689 | INJ CEZ NOT THER EQV J0690 500 MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 23545 | CLTX ACROMCLAV DISLC W/MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87469 | BABESIA MICROTI AMP PRB | PATH & LAB - MICROBIOLOGY | NO | 01/01/2023 | 01/01/2023 | | | |
| ABH of Illinois-Medicaid | 83069 | HEMOGLOBIN URINE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83065 | HEMOGLOBIN THERMOLABILE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83060 | HGB SULFHEMOGLOBIN QUAN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76499 | UNLISTED DX RADIOGRAPHIC PX | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 23540 | CLTX ACROMCLAV DISLC WO MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23500 | CLTX CLAVICULAR FX W/O MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23930 | I&D UPR A/E DP ABSC/HMTMA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24130 | EXCISION RADIAL HEAD | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64447 | NJX AA&/STRD FEMORAL NRV IMG | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64415 | NJX AA&/STRD BRCH PLXS IMG | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 96999 | UNLISTED SPEC DERM SVC/PX | MEDICINE - SPECIAL DERMATOLOGI | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 93799 | UNLISTED CV SVC/PROCEDURE | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 93567 | NJX CAR CTH SPRVLV AORTGRPHY | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 40799 | UNLISTED PROCEDURE LIPS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 99342 | HOME/RES VST NEW LOW MDM 30 | E & M - HOME SERVICES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99253 | IP/OBS CNSLTJ NEW/EST LOW 45 | E & M - CONSULTATIONS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99233 | SBSQ HOSP IP/OBS HIGH 50 | E & M - HOSPITAL INPATIENT SER | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99221 | 1ST HOSP IP/OBS SF/LOW 40 | E & M - HOSPITAL INPATIENT SER | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15851 | REMOVAL SUTR/STAPLE REQ ANES | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88399 | UNLISTED SURGICAL PATH PX | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 49659 | UNLSTD LAPS PX HRNAP HRNRPHY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 50205 | RENAL BX SURG EXPOSURE KDN | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69399 | UNLISTED PX EXTERNAL EAR | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 67999 | UNLISTED PROCEDURE EYELIDS | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 64999 | UNLISTED PX NERVOUS SYSTEM | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 76497 | UNLISTED CT PROCEDURE | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 39599 | UNLISTED PX DIAPHRAGM | SURGERY - MEDIASTINUM AND DIAP | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | G0028 | DOC MED RSN NOT SCREEN TOBACCO USE | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 27599 | UNLISTED PX FEMUR/KNEE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | C9095 | INJ TEBENTAFUSP-TEBN 1 MCG | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 07/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 95199 | UNLISTED ALL/IMMLG SVC/PX | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 33999 | UNLISTED PX CARDIAC SURGERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 25999 | UNLISTED PX FOREARM/WRIST | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 99282 | EMERGENCY DEPT VISIT SF MDM | E & M - EMERGENCY DEPARTMENT S | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99236 | HOSP IP/OBS SAME DATE HI 85 | E & M - HOSPITAL INPATIENT SER | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23605 | CLTX PRX HMRL FX MNPJ+-TRACT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47379 | UNLISTED LAPS PX LIVER | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 23680 | OPTX SHO DISLC NECK FX FIXJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23660 | OPTX ACUTE SHOULDER DISLC | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23575 | CLTX SCAP FX W/MNPJ +-TRACTJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99345 | HOME/RES VST NEW HIGH MDM 75 | E & M - HOME SERVICES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99232 | SBSQ HOSP IP/OBS MODERATE 35 | E & M - HOSPITAL INPATIENT SER | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 99222 | 1ST HOSP IP/OBS MODERATE 55 | E & M - HOSPITAL INPATIENT SER | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99305 | 1ST NF CARE MODERATE MDM 35 | E & M - NURSING FACILITY SERVI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A9277 | TRANSMITTER; EXT NONDME INTRSTL CGM | HCPCS - ADMIN MISC & INVEST | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 69714 | IMPL OI IMPLT SKULL PERQ ESP | SURGERY - AUDITORY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 24999 | UNLISTED PX HUMERUS/ELBOW | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 22865 | RMVL TOT ARTHRP 1NTRSPC LMBR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C1849 | SKIN SUBST SYNTH RESORB PER SQ CM | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 69727 | RMV NTR OI IMP SK TC ESPLT 100 | SURGERY - AUDITORY SYSTEM | NO | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 85999 | UNLISTED HEMATOLOGY&COAGJ PX | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 30999 | UNLISTED PROCEDURE NOSE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 59898 | UNLSTD LAPS PX MAT CARE&DLVR | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 24105 | EXCISION OLECRANON BURSA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29799 | UNLISTED PX CASTING/STRPG | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 24000 | ARTHRT ELBW EXPL DRG/RMVL FB | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46999 | UNLISTED PROCEDURE ANUS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 24201 | RMVL FB UPPER ARM/ELBW DEEP | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 87999 | UNLISTED MICROBIOLOGY PX | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 28899 | UNLISTED PX FOOT/TOES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 89240 | UNLISTED MISC PATH TEST | PATH & LAB - OTHER PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 83068 | HEMOGLOBIN UNSTABLE SCREEN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83050 | HGB METHEMOGLOBIN QUAN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99341 | HOME/RES VST NEW SF MDM 15 | E & M - HOME SERVICES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99310 | SBSQ NF CARE HIGH MDM 45 | E & M - NURSING FACILITY SERVI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21299 | UNLISTED CRANFCL&MAXLFCL PX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 21089 | UNLISTED MAXLFCL PROSTH PX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 83045 | HGB METHEMOGLOBIN QUAL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84999 | UNLISTED CHEMISTRY PROCEDURE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 64446 | NJX AA&/STRD SC NRV NFS IMG | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93998 | UNLISTD NONINVAS VASC DX STD | MEDICINE - NON-INVASIVE VASCUL | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 54699 | UNLISTED LAPS PX TESTIS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 77799 | UNLISTED PX CLIN BRACHYTX | RADIOLOGY - RADIATION ONCOLOGY | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 47999 | UNLISTED PX BILIARY TRACT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |

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| ABH of Illinois-Medicaid | 23675 | CLTX SHO DISLC NECK FX MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22999 | UNLISTED PX ABDOMEN MUSCSKEL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 19499 | UNLISTED PROCEDURE BREAST | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 68899 | UNLISTED PX LACRIMAL SYSTEM | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 24101 | ARTHRT ELBW JT EXPL BX RMVL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23929 | UNLISTED PROCEDURE SHOULDER | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 23515 | OPTX CLAVICULAR FX W/INT FIX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88299 | UNLISTED CYTOGENETIC STUDY | PATH & LAB - CYTOGENETIC STUDI | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 87912 | NFCT AGT GNTYP ALYS HEP B | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77499 | UNLISTED PX THER RAD TX MGMT | RADIOLOGY - RADIATION ONCOLOGY | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 99350 | HOME/RES VST EST HIGH MDM 60 | E & M - HOME SERVICES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99348 | HOME/RES VST EST LOW MDM 30 | E & M - HOME SERVICES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99242 | OFF/OP CONSLTJ NEW/EST SF 20 | E & M - CONSULTATIONS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99223 | 1ST HOSP IP/OBS HIGH 75 | E & M - HOSPITAL INPATIENT SER | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50060 | NL REMOVAL CALCULUS | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50045 | NEPHROTOMY W/EXPLORATION | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 87906 | NFCT AGT GNTYP ALYS HIV1 | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24301 | MUSC/TDN TRANSFER UPR A/E 1 | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78299 | UNLISTED GI PX DX NUC MED | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 69949 | UNLISTED PX INNER EAR | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 66999 | UNLISTED PX ANT SEGMENT EYE | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 88199 | UNLISTED CYTOPATHOLOGY PX | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 36299 | UNLISTED PX VASCULAR NJX | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 24164 | REMOVAL PROSTH RADIAL HEAD | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83080 | ASSAY OF B HEXOSAMINIDASE EA | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83033 | HEMOGLOBIN FTL F ASSAY QUAL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24341 | RPR TDN/MUSC UPR A/E EACH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24150 | RAD RESCJ TUM DSTL/SHFT HUM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24100 | ARTHRT ELBW SYNOVIAL BX ONLY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24077 | RAD RESCJ TUM TISS A/E LT 5CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24320 | TENOPLASTY ELBOW TO SHO 1 | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23585 | OPTX SCAPULAR FX W/INT FIXJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 22861 | REV RPLCM ARTHRP 1NTRSPC CRV | SURGERY - MUSCULOSKELETAL SYST | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 31599 | UNLISTED PROCEDURE LARYNX | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 78599 | UNLISTED RESP PX DX NUC MED | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 99304 | 1ST NF CARE SF/LOW MDM 25 | E & M - NURSING FACILITY SERVI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99316 | NF DSCHRG MGMT 30 MIN+ | E & M - NURSING FACILITY SERVI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99243 | OFF/OP CNSLTJ NEW/EST LOW 30 | E & M - CONSULTATIONS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 17999 | UNLISTD PX SKN MUC MEMB SUBQ | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 50130 | PYELOTOMY W/REMOVAL CALCULUS | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 48999 | UNLISTED PROCEDURE PANCREAS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 44238 | UNLISTED LAPS PX INTESTINE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 78199 | UNLSTD HEMATOP RET/ENDO LYMP | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 24300 | MNPJ ELBOW UNDER ANES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23625 | CLTX GR HMRL TBRS FX W/MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24138 | SEQUESTRECTOMY OLECRN PROCES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24136 | SEQUESTRECTOMY RADIAL H/N | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23620 | CLTX GR HMRL TBRS FX WO MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 87902 | NFCT AGT GNTYP ALYS HEP C | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31299 | UNLISTED PX ACCESSORY SINUS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 29999 | UNLISTED PX ARTHROSCOPY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 90899 | UNLISTED PSYC SVC/THERAPY | MEDICINE - PSYCHIATRY | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 60659 | UNLISTED LAPS PX ENDOC SYS | SURGERY - ENDOCRINE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 58679 | UNLISTED LAPS PX OVIDCT OVRY | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 99309 | SBSQ NF CARE MODERATE MDM 30 | E & M - NURSING FACILITY SERVI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99307 | SBSQ NF CARE SF MDM 10 | E & M - NURSING FACILITY SERVI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 97139 | UNLISTED THERAPEUTIC PX | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 99255 | IP/OBS CONSLTJ NEW/EST HI 80 | E & M - CONSULTATIONS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55559 | UNLSTD LAPS PX SPRMATIC CORD | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 69719 | RPLCM OI IMPLT SK TC ESPLT 100 | SURGERY - AUDITORY SYSTEM | NO | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 91299 | UNLISTED DX GI PROCEDURE | MEDICINE - GASTROENTEROLOGY | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 53899 | UNLISTED PX URINARY SYSTEM | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 50100 | TRNSXJ/REPOS ABRRNT RNL VSLS | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C9097 | INJ FARICIMAB-SVOA 0.1 MG | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 07/01/2022 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 96549 | UNLISTED CHEMOTHERAPY PX | MEDICINE - CHEMOTHERAPY ADMINI | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 42699 | UNLISTED PX SALIVRY GLND/DUX | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 40899 | UNLISTED PX VESTIBULE MOUTH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 76496 | UNLISTED FLUOROSCOPIC PX | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 24155 | RESECTION OF ELBOW JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24152 | RAD RESECTION TUM RADIAL H/N | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24125 | EXC/CRTG B1 CST/TUM RDS AGRF | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23802 | ARTHRD GLENOHUMERAL JT W/GRF | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23520 | CLTX STRNCLAV DISLC W/O MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D4241 | GN F PROC-1-3 CNTG TH/TT BND SPS/Q | HCPCS-DENTAL-Perio Surgical | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | 60699 | UNLISTED PX ENDOCRINE SYSTEM | SURGERY - ENDOCRINE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 99244 | OFF/OP CNSLTJ NEW/EST MOD 40 | E & M - CONSULTATIONS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76498 | UNLISTED MR PROCEDURE | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45999 | UNLISTED PROCEDURE RECTUM | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 27299 | UNLISTED PX PELVIS/HIP JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 27282 | ARTHRODESIS SYMPHYSIS PUBIS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 24331 | FLEXOR-PLASTY ELBW W/ADVMNT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24147 | PRTL EXC BONE OLECRN PROCESS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24134 | SEQUESTRECTOMY SHFT/DSTL HUM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32999 | UNLISTED PX LUNGS & PLEURA | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 59899 | UNLISTED PX MAT CARE&DLVR | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 23532 | OPTX STRCLV DSLC AQ/CHRN GRF | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0703T | REM THER MNTR OL COG BHV | CATEGORY III CODES | EXPIRED | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 24145 | PRTL EXC BONE RADIAL H/N | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24116 | EXC/CRTG B1 CST/TUM HUM ALGR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23670 | OPTX SHO DISLC FX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22858 | TOT DISC ARTHRP 2ND LVL CRV | SURGERY - MUSCULOSKELETAL SYST | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 99349 | HOME/RES VST EST MOD MDM 40 | E & M - HOME SERVICES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99235 | HOSP IP/OBS SAME DATE MOD 70 | E & M - HOSPITAL INPATIENT SER | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87910 | NFCT AGT GNTYP ALYS CMV | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64448 | NJX AA&/STRD FEM NRV NFS | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64445 | NJX AA&/STRD SCIATIC NRV IMG | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 64417 | NJX AA&/STRD AX NERVE IMG | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96379 | UNL THER/PROP/DIAG INJ/INF | MEDICINE - INJECTION | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 92499 | UNLISTED OPH SVC/PROCEDURE | MEDICINE - OPHTHALMOLOGY | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 35884 | REVJ FEM ANAST AUTOG VN GRF | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43999 | UNLISTED PROCEDURE STOMACH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 43289 | UNLISTED LAPS PX ESOPH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 76882 | US LMTD JT/FCL EVL NVASC XTR | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81099 | UNLISTED URINALYSIS PX | PATH & LAB - URINALYSIS | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 83491 | ASY HYDROXYCORTICOSTEROIDS17 | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78399 | UNLISTED MUSCSKEL PX DX NUC | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 47579 | UNLISTED LAPS PX BILIARY TRC | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 24140 | PARTIAL EXC BONE HUMERUS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24115 | EXC/CRTG B1 CST/TUM HUM AGRF | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24330 | FLEXOR-PLASTY ELBOW | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22862 | REV RPLCM RTHRP 1NTRSPC LMBR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43659 | UNLISTED LAPS PX STOMACH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |

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| ABH of Illinois-Medicaid | 93563 | NJX CGEN CAR CTH SLCTV C ANG | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93566 | NJX CAR CTH SLCTV RV/RA ANG | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93564 | NJX CGEN CAR CATH SLCTV OPAC | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21899 | UNLISTED PX NECK/THORAX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 92284 | DX DARK ADAPTATION EXAM I&R | MEDICINE - OPHTHALMOLOGY | YES | 12/01/2020 | 12/31/2078 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 55866 | LAPS SURG PRST8ECT RPBIC RAD | SURGERY - MALE GENITAL SYSTEM | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 90399 | UNLISTED IMMUNE GLOBULIN | MEDICINE - IMMUNE GLOBULINS | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 51999 | UNLISTED LAPS PX BLADDER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 50075 | NL RMVL LG STAGHORN CALCULUS | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69726 | RMV NTR OI IMPLT SKL PRQ ESP | SURGERY - AUDITORY SYSTEM | NO | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 66175 | TRLUML DIL AQ O/F CAN W/ST | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69717 | RPLCMT OI IMPLT SKL PRQ ESP | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69716 | IMPL OI IMPLT SK TC ESPLT 100 | SURGERY - AUDITORY SYSTEM | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 43499 | UNLISTED PROCEDURE ESOPHAGUS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 26989 | UNLISTED PX HANDS/FINGERS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 22856 | TOT DISC ARTHRP 1NTRSPC CRV | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 31899 | UNLISTED PX TRACHEA BRONCHI | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 24006 | ARTHRT ELBW CAPSL EXC RLS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44899 | UNLISTED PX MECKEL'S DVRTCLM | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 24305 | TENDON LNGTH UPR A/E EA TDN | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23616 | OPTX PRX HMRL FX FIX RPR RPL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83036 | HEMOGLOBIN GLYCOSYLATED A1C | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23921 | DISARTICULATION SHO SEC CLSR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23615 | OPTX PROX HUMRL FX W/INT FIX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D9110 | PALLIATIVE TX DENTAL PAIN-PER VISIT | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | 20999 | UNLISTED PX MUSCSKEL GENERAL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 99283 | EMERGENCY DEPT VISIT LOW MDM | E & M - EMERGENCY DEPARTMENT S | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93568 | NJX CAR CTH NSLC P-ART ANGRP | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99285 | EMERGENCY DEPT VISIT HI MDM | E & M - EMERGENCY DEPARTMENT S | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99239 | HOSP IP/OBS DSCHRG MGMT GT 30 | E & M - HOSPITAL INPATIENT SER | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93565 | NJX CAR CTH SLCTV LV/LA ANG | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | D0210 | INTRAORAL - COMP SERIES RAD IMAGES | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | 50065 | NL SEC SURG OPERJ CALCULUS | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27280 | ARTHR SI JT OPN B1GRF INSTRM | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 24102 | ARTHRT ELBOW W/SYNOVECTOMY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23552 | OPTX ACRCLV DSLC AQ/CHRN GRF | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78999 | UNLISTED MISC PX DX NUC MED | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 64416 | NJX AA&/STRD BRCH PL NFS IMG | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83051 | HEMOGLOBIN PLASMA | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D4355 | FM DEB ENBL COMP PDL EVAL&DX SUBS V | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | G0309 | RMVL IMP INT GS INS 180 D IMPL SNSR | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 07/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 24079 | RAD RESCJ TUM TISS A/E 5 CM+ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23920 | DISARTICULATION SHOULDER | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23650 | CLTX SHO DSLC W/MNPJ WO ANES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23600 | CLTX PROX HUMRL FX W/O MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23570 | CLTX SCAPULAR FX W/O MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 23530 | OPTX STRNCLAV DISLC AQT/CHRN | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22857 | TOT DISC ARTHRP 1NTRSPC LMBR | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 67599 | UNLISTED PROCEDURE ORBIT | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 67299 | UNLISTED PX POSTERIOR SEGMNT | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 66174 | TRLUML DIL AQ O/F CAN W/O ST | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23935 | INC DP OPN B1 CRTX HUM/ELBW | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23931 | I&D UPR A/E BURSA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50120 | PYELOTOMY W/EXPLORATION | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23665 | CLTX SHO DSLC FX GR HMRL TBR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22899 | UNLISTED PROCEDURE SPINE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | D0704 | 3-D PHOTO IMG - IMG CAPTURE ONLY | HCPCS- DENTAL-Radiographs | EXPIRED | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G9989 | DOC RSN NOT ADM PNEUMOCOCCAL VACC | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 99315 | NF DSCHRG MGMT 30 MIN/LESS | E & M - NURSING FACILITY SERVI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99254 | IP/OBS CNSLTJ NEW/EST MOD 60 | E & M - CONSULTATIONS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50125 | PYELOTOMY W/DRG PYELOSTOMY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69979 | UNLISTED PX TEMPORAL BONE | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |

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| ABH of Illinois-Medicaid | 68399 | UNLISTED PX CONJUNCTIVA | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 23900 | INTERTHORACOSCPLR AMPUTATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23525 | CLTX STRNCLAV DISLC W/MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24160 | RMVL PROSTHHUMRL&ULNAR CMPNT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23700 | MNPJ ANES SHO JT FIXJ APRATS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90749 | UNLISTED VACCINE/TOXOID | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 58578 | UNLISTED LAPS PX UTERUS | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 59897 | UNLISTED FETAL INVAS PX W/US | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 78799 | UNLISTED GU PX DX NUC MED | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 78699 | UNLISTED NRVS SYS PX DX NUC | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 22855 | REMOVAL ANTERIOR INSTRMJ | SURGERY - MUSCULOSKELETAL SYST | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0702T | REM THER MNTR OL TECH SPRT | CATEGORY III CODES | EXPIRED | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 38129 | UNLISTED LAPS PX SPLEEN | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 99284 | EMERGENCY DEPT VISIT MOD MDM | E & M - EMERGENCY DEPARTMENT S | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99344 | HOME/RES VST NEW MOD MDM 60 | E & M - HOME SERVICES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99245 | OFF/OP CONSLTJ NEW/EST HI 55 | E & M - CONSULTATIONS | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | J2777 | INJECTION FARICIMAB-SVOA 0.1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 10/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1302 | INJECTION SUTIMLIMAB-JOME 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 10/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 87593 | ORTHOPOXVIRUS AMP PRB EACH | PATH & LAB - MICROBIOLOGY | NO | 07/26/2022 | 07/26/2022 | | | |
| ABH of Illinois-Medicaid | 90611 | SMALLPOX&MONKEYPOX VAC 0.5ML | MEDICINE - VACCINES, TOXOIDS | NO | 07/26/2022 | 07/26/2022 | | | |
| ABH of Illinois-Medicaid | Q9003 | COUNSELING GROUP BY CHAPLAIN SRVC | HCPCS - TEMP CODES | NON-COV | 10/01/2020 | 10/01/2020 | | | |
| ABH of Illinois-Medicaid | Q9002 | COUNSELING INDIVIDUAL CHAPLAIN SRVC | HCPCS - TEMP CODES | NON-COV | 10/01/2020 | 10/01/2020 | | | |
| ABH of Illinois-Medicaid | Q9001 | ASSESSMENT BY CHAPLAIN SERVICES | HCPCS - TEMP CODES | NON-COV | 10/01/2020 | 10/01/2020 | | | |
| ABH of Illinois-Medicaid | C9098 | CLTACABTAGN AUTOLCL 100 M BCMA/TX D | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 07/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9093 | INJ RBZ SS RLS IVT I SUSVIMO 0.1 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9092 | INJ TAC ACT SUPRACHORDL XIPERE 1 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9090 | INJ PLASMINOGEN HUMAN-TVMH 1 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 91304 | SARSCOV2 VAC 5MCG/0.5ML IM | MEDICINE - VACCINES, TOXOIDS | NO | 05/04/2021 | 05/04/2021 | | | |
| ABH of Illinois-Medicaid | Q5119 | INJ RITUXIMAB-PVVR BIOSIMILAR 10 MG | HCPCS - TEMP CODES | YES | 06/04/2020 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | Q5115 | INJ RITUXIMAB-ABBS BIOSIMILAR 10 MG | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

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| ABH of Illinois-Medicaid | 71271 | CT THORAX LUNG CANCER SCR C- | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 01/01/2021 | 09/30/2022 | | | |
| ABH of Illinois-Medicaid | A0422 | AMB OXYGEN&O2 SPL LIFE SUSTAINING | HCPCS - TRANSPORTATION (INCL A | NON-COV | 11/20/2020 | 12/31/2021 | | Claims for non-emergency ground ambulance services must be billed directly to the IL Department of HFS | |
| ABH of Illinois-Medicaid | A0425 | GROUND MILEAGE PER STATUTE MILE | HCPCS - TRANSPORTATION (INCL A | NON-COV | 11/20/2020 | 11/20/2020 | | Claims for non-emergency ground ambulance services must be billed directly to the IL Department of HFS | |
| ABH of Illinois-Medicaid | A0433 | ADVANCED LIFE SUPPORT LEVEL 2 | HCPCS - TRANSPORTATION (INCL A | NON-COV | 11/20/2020 | 11/20/2020 | | Claims for non-emergency ground ambulance services must be billed directly to the IL Department of HFS | |
| ABH of Illinois-Medicaid | A0434 | SPECIALTY CARE TRANSPORT | HCPCS - TRANSPORTATION (INCL A | NON-COV | 11/20/2020 | 12/31/2078 | | Claims for non-emergency ground ambulance services must be billed directly to the IL Department of HFS | |
| ABH of Illinois-Medicaid | A0428 | AMB SERVICE BLS NONEMERG TRANSPORT | HCPCS - TRANSPORTATION (INCL A | NON-COV | 11/20/2020 | 12/31/2078 | | Claims for non-emergency ground ambulance services must be billed directly to the IL Department of HFS | |
| ABH of Illinois-Medicaid | A0426 | AMB SRVC ALS NONEMERG TRNSPRT LVL 1 | HCPCS - TRANSPORTATION (INCL A | NON-COV | 11/20/2020 | 12/31/2078 | | Claims for non-emergency ground ambulance services must be billed directly to the IL Department of HFS | |
| ABH of Illinois-Medicaid | J1952 | LEUPROLIDE INJECTABLE CAMCEVI, 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2022 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J2506 | INJ PEGFILGRASTIM EXC BIOSIM 0.5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2022 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9021 | INJ ASPARAGINASE RECOMBINANT 0.1 MG | HCPCS - CHEMO DRUGS | YES | 01/01/2022 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9061 | INJECTION, AMIVANTAMAB-VMJW 2 MG | HCPCS - CHEMO DRUGS | YES | 01/01/2022 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | J9272 | INJECTION, DOSTARLIMAB-GXLY 10 MG | HCPCS - CHEMO DRUGS | YES | 01/01/2022 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9349 | INJECTION TAFASITAMAB-CXIX 2 MG | HCPCS - CHEMO DRUGS | YES | 04/01/2021 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J1448 | INJECTION TRILACICLIB 1MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | Q5123 | INJ RITUXIMAB-ARRX BIOSIMILAR 10 MG | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9353 | INJECTION MARGETUXIMAB-CMKB 5 MG | HCPCS - CHEMO DRUGS | YES | 01/01/2010 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9348 | INJECTION NAXITAMAB-GQGK 1 MG | HCPCS - CHEMO DRUGS | YES | 01/01/2010 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | Q5110 | INJ FILGRASTIM-AAFI BIOSIMILR 1 MCG | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | Q5106 | INJ EPO ALFA-EPBX BIOSIMILAR 1000 U | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | Q5101 | INJ FILGRASTIM BIOSIMILAR 1 MCG | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | Q0180 | DOLASETRON MESYLATE 100 MG ORAL | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9999 | NOT OTHWISE CLASS ANTINEOPLSTC DRUG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9600 | INJECTION PORFIMER SODIUM 75 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9280 | INJECTION MITOMYCIN 5 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9218 | LEUPROLIDE ACETATE PER 1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | J9217 | LEUPROLIDE ACETATE 7.5 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9216 | INJ INTERFERON GAMMA-1B 3 MILLION U | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9209 | INJECTION MESNA 200 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J8655 | NETUPT 300 MG & PALONOST 0.5 MG ORL | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J8510 | BUSULFAN ORAL 2 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J8501 | APREPITANT ORAL 5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J8499 | PRSC RX ORAL NONCHEMOTHAPEUTIC NOS | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | J7999 | COMPOUNDED DRUG NOC | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J3590 | UNCLASSIFIED BIOLOGICS | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J3490 | UNCLASSIFIED DRUGS | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J3489 | INJECTION ZOLEDRONIC ACID 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J3315 | INJ TRIPTORELIN PAMOATE 3.75 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J2820 | INJECTION SARGRAMOSTIM 50 MCG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J2562 | INJECTION PLERIXAFOR 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | J2430 | INJ PAMIDRONATE DISODIUM PER 30 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J2354 | INJ OCTREOTDE NO-DPOT SUBQ/IV 25MCG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J2353 | INJ OCTREOTIDE DEPOT FORM IM 1MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J1950 | INJ LEUPROLIDE ACETATE PER 3.75 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J1930 | INJECTION LANREOTIDE 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J1627 | INJ GRANISETRON EXT-RLSE 0.1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J1626 | INJ GRANISETRN HYDROCHLORID 100 MCG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | J1599 | INJ IG IV NONLYOPHILIZED NOS 500 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J1568 | INJ IG OCTOGAM IV NONLYO 500MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J1566 | INJ IG IV LYPHILIZED NOS 500 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J1556 | INJ IMMUNE GLOBULIN BIVIGAM 500 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J1454 | INJ FOSNETPT 235 MG & PLNST 0.25 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J1453 | INJECTION FOSAPREPITANT 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J1442 | INJ FILGRASTIM EXCL BIOSIMLRS 1 MIC | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | J0897 | INJECTION DENOSUMAB 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J0885 | INJ EPOETIN ALFA NON-ESRD 1000 UNIT | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J0881 | INJ DARBEPOETIN ALFA 1 MCG NON-ESRD | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J0594 | INJECTION BUSULFAN 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J0202 | INJECTION ALEMTUZUMAB 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J0185 | INJECTION APREPITANT 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9317 | INJ SACITUZUMB GOVITECN-HZIY 2.5 MG | HCPCS - CHEMO DRUGS | YES | 01/01/2021 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | J9144 | INJ DARA 10 MG & HYALURONIDASE-FIHJ | HCPCS - CHEMO DRUGS | YES | 01/01/2021 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9316 | INJ PER TMAB & HYAL-ZZXF PER 10 MG | HCPCS - CHEMO DRUGS | YES | 01/01/2021 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9281 | MITOMYCN PYELOCALYCEAL INSTILL 1 MG | HCPCS - CHEMO DRUGS | YES | 01/01/2021 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9223 | INJECTION LURBINECTEDIN 0.1 MG | HCPCS - CHEMO DRUGS | YES | 01/01/2021 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | S0088 | IMATINIB 100 MG | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | Q5107 | INJ BEVACIZUMAB-AWWB BIOSIMLR 10 MG | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | Q2050 | INJ DOXORUBICIN HCL LIPO NOS 10 MG | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | J9400 | INJECTION ZIV-AFLIBERCEPT 1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9395 | INJECTION FULVESTRANT 25 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9390 | INJ VINORELBINE TARTRATE 10 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9370 | VINCRISTINE SULFATE 1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9360 | INJECTION VINBLASTINE SULFATE 1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9357 | INJ VALRUBICIN INTRAVESICAL 200 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9356 | INJ TRA 10 MG & HYALURONIDASE-OYSK | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | J9355 | INJ TRASTUZUMAB EXCLD BIOSIM 10 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9354 | INJ ADO-TRASTUZUMAB EMTANSINE 1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9352 | INJECTION TRABECTEDIN 0.1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9351 | INJECTION TOPOTECAN 0.1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9330 | INJECTION TEMSIROLIMUS 1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9328 | INJECTION TEMOZOLOMIDE 1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9325 | INJ T-VEC PER 1 M PLAQUE FORM UNITS | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | J9320 | INJECTION STREPTOZOCIN 1 G | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9313 | INJ MOXTUMOMB PASUDOTX-TDFK 0.01 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9312 | INJECTION RITUXIMAB 10 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9311 | INJ RITUXIMAB 10 MG & HYALURONIDASE | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9308 | INJECTION RAMUCIRUMAB 5 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9307 | INJECTION PRALATREXATE 1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9306 | INJECTION PERTUZUMAB 1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | J9305 | INJECTION PEMETREXED NOS10 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9303 | INJECTION PANITUMUMAB 10 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9302 | INJECTION OFATUMUMAB 10 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9301 | INJECTION OBINUTUZUMAB 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9299 | INJECTION NIVOLUMAB 1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9295 | INJECTION NECITUMUMAB 1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9293 | INJECTION MITOXANTRONE HCL PER 5 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | J9271 | INJECTION PEMBROLIZUMAB 1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9269 | INJECTION TAGRAXOFUSP-ERZS 10 MCG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9268 | INJECTION PENTOSTATIN 10 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9267 | INJECTION PACLITAXEL 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9266 | INJ PEGASPARGASE SINGLE DOSE VIAL | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9264 | INJ PACLITAXEL PROTBND PARTICL 1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9263 | INJECTION OXALIPLATIN 0.5 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | J9262 | INJ OMACETAXINE MEPESUCCINAT .01 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9261 | INJECTION NELARABINE 50 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9245 | INJECTION MELPHALAN HCL NOS 50 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9229 | INJECT INOTUZUMAB OZOGAMICIN 0.1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9228 | INJECTION IPILIMUMAB 1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9215 | INJ INTERFERON ALFA-N3 250,000 IU | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9211 | INJECTION IDARUBICIN HCL 5 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | J9208 | INJECTION IFOSFAMIDE 1 G | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9207 | INJECTION IXABEPILONE 1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9206 | INJECTION IRINOTECAN 20 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9205 | INJECTION IRINOTECAN LIPOSOME 1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9204 | INJECTION MOGAMULIZUMAB-KPKC 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9203 | INJ GEMTUZUMAB OZOGAMICIN 0.1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9202 | GOSERELIN ACETATE IMPLANT 3.6 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | J9201 | INJ GEMCITABINE HCL NOS 200 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9200 | INJECTION FLOXURIDINE 500 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9190 | INJECTION FLUOROURACIL 500 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9185 | INJ FLUDARABINE PHOSPHATE 50 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9181 | INJECTION ETOPOSIDE 10 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9179 | INJECTION ERIBULIN MESYLATE 0.1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9178 | INJECTION EPIRUBICIN HCL 2 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | J9176 | INJECTION ELOTUZUMAB 1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9173 | INJECTION DURVALUMAB 10 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9171 | INJECTION DOCETAXEL 1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9155 | INJECTION DEGARELIX 1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9153 | INJ LIPOSOMAL 1 MG DNR & 2.27 MG CA | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9150 | INJECTION DAUNORUBICIN 10 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9145 | INJECTION DARATUMUMAB 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | J9130 | DACARBAZINE 100 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9120 | INJECTION DACTINOMYCIN 0.5 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9119 | INJECTION CEMIPLIMAB-RWLC 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9100 | INJECTION CYTARABINE 100 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9065 | INJECTION CLADRIBINE PER 1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9060 | INJ CISPLATIN POWDER/SOLUTION 10 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9057 | INJECTION COPANLISIB 1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | J9055 | INJECTION CETUXIMAB 10 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9050 | INJECTION CARMUSTINE 100 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9047 | INJECTION CARFILZOMIB 1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9045 | INJECTION CARBOPLATIN 50 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9043 | INJECTION CABAZITAXEL 1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9042 | INJECTION BRENTUXIMAB VEDOTIN 1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9041 | INJECTION BORTEZOMIB 0.1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | J9040 | INJECTION BLEOMYCIN SULFATE 15 UNIT | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9039 | INJECTION BLINATUMOMAB 1 MICROGRAM | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9036 | INJ BENDAMUSTINE HYDROCHLORIDE 1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9035 | INJECTION BEVACIZUMAB 10 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9034 | INJ BENDAMUSTINE HCL BENDEKA 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9032 | INJECTION BELINOSTAT 10 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9030 | BCG LIVE INTRAVESICAL INSTL 1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | J9027 | INJECTION CLOFARABINE 1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9025 | INJECTION AZACITIDINE 1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9023 | INJECTION AVELUMAB 10 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9022 | INJECTION ATEZOLIZUMAB 10 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9017 | INJECTION ARSENIC TRIOXIDE 1 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9000 | INJECTION DOXORUBICIN HCL 10 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J8999 | PRSC DRUG ORAL CHEMOTHAPEUTIC NOS | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | J8705 | TOPOTECAN ORAL 0.25 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J8700 | TEMOZOLOMIDE ORAL 5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J8610 | METHOTREXATE ORAL 2.5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J8600 | MELPHALAN ORAL 2 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J8565 | GEFITINIB ORAL 250 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J8560 | ETOPOSIDE ORAL 50 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J8530 | CYCLOPHOSHAMIDE ORAL 25 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | J7504 | LYMPHCYT GLOB EQUINE PARNTRAL 250MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J2860 | INJECTION SILTUXIMAB 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J2783 | INJECTION RASBURICASE 0.5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J1447 | INJECTION TBO-FILGRASTIM 1 MICROG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J0894 | INJECTION DECITABINE 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J0642 | INJECTION LEVOLEUCOVORIN 0.5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J0641 | INJECTION LEVOLEUCOVORIN NOS 0.5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | J0640 | INJ LEUCOVORIN CALCIUM PER 50 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | A9606 | RADIUM RA-223 DICHLORIDE TX PER UCI | HCPCS - Radiopharmaceuticals & | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | A9543 | Y-90 IBRITUMOMB TIUXTN TX TO 40 MCI | HCPCS - ADMIN MISC & INVEST | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | A9513 | LUTETIUM LU 177 DOTATATE THER 1 MCI | HCPCS - ADMIN MISC & INVEST | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | Q5105 | INJ EPO ALFA-EPBX BIOSIMILAR 100 U | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | Q4081 | INJ EPOETIN ALFA 100 UNITS | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9226 | HISTRELIN IMPL SUPPRELIN LA 50 MG | HCPCS - CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | J9118 | INJECT CALASPARGASE PEGOL-MKNL 10 U | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J0882 | INJ DARBEPOETIN ALFA 1 MCG FOR ESRD | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | A9564 | CHROMIC PHOSHATE P-32 SUSP TX MCI | HCPCS - ADMIN MISC & INVEST | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | A9563 | SODIUM PHOSHATE P-32 TX PER MCI | HCPCS - ADMIN MISC & INVEST | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | A9527 | IODINE I-125 NA IODIDE SOL TX MCI | HCPCS - ADMIN MISC & INVEST | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 77789 | APPLY SURF LDR RADIONUCLIDE | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 77778 | APPLY INTERSTIT RADIAT COMPL | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 77763 | APPLY INTRCAV RADIAT COMPL | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 77762 | APPLY INTRCAV RADIAT INTERM | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 77761 | APPLY INTRCAV RADIAT SIMPLE | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 77750 | INFUSE RADIOACTIVE MATERIALS | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 77525 | PROTON TREATMENT COMPLEX | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 77523 | PROTON TRMT INTERMEDIATE | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 77522 | PROTON TRMT SIMPLE W/COMP | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 77520 | PROTON TRMT SIMPLE W/O COMP | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 77425 | IO RAD TX DELIVER BY ELCTRNS | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 77424 | IO RAD TX DELIVERY BY X-RAY | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 77423 | NEUTRON BEAM TX COMPLEX | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 77372 | SRS LINEAR BASED | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 77371 | SRS MULTISOURCE | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J3262 | INJECTION TOCILIZUMAB 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

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| ABH of Illinois-Medicaid | J3243 | INJECTION TIGECYCLINE 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J0300 | INJECTION AMOBARBITAL UP TO 125 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 77771 | HDR RDNCL NTRSTL/ICAV BRCHTX | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 77772 | HDR RDNCL NTRSTL/ICAV BRCHTX | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 77770 | HDR RDNCL NTRSTL/ICAV BRCHTX | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 77768 | HDR RDNCL SKN SURF BRACHYTX | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | 77767 | HDR RDNCL SKN SURF BRACHYTX | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |

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| ABH of Illinois-Medicaid | J9273 | INJ TISOTUMAB VEDOTIN-TFTV 1 MG | HCPCS - CHEMO DRUGS | YES | 01/01/2010 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J9359 | INJ LNCSTUXMB TESIRIN-LPYL 0.075 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | Q5117 | INJ TRASTUZUMAB-ANNS BIOSIMLR 10 MG | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | carve out | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | Q5118 | INJ BEVACIZUMAB-BVZR BIOSIMLR 10 MG | HCPCS - TEMP CODES | YES | 10/12/2021 | 12/31/2078 | | | For oncology prior auth requests, contact NantHealth: https://connect.eviti.com or 1-888-482-8057. This will expedite clinical review for chemo, radiation therapy or oncology medications. For non-cancer requests, follow the Aetna Prior Auth process. |
| ABH of Illinois-Medicaid | J1951 | INJ LEU AC FOR DEP SUSP 0.25 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7168 | PRT CMPLX CONC KCNTRA PR IU FIX ACT | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0224 | INJECTION LUMASIRAN 0.5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9319 | INJECT ROMIDEPSIN LYOPHILIZED 0.1MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2406 | INJECTION ORITAVANCIN KIMYRSA 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0699 | INJECTION CEFIDEROCOL 10 MG | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0741 | INJ CABOTEGRAVIR&RILPIVIRINE 2M/3MG | HCPCS - C CODES - OUTPATIENT PP | YES | 01/01/2010 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | J9318 | INJ ROMIDEPSIN NONLYOPHILIZED 0.1MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1305 | INJECTION EVINACUMAB-DGNB 5MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1426 | INJECTION CASIMERSEN 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 86037 | ANCA TITER EACH ANTIBODY | PATH & LAB - IMMUNOLOGY | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 86596 | VOLTAGE-GTD CA CHNL ANTB EA | PATH & LAB - IMMUNOLOGY | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 86036 | ANCA SCREEN EACH ANTIBODY | PATH & LAB - IMMUNOLOGY | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 86258 | DGP ANTIBODY EACH IG CLASS | PATH & LAB - IMMUNOLOGY | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64628 | TRML DSTRJ IOS BVN 1ST 2 L/S | SURGERY - NERVOUS SYSTEM | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 83521 | IG LIGHT CHAINS FREE EACH | PATH & LAB - CHEMISTRY | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 86364 | TISS TRNSGLTMNASE EA IG CLAS | PATH & LAB - IMMUNOLOGY | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81523 | ONC BRST MRNA 70 CNT 31 GENE | PATH & LAB-MULTIANALYTE ASSAYS | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 66989 | XCPSL CTRC RMVL CPLX INSJ 1+ | SURGERY - NERVOUS SYSTEM | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 83529 | ASAY OF INTERLEUKIN-6 (IL-6) | PATH & LAB - CHEMISTRY | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 86381 | MITOCHONDRIAL ANTIBODY EACH | PATH & LAB - IMMUNOLOGY | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 68841 | INSJ RX ELUT IMPLT LAC CANAL | SURGERY - EYE AND OCULAR ADNEX | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64582 | OPN MPLTJ HPGLSL NSTM ARY PG | SURGERY - NERVOUS SYSTEM | YES | 01/01/2010 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 66991 | XCAPSL CTRC RMVL INSJ 1+ | SURGERY - EYE AND OCULAR ADNEX | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 91113 | GI TRC IMG INTRAL COLON I&R | MEDICINE - GASTROENTEROLOGY | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 43497 | TRANSORL LWR ESOPHGL MYOTOMY | SURGERY - DIGESTIVE SYSTEM | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64583 | REV/RPLCT HPGLSL NSTM ARY PG | SURGERY - NERVOUS SYSTEM | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 42975 | DISE EVAL SLP DO BRTH FLX DX | SURGERY - DIGESTIVE SYSTEM | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 86231 | EMA EACH IG CLASS | PATH & LAB - IMMUNOLOGY | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0879 | INJ DIFELIKEFALIN 0.1 MICROGRAM | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0219 | INJ AVALGLUCOSIDASE ALFA-NGPT 4 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0491 | INJECTION ANIFROLUMAB-FNIA 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5124 | INJ RBZ-NUNA BIOSIM BYOOVIZ 0.1 MG | HCPCS - TEMP CODES | YES | 01/01/2010 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A0100 | NONEMERGENCY TRANSPORTATION; TAXI | HCPCS - TRANSPORTATION (INCL A | YES | 11/20/2020 | 12/31/2078 | | | Please contact ModivCare Solutions LLC for prior authorization of these services at HP Member services 1- 866-329-4701 |
| ABH of Illinois-Medicaid | 52649 | PROSTATE LASER ENUCLEATION | SURGERY - URINARY SYSTEM | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 54405 | INSERT MULTI-COMP PENIS PROS | SURGERY - MALE GENITAL SYSTEM | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 54401 | INSERT SELF-CONTD PROSTHESIS | SURGERY - MALE GENITAL SYSTEM | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 11970 | RPLCMT TISS XPNDR PERM IMPLT | SURGERY - INTEGUMENTARY SYSTEM | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4116 | ALLODERM PER SQ CM | HCPCS - TEMP CODES | YES | 08/01/2022 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | Q4105 | INTGRA DRT/OMNIGR DERM RGN MTX P SC | HCPCS - TEMP CODES | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4104 | INTEGRA BMWD PER SQ CM | HCPCS - TEMP CODES | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 27437 | REVISE KNEECAP | SURGERY - MUSCULOSKELETAL SYST | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 27330 | BIOPSY KNEE JOINT LINING | SURGERY - MUSCULOSKELETAL SYST | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 69637 | REBUILD EARDRUM STRUCTURES | SURGERY - AUDITORY SYSTEM | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 69636 | REBUILD EARDRUM STRUCTURES | SURGERY - AUDITORY SYSTEM | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 69633 | REBUILD EARDRUM STRUCTURES | SURGERY - AUDITORY SYSTEM | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21230 | RIB CARTILAGE GRAFT | SURGERY - MUSCULOSKELETAL SYST | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21235 | EAR CARTILAGE GRAFT | SURGERY - MUSCULOSKELETAL SYST | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63053 | LAM FACTC/FRMT ARTHRD LUM EA | SURGERY - NERVOUS SYSTEM | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63052 | LAM FACETC/FRMT ARTHRD LUM 1 | SURGERY - NERVOUS SYSTEM | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63012 | REMOVE LAMINA/FACETS LUMBAR | SURGERY - NERVOUS SYSTEM | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 38220 | DX BONE MARROW ASPIRATIONS | SURGERY - HEMIC AND LYMPHATIC | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22852 | REMOVE SPINE FIXATION DEVICE | SURGERY - MUSCULOSKELETAL SYST | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22850 | REMOVE SPINE FIXATION DEVICE | SURGERY - MUSCULOSKELETAL SYST | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22848 | INSERT PELV FIXATION DEVICE | SURGERY - MUSCULOSKELETAL SYST | YES | 08/01/2022 | 12/31/2078 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 22847 | INSERT SPINE FIXATION DEVICE | SURGERY - MUSCULOSKELETAL SYST | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22846 | INSERT SPINE FIXATION DEVICE | SURGERY - MUSCULOSKELETAL SYST | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22845 | INSERT SPINE FIXATION DEVICE | SURGERY - MUSCULOSKELETAL SYST | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22844 | INSERT SPINE FIXATION DEVICE | SURGERY - MUSCULOSKELETAL SYST | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22843 | INSERT SPINE FIXATION DEVICE | SURGERY - MUSCULOSKELETAL SYST | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22842 | INSERT SPINE FIXATION DEVICE | SURGERY - MUSCULOSKELETAL SYST | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22841 | INSERT SPINE FIXATION DEVICE | SURGERY - MUSCULOSKELETAL SYST | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22840 | INSERT SPINE FIXATION DEVICE | SURGERY - MUSCULOSKELETAL SYST | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22325 | TREAT SPINE FRACTURE | SURGERY - MUSCULOSKELETAL SYST | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22214 | INCIS 1 VERTEBRAL SEG LUMBAR | SURGERY - MUSCULOSKELETAL SYST | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22010 | I&D P-SPINE C/T/CERV-THOR | SURGERY - MUSCULOSKELETAL SYST | YES | 08/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A0130 | NONEMERG TRNSPRT: WHEELCHAIR VAN | HCPCS - TRANSPORTATION (INCL A | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact ModivCare Solutions LLC for prior authorization of these services at HP Member services 1- 866-329-4701 |
| ABH of Illinois-Medicaid | A0120 | NONEMERG TRNSPRT: MINI-BUS MTN/OTH | HCPCS - TRANSPORTATION (INCL A | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact ModivCare Solutions LLC for prior authorization of these services at HP Member services 1- 866-329-4701 |
| ABH of Illinois-Medicaid | J2779 | INJ RBZ VIA IVT I SUSVIMO 0.1 MG | HCPCS-DRUGS (NOT ORAL) | YES | 07/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2998 | INJECT PLASMINOGEN HUMAN-TVMH 1 MG | HCPCS-DRUGS (NOT ORAL) | YES | 07/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J3299 | INJ TRIAMCINOLONE ACT XIPERE 1 MG | HCPCS-DRUGS (NOT ORAL) | YES | 07/01/2022 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | J1551 | INJ IMMUNE GLOBULIN CUTAQUIG 100 MG | HCPCS-DRUGS (NOT ORAL) | YES | 07/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2356 | INJECTION TEZEPELUMAB-EKKO 1 MG | HCPCS-DRUGS (NOT ORAL) | YES | 07/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9332 | INJ EFGARTIGIMOD ALFA-FCAB 2MG | HCPCS-DRUGS (NOT ORAL) | YES | 07/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G0211 | PET IMAGING WHOLE BODY; INITIAL STAGING; LUNG CANCER; NON-SM | HCPCS - PROC/PROF SERVICES (TE | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | J1306 | INJECTION INCLISIRAN 1 MG | HCPCS-DRUGS (NOT ORAL) | YES | 07/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9087 | INJ CYCLOPHOSPHAMIDE AUROMEDC 10 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9086 | INJECTION ANIFROLUMAB-FNIA 1 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9085 | INJ AVALGLUCOSIDASE ALFA-NGPT 4 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 90739 | HEPB VACC 2/4 DOSE ADULT IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0016M | ONC BLADDER MRNA 219 GEN ALG | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | V5282 | ALD PERS FM/DM SYS BINAURL ANY TYPE | HCPCS - HEARING SERVICES | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | V5267 | HA/ALD/SUPP/ACCESS NOT O/W SPEC | HCPCS - HEARING SERVICES | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | V2520 | CNTC LENS HYDROPHIL SPHERICAL LENS | HCPCS - VISION SERVICES | NO | 05/01/2022 | 05/31/2022 | carve out | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | T2029 | SPECIALIZED MEDICAL EQP NOS WAIVER | HCPCS - STATE MEDICAID AGENCY | NON-COV | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | L8694 | AUD OI DVC TRNSDUCR/ACTUATR REPL EA | HCPCS - PROSTHETIC PROCED | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | K0056 | SEAT HTLT 17/EQU GT 21 IN LTWT/ULTRLT WC | HCPCS - K CODES -DMERCS ONLY | NO | 05/01/2022 | 05/31/2022 | | | |

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| ABH of Illinois-Medicaid | K0051 | CAM RLS ASSM FTRST/LGRST RPL ONLY E | HCPCS - K CODES -DMERCS ONLY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | K0044 | FOOTREST UPR HGR BRKT REPL ONLY EA | HCPCS - K CODES -DMERCS ONLY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | K0041 | LARGE SIZE FOOTPLATE EACH | HCPCS - K CODES -DMERCS ONLY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | K0039 | LEG STRAP H STYLE EACH | HCPCS - K CODES -DMERCS ONLY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | K0018 | DTACH ADJ HT ARMRST UP PRTN REPL EA | HCPCS - K CODES -DMERCS ONLY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | E8002 | GAIT TRAINER PED SZ ANT SUPP | HCPCS - DME | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | E2606 | PSTN WC SEAT CSHN WDTH 22IN/GT DPTH | HCPCS - DME | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | E2378 | POWER WC CMPNT ACTUATOR REPL ONLY | HCPCS - DME | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | E2375 | PWR WC NONEXPANDBLE CONTROLLER REPL | HCPCS - DME | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | E2373 | PWR WC MINI COMPACT REMOTE JOYSTICK | HCPCS - DME | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | E2100 | BLD GLU MON INTEGRT VOICE SYNTHESZR | HCPCS - DME | NON-COV | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | E1240 | LGHTWT WHLCHAIR; DTACH ARMS LEGRSTS | HCPCS - DME | NON-COV | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | E1222 | WHEELCHAIR W/FIX ARM ELEV LEGRESTS | HCPCS - DME | NON-COV | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | E1160 | WHLCHAIR; FIX ARMS DTACHBL LEGRESTS | HCPCS - DME | NON-COV | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | E1130 | STD WHLCHAIR; FIX ARM DTACH FOOTRST | HCPCS - DME | NON-COV | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | E0982 | WC ACSS BACK UPHLSTER REPL ONLY EA | HCPCS - DME | NO | 05/01/2022 | 05/31/2022 | | | |

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| ABH of Illinois-Medicaid | E0959 | MNL WC ACCSS ADAPTER FOR AMPUTEE EA | HCPCS - DME | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | E0656 | SEG PNEUMAT APPLINC W/COMPRS TRUNK | HCPCS - DME | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | E0642 | STAND FRAME/TABLE SYS MOBILE ANY SZ | HCPCS - DME | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | E0480 | PERCUSSOR ELEC/PNEUMAT HOME MODEL | HCPCS - DME | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | E0316 | SFTY ENCLOS FRME/CANOPY W/HOSP BED | HCPCS - DME | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | A8003 | HELMET PROTECTIVE HARD CUSTOM FAB | HCPCS - MED-SURG SUPPLIES | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 0075T | PERQ STENT/CHEST VERT ART | CATEGORY III CODES | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 93355 | ECHO TRANSESOPHAGEAL (TEE) | MEDICINE - CARDIOVASCULAR | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 90876 | PSYCHOPHYSIOLOGICAL THERAPY | MEDICINE - PSYCHIATRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 88377 | M/PHMTRC ALYS ISHQUANT/SEMIQ | PATH & LAB - IMMUNOLOGY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 88291 | CYTO/MOLECULAR REPORT | PATH & LAB - CYTOGENETIC STUDI | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 88289 | CHROMOSOME STUDY ADDITIONAL | PATH & LAB - CYTOGENETIC STUDI | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 88285 | CHROMOSOME COUNT ADDITIONAL | PATH & LAB - CYTOGENETIC STUDI | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 88280 | CHROMOSOME KARYOTYPE STUDY | PATH & LAB - CYTOGENETIC STUDI | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 88275 | CYTOGENETICS 100-300 | PATH & LAB - CYTOGENETIC STUDI | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 88274 | CYTOGENETICS 25-99 | PATH & LAB - CYTOGENETIC STUDI | NO | 05/01/2022 | 05/31/2022 | | | |

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| ABH of Illinois-Medicaid | 88273 | CYTOGENETICS 10-30 | PATH & LAB - CYTOGENETIC STUDI | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 88271 | CYTOGENETICS DNA PROBE | PATH & LAB - CYTOGENETIC STUDI | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 88269 | CHROMOSOME ANALYS AMNIOTIC | PATH & LAB - CYTOGENETIC STUDI | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 88262 | CHROMOSOME ANALYSIS 15-20 | PATH & LAB - CYTOGENETIC STUDI | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 87634 | RSV DNA/RNA AMP PROBE | PATH & LAB - MICROBIOLOGY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 87507 | IADNA-DNA/RNA PROBE TQ 12-25 | PATH & LAB - MICROBIOLOGY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 86794 | ZIKA VIRUS IGM ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81596 | NFCT DS CHRNC HCV 6 ASSAYS | PATH & LAB - MICROBIOLOGY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81541 | ONC PROSTATE MRNA 46 GENES | PATH & LAB - MICROBIOLOGY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81471 | X-LINKED INTELLECTUAL DBLT | PATH & LAB - CYTOGENETIC STUDI | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81470 | X-LINKED INTELLECTUAL DBLT | PATH & LAB - MICROBIOLOGY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81465 | WHOLE MITOCHONDRIAL GENOME | PATH & LAB - MICROBIOLOGY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81460 | WHOLE MITOCHONDRIAL GENOME | PATH & LAB - MICROBIOLOGY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81443 | GENETIC TSTG SEVERE INH COND | PATH & LAB - MICROBIOLOGY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81440 | MITOCHONDRIAL GENE | PATH & LAB - MICROBIOLOGY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81430 | HEARING LOSS SEQUENCE ANALYS | PATH & LAB - MICROBIOLOGY | NO | 05/01/2022 | 05/31/2022 | | | |

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| ABH of Illinois-Medicaid | 81411 | AORTIC DYSFUNCTION/DILATION | PATH & LAB - MICROBIOLOGY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81410 | AORTIC DYSFUNCTION/DILATION | PATH & LAB - MICROBIOLOGY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81408 | MOPATH PROCEDURE LEVEL 9 | PATH & LAB - MICROBIOLOGY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81407 | MOPATH PROCEDURE LEVEL 8 | PATH & LAB - MICROBIOLOGY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81406 | MOPATH PROCEDURE LEVEL 7 | PATH & LAB - MICROBIOLOGY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81405 | MOPATH PROCEDURE LEVEL 6 | PATH & LAB - MICROBIOLOGY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81404 | MOPATH PROCEDURE LEVEL 5 | PATH & LAB - MICROBIOLOGY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81401 | MOPATH PROCEDURE LEVEL 2 | PATH & LAB - MICROBIOLOGY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81400 | MOPATH PROCEDURE LEVEL 1 | PATH & LAB - MICROBIOLOGY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81364 | HBB FULL GENE SEQUENCE | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81361 | HBB GENE COM VARIANTS | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81355 | VKORC1 GENE | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81350 | UGT1A1 GENE COMMON VARIANTS | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81342 | TRG GENE REARRANGEMENT ANAL | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81340 | TRB GENE REARRANGE AMPLIFY | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81335 | TPMT GENE COM VARIANTS | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |

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| ABH of Illinois-Medicaid | 81332 | SERPINA1 GENE | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81331 | SNRPN/UBE3A GENE | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81330 | SMPD1 GENE COMMON VARIANTS | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81329 | SMN1 GENE DOS/DELETION ALYS | PATH & LAB - CYTOGENETIC STUDI | NO | 05/01/2022 | 05/31/2022 | | Once per lifetime benefit. | |
| ABH of Illinois-Medicaid | 81328 | SLCO1B1 GENE COM VARIANTS | PATH & LAB - CYTOGENETIC STUDI | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81323 | PTEN GENE DUP/DELET VARIANT | PATH & LAB - CYTOGENETIC STUDI | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81321 | PTEN GENE FULL SEQUENCE | PATH & LAB - CYTOGENETIC STUDI | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81319 | PMS2 GENE DUP/DELET VARIANTS | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81317 | PMS2 GENE FULL SEQ ANALYSIS | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81314 | PDGFRA GENE | PATH & LAB - MICROBIOLOGY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81311 | NRAS GENE VARIANTS EXON 2&3 | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81304 | MECP2 GENE DUP/DELET VARIANT | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81302 | MECP2 GENE FULL SEQ | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81301 | MICROSATELLITE INSTABILITY | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81300 | MSH6 GENE DUP/DELETE VARIANT | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81298 | MSH6 GENE FULL SEQ | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |

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| ABH of Illinois-Medicaid | 81297 | MSH2 GENE DUP/DELETE VARIANT | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81295 | MSH2 GENE FULL SEQ | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81294 | MLH1 GENE DUP/DELETE VARIANT | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81293 | MLH1 GENE KNOWN VARIANTS | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81292 | MLH1 GENE FULL SEQ | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81291 | MTHFR GENE | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81290 | MCOLN1 GENE | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81288 | MLH1 GENE | PATH & LAB - MICROBIOLOGY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81283 | IFNL3 GENE | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81276 | KRAS GENE ADDL VARIANTS | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81275 | KRAS GENE VARIANTS EXON 2 | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81272 | KIT GENE TARGETED SEQ ANALYS | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81270 | JAK2 GENE | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81269 | HBA1/HBA2 GENE DUP/DEL VRNTS | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81267 | CHIMERISM ANAL NO CELL SELEC | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81265 | STR MARKERS SPECIMEN ANAL | PATH & LAB - MICROBIOLOGY | NO | 05/01/2022 | 05/31/2022 | | | |

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| ABH of Illinois-Medicaid | 81260 | IKBKAP GENE | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81259 | HBA1/HBA2 FULL GENE SEQUENCE | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81257 | HBA1/HBA2 GENE | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81256 | HFE GENE | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81255 | HEXA GENE | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81252 | GJB2 GENE FULL SEQUENCE | PATH & LAB - CYTOGENETIC STUDI | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81251 | GBA GENE | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81245 | FLT3 GENE | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81242 | FANCC GENE | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81241 | F5 GENE | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81240 | F2 GENE | PATH & LAB - MICROBIOLOGY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81236 | EZH2 GENE FULL GENE SEQUENCE | PATH & LAB - CYTOGENETIC STUDI | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81235 | EGFR GENE COM VARIANTS | PATH & LAB - CYTOGENETIC STUDI | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81234 | DMPK GENE DETC ABNOR ALLELE | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81232 | DPYD GENE COMMON VARIANTS | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81231 | CYP3A5 GENE COMMON VARIANTS | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |

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| ABH of Illinois-Medicaid | 81230 | CYP3A4 GENE COMMON VARIANTS | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81229 | CYTOG ALYS CHRML ABNR SNPCGH | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81227 | CYP2C9 GENE COM VARIANTS | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81226 | CYP2D6 GENE COM VARIANTS | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81225 | CYP2C19 GENE COM VARIANTS | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81223 | CFTR GENE FULL SEQUENCE | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81219 | CALR GENE COM VARIANTS | PATH & LAB - CHEMISTRY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81203 | APC GENE DUP/DELET VARIANTS | PATH & LAB - CYTOGENETIC STUDI | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81202 | APC GENE KNOWN FAM VARIANTS | PATH & LAB - CYTOGENETIC STUDI | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81201 | APC GENE FULL SEQUENCE | PATH & LAB - CYTOGENETIC STUDI | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81189 | CSTB GENE FULL GENE SEQUENCE | PATH & LAB - CYTOGENETIC STUDI | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81173 | AR GENE FULL GENE SEQUENCE | PATH & LAB - CYTOGENETIC STUDI | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81170 | ABL1 GENE | PATH & LAB - CYTOGENETIC STUDI | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81161 | DMD DUP/DELET ANALYSIS | PATH & LAB - CYTOGENETIC STUDI | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81121 | IDH2 COMMON VARIANTS | PATH & LAB - CYTOGENETIC STUDI | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 81120 | IDH1 COMMON VARIANTS | PATH & LAB - CYTOGENETIC STUDI | NO | 05/01/2022 | 05/31/2022 | | | |

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| ABH of Illinois-Medicaid | 77318 | BRACHYTX ISODOSE COMPLEX | RADIOLOGY - RADIATION ONCOLOGY | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 67916 | REPAIR EYELID DEFECT | SURGERY - EYE AND OCULAR ADNEX | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 67911 | REVISE EYELID DEFECT | SURGERY - EYE AND OCULAR ADNEX | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 65782 | OCULAR RECONST TRANSPLANT | SURGERY - EYE AND OCULAR ADNEX | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 65780 | OCULAR RECONST TRANSPLANT | SURGERY - EYE AND OCULAR ADNEX | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 65779 | COVER EYE W/MEMBRANE SUTURE | SURGERY - EYE AND OCULAR ADNEX | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 65756 | CORNEAL TRNSPL ENDOTHELIAL | SURGERY - EYE AND OCULAR ADNEX | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 65730 | CORNEAL TRANSPLANT | SURGERY - EYE AND OCULAR ADNEX | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 65710 | CORNEAL TRANSPLANT | SURGERY - EYE AND OCULAR ADNEX | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 41830 | REMOVAL OF GUM TISSUE | SURGERY - DIGESTIVE SYSTEM | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 41828 | EXCISION OF GUM LESION | SURGERY - DIGESTIVE SYSTEM | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 41826 | EXCISION OF GUM LESION | SURGERY - DIGESTIVE SYSTEM | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 41825 | EXCISION OF GUM LESION | SURGERY - DIGESTIVE SYSTEM | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 41823 | EXCISION OF GUM LESION | SURGERY - DIGESTIVE SYSTEM | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 36516 | APHERESIS IMMUNOADS SLCTV | SURGERY - CARDIOVASCULAR SYSTE | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 33274 | TCAT INSJ/RPL PERM LDLS PM | SURGERY - CARDIOVASCULAR | NO | 05/01/2022 | 05/31/2022 | | | |

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| ABH of Illinois-Medicaid | 33270 | INS/REP SUBQ DEFIBRILLATOR | SURGERY - CARDIOVASCULAR SYSTE | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 21743 | REPAIR STERNUM/NUSS W/SCOPE | SURGERY - MUSCULOSKELETAL SYST | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 21740 | RECONSTRUCTION OF STERNUM | SURGERY - MUSCULOSKELETAL SYST | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | 10010 | FNA BX W/CT GDN EA ADDL | SURGERY - INTEGUMENTARY SYSTEM | NO | 05/01/2022 | 05/31/2022 | | | |
| ABH of Illinois-Medicaid | Q5116 | INJ TRASTUZUMAB-QYYP BIOSIMLR 10 MG | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | M1145 | MFN MODEL DRUG ADD-ON AMNT PER DOSE | HCPCS - MEDICAL SERVICES | EXPIRED | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | 37183 | REVISION TIPS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87913 | NFCT AGT GNTYP ALYS SARSCOV2 | PATH & LAB-CHEMISTRY | NO | 02/21/2022 | 02/21/2022 | | | |
| ABH of Illinois-Medicaid | 90759 | HEP B VAC 3AG 10MCG 3 DOS IM | MEDICINE - VACCINES, TOXOIDS | NO | 03/08/2022 | 03/08/2022 | | | |
| ABH of Illinois-Medicaid | 74176 | CT ABD & PELVIS W/O CONTRAST | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 74712 | MRI FETAL SNGL/1ST GESTATION | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 74713 | MRI FETAL EA ADDL GESTATION | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 76376 | 3D RENDER W/INTRP POSTPROCES | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 76377 | 3D RENDER W/INTRP POSTPROCES | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 93351 | STRESS TTE COMPLETE | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 27096 | INJECT SACROILIAC JOINT | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |

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| ABH of Illinois-Medicaid | 62263 | EPIDURAL LYSIS MULT SESSIONS | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 62264 | EPIDURAL LYSIS ON SINGLE DAY | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 62280 | TREAT SPINAL CORD LESION | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 62281 | TREAT SPINAL CORD LESION | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 62282 | TREAT SPINAL CANAL LESION | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 62290 | NJX PX DISCOGRAPHY LUMBAR | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 62320 | NJX INTERLAMINAR CRV/THRC | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 62321 | NJX INTERLAMINAR CRV/THRC | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 62322 | NJX INTERLAMINAR LMBR/SAC | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 62323 | NJX INTERLAMINAR LMBR/SAC | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 62324 | NJX INTERLAMINAR CRV/THRC | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 62325 | NJX INTERLAMINAR CRV/THRC | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 62327 | NJX INTERLAMINAR LMBR/SAC | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 62350 | IMPLANT SPINAL CANAL CATH | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 62351 | IMPLANT SPINAL CANAL CATH | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 62360 | INSERT SPINE INFUSION DEVICE | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |

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| ABH of Illinois-Medicaid | 63650 | IMPLANT NEUROELECTRODES | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 63655 | IMPLANT NEUROELECTRODES | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 63663 | REVISE SPINE ELTRD PERQ ARAY | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 63664 | REVISE SPINE ELTRD PLATE | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 64405 | NJX AA&/STRD GR OCPL NRV | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 64451 | NJX AA&/STRD NRV NRVTG SI JT | SURGERY-NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 64490 | INJ PARAVERT F JNT C/T 1 LEV | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 64491 | INJ PARAVERT F JNT C/T 2 LEV | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 64492 | INJ PARAVERT F JNT C/T 3 LEV | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 64493 | INJ PARAVERT F JNT L/S 1 LEV | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 64494 | INJ PARAVERT F JNT L/S 2 LEV | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 64495 | INJ PARAVERT F JNT L/S 3 LEV | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 64510 | N BLOCK STELLATE GANGLION | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 64520 | N BLOCK LUMBAR/THORACIC | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 64625 | RF ABLTJ NRV NRVTG SI JT | SURGERY-NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 64633 | DESTROY CERV/THOR FACET JNT | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |

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| ABH of Illinois-Medicaid | 64634 | DESTROY C/TH FACET JNT ADDL | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 64635 | DESTROY LUMB/SAC FACET JNT | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 64636 | DESTROY L/S FACET JNT ADDL | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 64640 | INJECTION TREATMENT OF NERVE | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 70336 | MAGNETIC IMAGE JAW JOINT | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 70450 | CT HEAD/BRAIN W/O DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 70460 | CT HEAD/BRAIN W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 70470 | CT HEAD/BRAIN W/O & W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 70480 | CT ORBIT/EAR/FOSSA W/O DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 70481 | CT ORBIT/EAR/FOSSA W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 70482 | CT ORBIT/EAR/FOSSA W/O&W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 70486 | CT MAXILLOFACIAL W/O DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 70487 | CT MAXILLOFACIAL W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 70488 | CT MAXILLOFACIAL W/O & W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 70490 | CT SOFT TISSUE NECK W/O DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 70491 | CT SOFT TISSUE NECK W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |

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| ABH of Illinois-Medicaid | 70492 | CT SFT TSUE NCK W/O & W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 70496 | CT ANGIOGRAPHY HEAD | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 70498 | CT ANGIOGRAPHY NECK | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 70540 | MRI ORBIT/FACE/NECK W/O DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 70542 | MRI ORBIT/FACE/NECK W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 70543 | MRI ORBT/FAC/NCK W/O &W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 70544 | MR ANGIOGRAPHY HEAD W/O DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 70545 | MR ANGIOGRAPHY HEAD W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 70546 | MR ANGIOGRAPH HEAD W/O&W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 70547 | MR ANGIOGRAPHY NECK W/O DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 70548 | MR ANGIOGRAPHY NECK W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 70549 | MR ANGIOGRAPH NECK W/O&W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 70551 | MRI BRAIN STEM W/O DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 70552 | MRI BRAIN STEM W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 70553 | MRI BRAIN STEM W/O & W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 70554 | FMRI BRAIN BY TECH | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |

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| ABH of Illinois-Medicaid | 70555 | FMRI BRAIN BY PHYS/PSYCH | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 71275 | CT ANGIOGRAPHY CHEST | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 71550 | MRI CHEST W/O DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 71551 | MRI CHEST W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 71552 | MRI CHEST W/O & W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 71555 | MRI ANGIO CHEST W OR W/O DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 72125 | CT NECK SPINE W/O DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 72126 | CT NECK SPINE W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 72127 | CT NECK SPINE W/O & W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 72128 | CT CHEST SPINE W/O DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 72129 | CT CHEST SPINE W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 72130 | CT CHEST SPINE W/O & W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 72131 | CT LUMBAR SPINE W/O DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 72132 | CT LUMBAR SPINE W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 72133 | CT LUMBAR SPINE W/O & W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 72141 | MRI NECK SPINE W/O DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 72142 | MRI NECK SPINE W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 72146 | MRI CHEST SPINE W/O DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 72147 | MRI CHEST SPINE W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 72148 | MRI LUMBAR SPINE W/O DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 72149 | MRI LUMBAR SPINE W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 72156 | MRI NECK SPINE W/O & W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 72157 | MRI CHEST SPINE W/O & W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 72158 | MRI LUMBAR SPINE W/O & W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 72159 | MR ANGIO SPINE W/O&W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 72191 | CT ANGIOGRAPH PELV W/O&W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 72192 | CT PELVIS W/O DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 72193 | CT PELVIS W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 72194 | CT PELVIS W/O & W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 72195 | MRI PELVIS W/O DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 72196 | MRI PELVIS W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 72197 | MRI PELVIS W/O & W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 72198 | MR ANGIO PELVIS W/O & W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 72295 | X-RAY OF LOWER SPINE DISK | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 73200 | CT UPPER EXTREMITY W/O DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 73201 | CT UPPER EXTREMITY W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 73202 | CT UPPR EXTREMITY W/O&W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 73206 | CT ANGIO UPR EXTRM W/O&W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 73218 | MRI UPPER EXTREMITY W/O DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 73219 | MRI UPPER EXTREMITY W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 73220 | MRI UPPR EXTREMITY W/O&W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 73221 | MRI JOINT UPR EXTREM W/O DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 73222 | MRI JOINT UPR EXTREM W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 73223 | MRI JOINT UPR EXTR W/O&W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 73225 | MR ANGIO UPR EXTR W/O&W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 73700 | CT LOWER EXTREMITY W/O DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 73701 | CT LOWER EXTREMITY W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 73702 | CT LWR EXTREMITY W/O&W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 73706 | CT ANGIO LWR EXTR W/O&W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 73718 | MRI LOWER EXTREMITY W/O DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 73719 | MRI LOWER EXTREMITY W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 73720 | MRI LWR EXTREMITY W/O&W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 73721 | MRI JNT OF LWR EXTRE W/O DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 73722 | MRI JOINT OF LWR EXTR W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 73723 | MRI JOINT LWR EXTR W/O&W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 73725 | MR ANG LWR EXT W OR W/O DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 74261 | CT COLONOGRAPHY DX | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 74262 | CT COLONOGRAPHY DX W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 75557 | CARDIAC MRI FOR MORPH | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 75559 | CARDIAC MRI W/STRESS IMG | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 75561 | CARDIAC MRI FOR MORPH W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 75563 | CARD MRI W/STRESS IMG & DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 75565 | CARD MRI VELOC FLOW MAPPING | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 75571 | CT HRT W/O DYE W/CA TEST | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |

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| ABH of Illinois-Medicaid | 75572 | CT HRT W/3D IMAGE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 75574 | CT ANGIO HRT W/3D IMAGE | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 75635 | CT ANGIO ABDOMINAL ARTERIES | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 76380 | CAT SCAN FOLLOW-UP STUDY | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 76390 | MR SPECTROSCOPY | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 76391 | MR ELASTOGRAPHY | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 77011 | CT SCAN FOR LOCALIZATION | RADIOLOGY-IMAGING GUIDANCE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 77012 | CT SCAN FOR NEEDLE BIOPSY | RADIOLOGY-IMAGING GUIDANCE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 77013 | CT GUIDE FOR TISSUE ABLATION | RADIOLOGY-IMAGING GUIDANCE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 77021 | MRI GUIDANCE NDL PLMT RS&I | RADIOLOGY-IMAGING GUIDANCE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 77022 | MRI GDN PARNCHYMA TISS ABLTJ | RADIOLOGY-IMAGING GUIDANCE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 77046 | MRI BREAST C- UNILATERAL | RADIOLOGY-IMAGING GUIDANCE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 77047 | MRI BREAST C- BILATERAL | RADIOLOGY-IMAGING GUIDANCE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 77048 | MRI BREAST C-+ W/CAD UNI | RADIOLOGY-IMAGING GUIDANCE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 77049 | MRI BREAST C-+ W/CAD BI | RADIOLOGY-IMAGING GUIDANCE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 77078 | CT BONE DENSITY AXIAL | RADIOLOGY-DIAGNOSTIC | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 78429 | MYOCRD IMG PET 1 STD W/CT | RADIOLOGY-NUCLEAR MEDICINE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 78430 | MYOCRD IMG PET RST/STRS W/CT | RADIOLOGY-NUCLEAR MEDICINE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 78431 | MYOCRD IMG PET RST&STRS CT | RADIOLOGY-NUCLEAR MEDICINE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 78432 | MYOCRD IMG PET 2RTRACER | RADIOLOGY-NUCLEAR MEDICINE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 78433 | MYOCRD IMG PET 2RTRACER CT | RADIOLOGY-NUCLEAR MEDICINE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 78434 | AQMBF PET REST & RX STRESS | RADIOLOGY-NUCLEAR MEDICINE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 78451 | HT MUSCLE IMAGE SPECT SING | RADIOLOGY - NUCLEAR MEDICINE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 78452 | HT MUSCLE IMAGE SPECT MULT | RADIOLOGY - NUCLEAR MEDICINE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 78453 | HT MUSCLE IMAGE PLANAR SING | RADIOLOGY - NUCLEAR MEDICINE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 78454 | HT MUSC IMAGE PLANAR MULT | RADIOLOGY - NUCLEAR MEDICINE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 78459 | MYOCRD IMG PET SINGLE STUDY | RADIOLOGY - NUCLEAR MEDICINE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 78466 | HEART INFARCT IMAGE | RADIOLOGY - NUCLEAR MEDICINE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 78468 | HEART INFARCT IMAGE (EF) | RADIOLOGY - NUCLEAR MEDICINE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 78469 | HEART INFARCT IMAGE (3D) | RADIOLOGY - NUCLEAR MEDICINE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 78472 | GATED HEART PLANAR SINGLE | RADIOLOGY - NUCLEAR MEDICINE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 78473 | GATED HEART MULTIPLE | RADIOLOGY - NUCLEAR MEDICINE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 78481 | HEART FIRST PASS SINGLE | RADIOLOGY - NUCLEAR MEDICINE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 78483 | HEART FIRST PASS MULTIPLE | RADIOLOGY - NUCLEAR MEDICINE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 78491 | MYOCRD IMG PET 1STD RST/STRS | RADIOLOGY - NUCLEAR MEDICINE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 78492 | MYOCRD IMG PET MLT RST&STRS | RADIOLOGY - NUCLEAR MEDICINE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 78494 | HEART IMAGE SPECT | RADIOLOGY - NUCLEAR MEDICINE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 78496 | HEART FIRST PASS ADD-ON | RADIOLOGY - NUCLEAR MEDICINE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 78608 | BRAIN IMAGING (PET) | RADIOLOGY - NUCLEAR MEDICINE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 78609 | BRAIN IMAGING (PET) | RADIOLOGY - NUCLEAR MEDICINE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 78811 | PET IMAGE LTD AREA | RADIOLOGY - NUCLEAR MEDICINE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 78812 | PET IMAGE SKULL-THIGH | RADIOLOGY - NUCLEAR MEDICINE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 78813 | PET IMAGE FULL BODY | RADIOLOGY - NUCLEAR MEDICINE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 78814 | PET IMAGE W/CT LMTD | RADIOLOGY - NUCLEAR MEDICINE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 78815 | PET IMAGE W/CT SKULL-THIGH | RADIOLOGY - NUCLEAR MEDICINE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 78816 | PET IMAGE W/CT FULL BODY | RADIOLOGY - NUCLEAR MEDICINE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 93303 | ECHO TRANSTHORACIC | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 93304 | ECHO TRANSTHORACIC | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 93306 | TTE W/DOPPLER COMPLETE | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 93307 | TTE W/O DOPPLER COMPLETE | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 93308 | TTE F-UP OR LMTD | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 93312 | ECHO TRANSESOPHAGEAL | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 93313 | ECHO TRANSESOPHAGEAL | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 93314 | ECHO TRANSESOPHAGEAL | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 93315 | ECHO TRANSESOPHAGEAL | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 93316 | ECHO TRANSESOPHAGEAL | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 93317 | ECHO TRANSESOPHAGEAL | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 93318 | ECHO TRANSESOPHAGEAL INTRAOP | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 93350 | STRESS TTE ONLY | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 93356 | MYOCRD STRAIN IMG SPCKL TRCK | MEDICINE-CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 93451 | RIGHT HEART CATH | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 93452 | LEFT HRT CATH W/VENTRCLGRPHY | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 93453 | R&L HRT CATH W/VENTRICLGRPHY | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 93454 | CORONARY ARTERY ANGIO S&I | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 93455 | CORONARY ART/GRFT ANGIO S&I | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 93456 | R HRT CORONARY ARTERY ANGIO | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 93457 | R HRT ART/GRFT ANGIO | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 93458 | L HRT ARTERY/VENTRICLE ANGIO | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 93459 | L HRT ART/GRFT ANGIO | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 93460 | R&L HRT ART/VENTRICLE ANGIO | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 93461 | R&L HRT ART/VENTRICLE ANGIO | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | G0260 | INJ SI JNT; ANES &/TX AGT &ARTHROG | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 64479 | NJX AA&/STRD TFRM EPI C/T 1 | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 64480 | NJX AA&/STRD TFRM EPI C/T EA | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 64483 | NJX AA&/STRD TFRM EPI L/S 1 | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 64484 | NJX AA&/STRD TFRM EPI L/S EA | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 71250 | CT THORAX DX C- | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 71260 | CT THORAX DX C+ | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 71270 | CT THORAX DX C-/C+ | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |
| ABH of Illinois-Medicaid | 75573 | CT HRT C+ STRUX CGEN HRT DS | RADIOLOGY - DIAGNOSTIC RADIOLO | YES | 11/20/2020 | 12/31/2078 | carve out | | For Prior Auth please contact eviCore: WWW.EVICORE.COM, phone 888-693-3211 or Fax 844-822-3862 |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 01942 | ANES NEUROMD/NTRVRT LMBR/SAC | ANESTH - RADIOLOGICAL PROCEDUR | NO | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 01941 | ANES NEUROMD/NTRVRT CRV/THRC | ANESTH - RADIOLOGICAL PROCEDUR | NO | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 01940 | ANES NULYT AGT LMBR/SAC | ANESTH - RADIOLOGICAL PROCEDUR | NO | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 01939 | ANES NULYT AGT CRV/THRC | ANESTH - RADIOLOGICAL PROCEDUR | NO | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 01938 | ANES DRG/ASPIR LMBR/SAC | ANESTH - RADIOLOGICAL PROCEDUR | NO | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 01937 | ANES DRG/ASPIR CRV/THRC | ANESTH - RADIOLOGICAL PROCEDUR | NO | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 93598 | CAR OUTP MEAS DRG CATH CHD | MEDICINE - CARDIOVASCULAR | NO | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 33268 | EXCL LAA OPN OTH PX ANY METH | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 94626 | PHY/QHP OP PULM RHB W/MNTR | MEDICINE - PULMONARY | NO | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 94625 | PHY/QHP OP PULM RHB W/O MNTR | MEDICINE - PULMONARY | NO | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 86363 | MOG-IGG1 ANTB FLO CYTMTRY EA | PATH & LAB - IMMUNOLOGY | NO | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 86362 | MOG-IGG1 ANTB CBA EACH | PATH & LAB - IMMUNOLOGY | NO | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 86053 | AQAPRN-4 ANTB FLO CYTMTRY EA | PATH & LAB - IMMUNOLOGY | NO | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 86052 | AQUAPORIN-4 ANTB CBA EACH | PATH & LAB - IMMUNOLOGY | NO | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 86051 | AQUAPORIN-4 ANTB ELISA | PATH & LAB - IMMUNOLOGY | NO | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 86015 | ACTIN ANTIBODY EACH | PATH & LAB - IMMUNOLOGY | NO | 01/01/2022 | 01/01/2022 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 82653 | EL-1 FECAL QUANTITATIVE | PATH & LAB - CHEMISTRY | NO | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 80506 | PATH CLIN CONSLTJ PROLNG SVC | PATH & LAB - CONSULTATIONS (CL | NO | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 80505 | PATH CLIN CONSLTJ HIGH 41-60 | PATH & LAB - CONSULTATIONS (CL | NO | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 80504 | PATH CLIN CONSLTJ MOD 21-40 | PATH & LAB - CONSULTATIONS (CL | NO | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 80503 | PATH CLIN CONSLTJ SF 5-20 | PATH & LAB - CONSULTATIONS (CL | NO | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 80220 | DRUG ASY HYDROXYCHLOROQUINE | PATH & LAB - CONSULTATIONS (CL | NO | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 64629 | TRML DSTRJ IOS BVN EA ADDL | SURGERY - NERVOUS SYSTEM | NO | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 33509 | NDSC HRV UXTR ART 1 SGM CAB | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 33370 | TCAT PLMT&RMVL CEPD PERQ | SURGERY - CARDIOVASCULAR SYSTE | NO | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 64584 | RMVL HPGLSL NSTIM ARY PG | SURGERY - NERVOUS SYSTEM | NO | 01/01/2022 | 01/01/2022 | | | |
| ABH of Illinois-Medicaid | 61736 | LITT ICR 1 TRAJ 1 SMPL LES | SURGERY - NERVOUS SYSTEM | YES | 01/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 33269 | EXCL LAA THRSCP ANY METHOD | SURGERY - CARDIOVASCULAR SYSTE | YES | 01/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 33897 | PERQ TRLUML ANGP NT/RECR COA | SURGERY - CARDIOVASCULAR SYSTE | YES | 01/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 61737 | LITT ICR MLT TRJ MLT/CPLX LS | SURGERY - NERVOUS SYSTEM | YES | 01/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 33895 | EVASC ST RPR THRC/AA X CRSG | SURGERY - CARDIOVASCULAR SYSTE | YES | 01/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 33267 | EXCL LAA OPEN ANY METHOD | SURGERY - CARDIOVASCULAR SYSTE | YES | 01/01/2022 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 33894 | EVASC ST RPR THRC/AA ACRS BR | SURGERY - CARDIOVASCULAR SYSTE | YES | 01/01/2022 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D9613 | INFIL SUSTAIN RLS TX DX PER QUAD | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C9079 | INJECTION EVINACUMAB-DGNB 5 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | C9077 | INJ CABOTEGRAVIR & RPV 2 MG/3 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | C9075 | INJECTION CASIMERSEN 10 MG | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | C9065 | INJ ROMIDEPSIN NON-LYOPHILIZED 1MG | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 99211 | OFF/OP EST MAY X REQ PHY/QHP | E & M - OTHER E/M SERVICES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93656 | COMPRE EP EVAL ABLTJ ATR FIB | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93654 | COMPRE EP EVAL TX VT | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93653 | COMPRE EP EVAL TX SVT | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 91111 | GI TRC IMG INTRAL ESOPHAGUS | MEDICINE - GASTROENTEROLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 91110 | GI TRC IMG INTRAL ESOPH-ILE | MEDICINE - GASTROENTEROLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 87810 | CHLMYD TRACH ASSAY W/OPTIC | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82656 | EL-1 FECAL QUAL/SEMIQ | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81228 | CYTOG ALYS CHRML ABNR CGH | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 67145 | PROPH RTA DTCHMNT PC | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 67141 | PROPH RTA DTCHMNT CRTX DTHRM | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64581 | OPN IMPLTJ NEA SACRAL NERVE | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64580 | OPN IMPLTJ NEA NEUROMUSCULAR | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64575 | OPN IMPLTJ NEA PERPH NERVE | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64568 | OPN IMPLTJ CRNL NRV NEA&PG | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63197 | LAM W/CORDOTOMY 1STG THRC | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63048 | LAM FACETEC &FORAMOT EA ADDL | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63047 | LAM FACETEC & FORAMOT LUMBAR | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63046 | LAM FACETEC & FORAMOT THRC | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63045 | LAM FACETEC & FORAMOT CRV | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 54352 | REVJ PRIOR HYPSPAD REPAIR | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54348 | RPR HYPSPAD COMP DSJ & URTP | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54344 | RRP HYPSPAD COMP MOBLJ&URTP | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54340 | RPR HYPSPAD COMP SIMPLE | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35600 | OPEN HRV UXTR ART 1 SGM CAB | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29806 | SHO ARTHRS SRG CAPSULORRAPHY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 22812 | ARTHRD ANT DFRM 8+ VRT SGM | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22810 | ARTHRD ANT DFRM 4-7 VRT SGM | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22808 | ARTHRD ANT DFRM 2-3 VRT SGM | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22804 | ARTHRD PST DFRM 13+ VRT SGM | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22802 | ARTHRD PST DFRM 7-12 VRT SGM | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22800 | ARTHRD PST DFRMLT 6 VRT SGM | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22634 | ARTHRD CMBN 1NTRSPC EA ADDL | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22633 | ARTHRD CMBN 1NTRSPC LUMBAR | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22632 | ARTHRD PST TQ 1NTRSPC LM EA | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22630 | ARTHRD PST TQ 1NTRSPC LUM | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22614 | ARTHRD PST TQ 1NTRSPC EA ADD | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22612 | ARTHRD PST TQ 1NTRSPC LUMBAR | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22610 | ARTHRD PST TQ 1NTRSPC THRC | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22600 | ARTHRD PST TQ 1NTRSPC CRV | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22595 | ARTHRD PST TQ ATLAS-AXIS | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22590 | ARTHRD PST TQ CRANIOCERVICAL | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 22586 | ARTHRD PRE-SAC NTRBDY L5-S1 | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22585 | ARTHRD ANT NTRBD MIN DSC EA | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22558 | ARTHRD ANT NTRBD MIN DSC LUM | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22556 | ARTHRD ANT NTRBD MIN DSC THC | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22554 | ARTHRD ANT NTRBD MIN DSC CRV | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22552 | ARTHRD ANT NTRBD CERVICAL EA | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22551 | ARTHRD ANT NTRBDY CERVICAL | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22548 | ARTHRD ANT TORAL/XORAL C1 -C2 | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22534 | ARTHRD LAT XTRCVTRY TQ EA AD | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22533 | ARTHRD LAT XTRCVTRY TQ LMBR | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22532 | ARTHRD LAT XTRCVTRY TQ THRC | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22226 | OSTEOT DSC ANT 1VRT SGM EA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22224 | OSTEOT DSC ANT 1VRT SGM LMBR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22222 | OSTEOT DSC ANT 1VRT SGM THRC | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22220 | OSTEOT DSC ANT 1 VRT SGM CRV | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21320 | CLSD TX NSL FX W/MNPJ&STABLJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 21315 | CLSD TX NSL FX MNPJ WO STBLJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11981 | INSERTION DRUG DLVR IMPLANT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0208U | ONC MTC MRNA XPRSN ALYS 108 | PATH & LAB-PROPRIETARY LAB ANA | EXPIRED | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 90677 | PCV20 VACCINE IM | MEDICINE - VACCINES, TOXOIDS | NO | 07/01/2021 | 07/01/2021 | | | |
| ABH of Illinois-Medicaid | 90671 | PCV15 VACCINE IM | MEDICINE - VACCINES, TOXOIDS | NO | 07/01/2021 | 07/01/2021 | | | |
| ABH of Illinois-Medicaid | 90627 | TIC-BRN ENCEPH VAC 0.5ML IM | MEDICINE - VACCINES, TOXOIDS | NO | 07/01/2021 | 07/01/2021 | | | |
| ABH of Illinois-Medicaid | 64617 | CHEMODENER MUSCLE LARYNX EMG | SURGERY - NERVOUS SYSTEM | NO | 11/15/2021 | 11/15/2021 | | | |
| ABH of Illinois-Medicaid | 64616 | CHEMODENERV MUSC NECK DYSTON | SURGERY - NERVOUS SYSTEM | NO | 11/15/2021 | 11/15/2021 | | | |
| ABH of Illinois-Medicaid | 64615 | CHEMODENERV MUSC MIGRAINE | SURGERY - NERVOUS SYSTEM | NO | 11/15/2021 | 11/15/2021 | | | |
| ABH of Illinois-Medicaid | 64612 | DESTROY NERVE FACE MUSCLE | SURGERY - NERVOUS SYSTEM | NO | 11/15/2021 | 11/15/2021 | | | |
| ABH of Illinois-Medicaid | 64611 | CHEMODENERV SALIV GLANDS | SURGERY - NERVOUS SYSTEM | NO | 11/15/2021 | 11/15/2021 | | | |
| ABH of Illinois-Medicaid | S9484 | CRISIS INTERVEN MENTL HLTH SRVC-HR | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | Notify Plan Case Management: Fax # 844-528-3453 | |
| ABH of Illinois-Medicaid | 97610 | LOW FREQUENCY NON-THERMAL US | MEDICINE - PHYSICAL MEDICINE | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 96125 | COGNITIVE TEST BY HC PRO | MEDICINE - NEUROLOGY AND NEURO | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 96105 | ASSESSMENT OF APHASIA | MEDICINE - CENTRAL NERVOUS SYS | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 95852 | RANGE OF MOTION MEASUREMENTS | MEDICINE - NEUROLOGY AND NEURO | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |

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| ABH of Illinois-Medicaid | 95851 | RANGE OF MOTION MEASUREMENTS | MEDICINE - NEUROLOGY AND NEURO | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 92524 | BEHAVRAL QUALIT ANALYS VOICE | MEDICINE - SPECIAL PROCEDURES | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 92523 | SPEECH SOUND LANG COMPREHEN | MEDICINE - SPECIAL PROCEDURES | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 92522 | EVALUATE SPEECH PRODUCTION | MEDICINE - SPECIAL PROCEDURES | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 92521 | EVALUATION OF SPEECH FLUENCY | MEDICINE - SPECIAL PROCEDURES | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 90913 | BFB TRAINING EA ADDL 15 MIN | MEDICINE-BIOFEEDBACK | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 90912 | BFB TRAINING 1ST 15 MIN | MEDICINE-BIOFEEDBACK | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | G2251 | BRF COM TECH-B SRVC VR C/I Q HCP | HCPCS - PROC/PROF SERVICES (TE | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | G2250 | REM ASMT REC VID &/ IMAG SUB EST PT | HCPCS - PROC/PROF SERVICES (TE | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | G0329 | EM TX ULCERS NOT HEALING 30 DA CARE | HCPCS - PROC/PROF SERVICES (TE | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | G0283 | E-STIM 1/GT NOT WND CARE PART TX PLAN | HCPCS - PROC/PROF SERVICES (TE | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | G0281 | E-STIM 1/GT CHRN STAGE III&IV ULCRS | HCPCS - PROC/PROF SERVICES (TE | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 92616 | FEES W/LARYNGEAL SENSE TEST | MEDICINE - SPECIAL OTORHINOLAR | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 92614 | LARYNGOSCOPIC SENSORY VID | MEDICINE - SPECIAL OTORHINOLAR | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 92612 | ENDOSCOPY SWALLOW (FEES) VID | MEDICINE - SPECIAL OTORHINOLAR | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 92611 | MOTION FLUOROSCOPY/SWALLOW | MEDICINE - SPECIAL OTORHINOLAR | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |

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| ABH of Illinois-Medicaid | 92610 | EVALUATE SWALLOWING FUNCTION | MEDICINE - SPECIAL OTORHINOLAR | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 92609 | USE OF SPEECH DEVICE SERVICE | MEDICINE - SPECIAL OTORHINOLAR | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 92608 | EX FOR SPEECH DEVICE RX ADDL | MEDICINE - SPECIAL OTORHINOLAR | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 92607 | EX FOR SPEECH DEVICE RX 1HR | MEDICINE - SPECIAL OTORHINOLAR | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 92606 | NON-SPEECH DEVICE SERVICE | MEDICINE - SPECIAL OTORHINOLAR | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 92605 | EX FOR NONSPEECH DEVICE RX | MEDICINE - SPECIAL OTORHINOLAR | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 92597 | ORAL SPEECH DEVICE EVAL | MEDICINE - SPECIAL OTORHINOLAR | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 92526 | ORAL FUNCTION THERAPY | MEDICINE - SPECIAL OTORHINOLAR | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 92520 | LARYNGEAL FUNCTION STUDIES | MEDICINE - SPECIAL OTORHINOLAR | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 97750 | PHYSICAL PERFORMANCE TEST | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 97602 | WOUND(S) CARE NON-SELECTIVE | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 97542 | WHEELCHAIR MNGMENT TRAINING | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 97537 | COMMUNITY/WORK REINTEGRATION | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 97535 | SELF CARE MNGMENT TRAINING | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 97533 | SENSORY INTEGRATION | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 97530 | THERAPEUTIC ACTIVITIES | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |

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| ABH of Illinois-Medicaid | 97167 | OT EVAL HIGH COMPLEX 60 MIN | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 97166 | OT EVAL MOD COMPLEX 45 MIN | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 97165 | OT EVAL LOW COMPLEX 30 MIN | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 97164 | PT RE-EVAL EST PLAN CARE | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 97163 | PT EVAL HIGH COMPLEX 45 MIN | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 97162 | PT EVAL MOD COMPLEX 30 MIN | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 97161 | PT EVAL LOW COMPLEX 20 MIN | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 97150 | GROUP THERAPEUTIC PROCEDURES | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 97140 | MANUAL THERAPY 1/GT REGIONS | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 97124 | MASSAGE THERAPY | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 97116 | GAIT TRAINING THERAPY | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 97113 | AQUATIC THERAPY/EXERCISES | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 97112 | NEUROMUSCULAR REEDUCATION | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 97110 | THERAPEUTIC EXERCISES | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 97028 | ULTRAVIOLET THERAPY | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 97026 | INFRARED THERAPY | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |

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| ABH of Illinois-Medicaid | 97024 | DIATHERMY EG MICROWAVE | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 97022 | WHIRLPOOL THERAPY | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 97018 | PARAFFIN BATH THERAPY | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 97016 | VASOPNEUMATIC DEVICE THERAPY | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 97012 | MECHANICAL TRACTION THERAPY | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 97010 | HOT OR COLD PACKS THERAPY | MEDICINE - PHYSICAL MEDICINE A | NO | 03/01/2020 | 03/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 87811 | SARS-COV-2 COVID19 W/OPTIC | PATH & LAB - CHEMISTRY | NO | 10/06/2020 | 10/06/2020 | | | |
| ABH of Illinois-Medicaid | J7295 | ETHIN ESTR&ETON 0.015 0.12MG/24H VG | HCPCS - DRUGS (NOT ORAL) | NO | 10/01/2021 | 10/01/2021 | | | |
| ABH of Illinois-Medicaid | J7294 | SEGEST ACET ETH 0.15 0.013MG/24H VG | HCPCS - DRUGS (NOT ORAL) | NO | 10/01/2021 | 10/01/2021 | | | |
| ABH of Illinois-Medicaid | Q4228 | BIONEXTPATCH PER SQ CM | HCPCS - TEMP CODES | EXPIRED | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2407 | INJ ORITAVANCIN ORBACTIV 10 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C9076 | LISOCABTAGENE MARALEUCEL PER TX DOS | HCPCS - C CODES - OUTPATIENT PP | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | C9074 | INJECTION LUMASIRAN 0.5 MG | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 04/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | M0250 | IV TCZ HP 2&GT COVID-19 INF&MON 2ND D | HCPCS - MEDICAL SERVICES | NO | 06/24/2021 | 06/24/2021 | | | |
| ABH of Illinois-Medicaid | M0249 | IV TCZ HP PT 2&GT COVD-19 INF&MON FD | HCPCS - MEDICAL SERVICES | NO | 06/24/2021 | 06/24/2021 | | | |
| ABH of Illinois-Medicaid | 88364 | INSITU HYBRIDIZATION (FISH) | PATH & LAB - IMMUNOLOGY | NO | 09/13/2021 | 09/13/2021 | | | |

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| ABH of Illinois-Medicaid | 64645 | CHEMODENERV 1 EXTREM 5/GT EA | SURGERY - NERVOUS SYSTEM | NO | 09/13/2021 | 09/13/2021 | | Prior authorization not required when billed with when billed with botulinum toxin type A (J0585). | |
| ABH of Illinois-Medicaid | 64643 | CHEMODENERV 1 EXTREM 1-4 EA | SURGERY - NERVOUS SYSTEM | NO | 09/13/2021 | 09/13/2021 | | Prior authorization not required when billed with when billed with botulinum toxin type A (J0585). | |
| ABH of Illinois-Medicaid | 64642 | CHEMODENERV 1 EXTREMITY 1-4 | SURGERY - NERVOUS SYSTEM | NO | 09/13/2021 | 09/13/2021 | | Prior authorization not required when billed with when billed with botulinum toxin type A (J0585). | |
| ABH of Illinois-Medicaid | T1502 | ADMN ORL IM&/SUBQ MED HLTH PROF | HCPCS - STATE MEDICAID AGENCY | NO | 12/01/2020 | 12/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | H0006 | ALCOHOL &OR DRUG SRVC; CASE MGMT | HCPCS - ALCOHOL/DRUG ABUSE | NO | 12/01/2020 | 12/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 96113 | DEVEL TST PHYS/QHP EA ADDL | MEDICINE - CENTRAL NERVOUS SYS | NO | 12/01/2020 | 12/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | 96112 | DEVEL TST PHYS/QHP 1ST HR | MEDICINE - CENTRAL NERVOUS SYS | NO | 12/01/2020 | 12/01/2020 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | T1019 | PERSONAL CARE SERVICES PER 15 MINS | HCPCS - STATE MEDICAID AGENCY | NO | 05/31/2021 | 05/31/2021 | Regulatory Compliance | | |
| ABH of Illinois-Medicaid | H2016 | COMP CMTY SUPPORT SRVC PER DIEM | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | No authorization required for the first 360 units per member per provider. | |
| ABH of Illinois-Medicaid | Q0239 | INJECTION BAMLANIVIMAB-XXXX 700 MG | HCPCS - TEMP CODES | EXPIRED | 11/09/2020 | 11/09/2020 | | | |
| ABH of Illinois-Medicaid | M0239 | IV INF BAMLANIVIMAB-XXXX INF&PA MON | HCPCS - MEDICAL SERVICES | EXPIRED | 11/09/2020 | 11/09/2020 | | | |
| ABH of Illinois-Medicaid | J7333 | HYAL/DERIV VISCO-3 IA INJ PER DOSE | HCPCS - DRUGS (NOT ORAL) | EXPIRED | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9122 | MF SINUS IMPLANT 10 MCG SINUVA | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9071 | INJECTION VILTOLARSEN 10 MG | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9068 | COPPER CU-64 DOTATATE DIAG 1 MCI | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | X7106 | Hosptial Bed cariable height hi-lo | X - Local Codes | EXPIRED | 01/01/2010 | 01/01/2078 | | | |

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| ABH of Illinois-Medicaid | X7096 | UNKNOWN DESCRIPTION | X - Local Codes | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | X7094 | UNKNOWN DESCRIPTION | X - Local Codes | EXPIRED | 01/01/2010 | 01/01/2078 | | | |
| ABH of Illinois-Medicaid | H2017 | PSYCHOSOCIAL REHAB SRVC 15 MINUTES | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 12/01/2020 | | No authorization required for the first 800 units (200 hours) per member per provider. After 800 units, prior authorization is required | |
| ABH of Illinois-Medicaid | V2600 | HAND HELD LW VISN&OTH NON SPEC AIDS | HCPCS - VISION SERVICES | YES | 12/01/2020 | 12/31/2078 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 95930 | VISUAL EP TEST CNS W/I&R | MEDICINE - NEUROLOGY AND NEURO | YES | 12/01/2020 | 12/31/2078 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 92136 | OPHTHALMIC BIOMETRY | MEDICINE - OPHTHALMOLOGY | YES | 12/01/2020 | 12/31/2078 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 92071 | CONTACT LENS FITTING FOR TX | MEDICINE - OPHTHALMOLOGY | YES | 12/01/2020 | 12/31/2078 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 83861 | MICROFLUID ANALY TEARS | PATH & LAB - CHEMISTRY | YES | 12/01/2020 | 12/31/2078 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 76519 | ECHO EXAM OF EYE | RADIOLOGY - DIAGNOSTIC ULTRASO | YES | 12/01/2020 | 12/31/2078 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 76516 | ECHO EXAM OF EYE | RADIOLOGY - DIAGNOSTIC ULTRASO | YES | 12/01/2020 | 12/31/2078 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 76514 | ECHO EXAM OF EYE THICKNESS | RADIOLOGY - DIAGNOSTIC ULTRASO | YES | 12/01/2020 | 12/31/2078 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 76512 | OPH US DX B-SCAN | RADIOLOGY - DIAGNOSTIC ULTRASO | YES | 12/01/2020 | 12/31/2078 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 65778 | COVER EYE W/MEMBRANE | SURGERY - EYE AND OCULAR ADNEX | YES | 12/01/2020 | 12/31/2078 | Other | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |

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| ABH of Illinois-Medicaid | V2524 | CONTCT LENS HPI SPH PC ADD PER LENS | HCPCS - VISION SERVICES | NON-COV | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | T2047 | HABIL PREVOC WAIVER; PER 15 MINS | HCPCS - STATE MEDICAID AGENCY | NON-COV | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5121 | INJ IFX-AXXQ BIOSIMILR AVSOLA 10 MG | HCPCS - TEMP CODES | YES | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4255 | REGUARD TOPICAL USE ONLY PER SQ CM | HCPCS - TEMP CODES | NON-COV | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4254 | NOVAFIX DL PER SQ CM | HCPCS - TEMP CODES | NON-COV | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4250 | AMNIOAMP-MP PER SQ CM | HCPCS - TEMP CODES | NON-COV | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4249 | AMNIPLY TOPICAL USE ONLY PER SQ CM | HCPCS - TEMP CODES | NON-COV | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4248 | DERMACYTE AM ALLOGFT PER SQ CM | HCPCS - TEMP CODES | NON-COV | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4247 | AMNIOTEXT PATCH PER SQ CM | HCPCS - TEMP CODES | NON-COV | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4246 | CORETEXT OR PROTEXT PER CC | HCPCS - TEMP CODES | NON-COV | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4245 | AMNIOTEXT PER CC | HCPCS - TEMP CODES | NON-COV | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4242 | AMNIOCYTE PLUS PER 0.5 CC | HCPCS - TEMP CODES | NON-COV | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4241 | POLYCYTE TOP USE ONLY PER 0.5 CC | HCPCS - TEMP CODES | NON-COV | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4240 | CORECYTE TOP USE ONLY PER 0.5 CC | HCPCS - TEMP CODES | NON-COV | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4239 | AMNIO-MAXX/AMNIO-MAXX LITE P-SQ CM | HCPCS - TEMP CODES | NON-COV | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4238 | DERM-MAXX PER SQ CM | HCPCS - TEMP CODES | NON-COV | 06/04/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | Q4237 | CRYO-CORD PER SQ CM | HCPCS - TEMP CODES | NON-COV | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4235 | AMNIOREPAIR OR ALTIPLY PER SQ CM | HCPCS - TEMP CODES | NON-COV | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4234 | XCELLERATE PER SQ CM | HCPCS - TEMP CODES | NON-COV | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4233 | SURFACTOR OR NUDYN PER 0.5 CC | HCPCS - TEMP CODES | NON-COV | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4232 | CORPLEX PER SQ CM | HCPCS - TEMP CODES | NON-COV | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4230 | COGENEX FLOWABLE AMNION PER 0.5 CC | HCPCS - TEMP CODES | NON-COV | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4229 | COGENEX AMNIOTIC MEMBRANE PER SQ CM | HCPCS - TEMP CODES | NON-COV | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4227 | AMNIOCORETM PER SQ CM | HCPCS - TEMP CODES | NON-COV | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K1012 | CHGR & BASE STA IU ACTV DEVC REPLAC | HCPCS-K CODES-DMERCS ONLY | EXPIRED | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K1011 | ACTV DEVC IU DRNG DEVC VLV REPL EA | HCPCS-K CODES-DMERCS ONLY | EXPIRED | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K1010 | INDWLL IU DRNG D VLV PT INSR RPLC E | HCPCS-K CODES-DMERCS ONLY | EXPIRED | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K1007 | BIL HKAFO DEVC PWR PELV COMP UP KJ | HCPCS-K CODES-DMERCS ONLY | NON-COV | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9358 | INJ FAM-TRSTUZUMB DRUXTCN-NXKI 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9304 | INJECTION PEMETREXED PEMFEXY 10 MG | HCPCS - CHEMO DRUGS | NON-COV | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9246 | INJECTION MELPHALAN EVOMELA 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9227 | INJECTION ISATUXIMAB-IRFC 10 MG | HCPCS - CHEMO DRUGS | YES | 10/01/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | J9198 | INJ GEMCITABINE HYDROCHLORDE 100 MG | HCPCS - DRUGS (NOT ORAL) | YES | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9177 | INJ ENFORTUMAB VEDOTIN-EJFV 0.25 MG | HCPCS - DRUGS (NOT ORAL) | YES | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7351 | INJ BIMATOPROST IC IMPLANT 1 MCG | HCPCS - DRUGS (NOT ORAL) | NON-COV | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7204 | INJ FVIII AHF GLYCOPGYLTD-EXEI P-IU | HCPCS - DRUGS (NOT ORAL) | YES | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7169 | INJ COAG FAC XA INACTV-ZHZO 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J3241 | INJECTION TEPROTUMUMAB-TRBW 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J3032 | INJECTION EPTINEZUMAB-JJMR 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1632 | INJECTION BREXANOLONE 1 MG | HCPCS - DRUGS (NOT ORAL) | NON-COV | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1558 | INJ IMMUNE GLOBULIN XEMBIFY 100 MG | HCPCS - DRUGS (NOT ORAL) | YES | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1437 | INJ FERRIC DERISOMALTOSE 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1429 | INJECTION GOLODIRSEN 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1201 | INJ CETIRIZINE HYDROCHLORIDE 0.5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0896 | INJECTION LUSPATERCEPT-AAMT 0.25 MG | HCPCS - DRUGS (NOT ORAL) | YES | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0791 | INJECTION CRIZANLIZUMAB-TMCA 5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0742 | INJ IMP-CLSTATN 4 MG & RLEBCTM 2 MG | HCPCS - DRUGS (NOT ORAL) | YES | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0691 | INJECTION LEFAMULIN 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 06/04/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | J0591 | INJECTION DEOXYCHOLIC ACID 1 MG | HCPCS - DRUGS (NOT ORAL) | NON-COV | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0223 | INJECTION GIVOSIRAN 0.5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G2025 | PMT TH DSNT SITE FURN RHC/FQHC ONLY | HCPCS-PROC/PROF SERVICES (TE | NON-COV | 06/03/2020 | 06/03/2020 | | | |
| ABH of Illinois-Medicaid | C9768 | ENDO UG DIR MSR HEP PORTOSYS PSG | HCPCS-C CODES-OUTPATIENT PP | NON-COV | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9761 | CS URS&/PYLSCPY LTH&ASPR K CLL SYS | HCPCS-C CODES-OUTPATIENT PP | NON-COV | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9759 | TRANSCATH IO BLD VES MICROINFUS TX | HCPCS-C CODES-OUTPATIENT PP | NON-COV | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9066 | INJ SACITUZUMB GOVITECN-HZIY 2.5 MG | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9064 | MITOMYCIN PYELOCALYCL INSTILL 1 MG | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9063 | INJECTION EPTINEZUMAB-JJMR 1 MG | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9062 | INJ DARATUMUMAB 10 MG AND HYAL-FIHJ | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9061 | INJECTION TEPROTUMUMAB-TRBW 10 MG | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9060 | FLUOROESTRADIOL F18 DIAGNOSTC 1 MCI | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C9059 | INJECTION MELOXICAM 1 MG | HCPCS-C CODES-OUTPATIENT PP | EXPIRED | 12/09/2019 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | C1748 | ENDO 1-USE UPPER GI IMAG/ILLUM DEVC | HCPCS-C CODES-OUTPATIENT PP | NON-COV | 06/04/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 87637 | SARSCOV2&INF A&B&RSV AMP PRB | PATH & LAB - CHEMISTRY | NON-COV | 10/06/2020 | 10/06/2020 | | | |
| ABH of Illinois-Medicaid | 87636 | SARSCOV2 & INF A&B AMP PRB | PATH & LAB - CHEMISTRY | NON-COV | 10/06/2020 | 10/06/2020 | | | |

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| ABH of Illinois-Medicaid | 87426 | SARSCOV CORONAVIRUS AG IA | PATH & LAB - IMMUNOLOGY | NON-COV | 06/25/2020 | 06/25/2020 | | | |
| ABH of Illinois-Medicaid | 86409 | NEUTRLZG ANTB SARSCOV2 TITER | PATH & LAB -CHEMISTRY | NON-COV | 08/10/2020 | 08/10/2020 | | | |
| ABH of Illinois-Medicaid | 86408 | NEUTRLZG ANTB SARSCOV2 SCR | PATH & LAB -CHEMISTRY | NON-COV | 08/10/2020 | 08/10/2020 | | | |
| ABH of Illinois-Medicaid | 0614T | RMVL&RPLCMT SS IMPL DFB PG | CATEGORY III CODES | NON-COV | 06/30/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0613T | PERQ TCAT INTRATRL SEPTL SHT | CATEGORY III CODES | NON-COV | 06/30/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0608T | REM MNTR PULM FLU MNTR ALYS | CATEGORY III CODES | NON-COV | 06/30/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0607T | REM MNTR PULM FLU MNTR SETUP | CATEGORY III CODES | NON-COV | 06/30/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0606T | REM OCT RTA PHYS/QHP EA 30D | CATEGORY III CODES | NON-COV | 06/30/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0605T | REM OCT RTA TECHL SPRT MIN 8 | CATEGORY III CODES | NON-COV | 06/30/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0604T | REM OCT RTA DEV SETUP&EDUCAJ | CATEGORY III CODES | NON-COV | 06/30/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0603T | TRANSDERMAL GFR MONITORING | CATEGORY III CODES | NON-COV | 06/30/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0602T | TRANSDERMAL GFR MEASUREMENTS | CATEGORY III CODES | NON-COV | 06/30/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0597T | TEMP FML IU VALVE-PMP RPLCMT | CATEGORY III CODES | NON-COV | 06/30/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0596T | TEMP FML IU VLV-PMP 1ST INSJ | CATEGORY III CODES | NON-COV | 06/30/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0594T | OSTEOT HUM XTRNL LNGTH DEV | CATEGORY III CODES | NON-COV | 06/30/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0226U | SVNT SARSCOV2 ELISA PLSM SRM | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 08/10/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 0225U | NFCT DS DNA&RNA 21 SARSCOV2 | PATH & LAB-PROPRIETARY LAB ANA | NO | 08/10/2020 | 08/10/2020 | | | |
| ABH of Illinois-Medicaid | 0224U | ANTIBODY SARS-COV-2 TITER (S) | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 06/25/2020 | 06/25/2020 | | | |
| ABH of Illinois-Medicaid | 0223U | NFCT DS 22 TRGT SARS-COV-2 | PATH & LAB-PROPRIETARY LAB ANA | NO | 06/25/2020 | 06/25/2020 | | | |
| ABH of Illinois-Medicaid | 0222U | RHD&RHCE GNTYP NEXT GNRJ SEQ | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0221U | ABO GNOTYP NEXT GNRJ SEQ ABO | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0220U | ONC BRST CA AI ASSMT 12 FEAT | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0219U | NFCT AGT HIV GNRJ SEQ ALYS | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0218U | NEURO MUSC DYS DMD SEQ ALYS | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0217U | NEURO INH ATAXIA DNA 51 GENE | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0216U | NEURO INH ATAXIA DNA 12 COM | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0215U | RARE DS XOM DNA ALYS EA COMP | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0214U | RARE DS XOM DNA ALYS PROBAND | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0213U | RARE DS GEN DNA ALYS EA COMP | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0212U | RARE DS GEN DNA ALYS PROBAND | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0211U | ONC PAN-TUM DNA&RNA GNRJ SEQ | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0210U | SYPHILIS TST ANTB IA QUAN | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 10/01/2020 | 10/01/2020 | | | |

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| ABH of Illinois-Medicaid | 0209U | CYTOG CONST ALYS INTERROG | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0207U | NEURO ALZHEIMER QUAN IMAGING | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0206U | NEURO ALZHEIMER CELL AGGREGJ | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0205U | OPH AMD ALYS 3 GENE VARIANTS | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0203U | AI IBD MRNA XPRSN PRFL 17 | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0202U | NFCT DS 22 TRGT SARS-COV-2 | PATH & LAB-PROPRIETARY LAB ANA | NO | 05/20/2020 | 05/20/2020 | | | |
| ABH of Illinois-Medicaid | 0201U | YT GNOTYP ACHE EXON 2 | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0200U | XK GNOTYP XK EXONS 1-3 | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0199U | SC GNOTYP ERMAP EXONS 4 12 | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0198U | RHD&RHCE GNTYP RHD1-10&RHCE5 | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0197U | LW GNOTYP ICAM4 EXON 1 | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0196U | LU GNOTYP BCAM EXON 3 | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0195U | KLF1 TARGETED SEQUENCING | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0194U | KEL GNOTYP KEL EXON 8 | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0193U | JR GNOTYP ABCG2 EXONS 2-26 | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0192U | JK GNOTYP SLC14A1 EXON 9 | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 0191U | IN GNOTYP CD44 EXONS 2 3 6 | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0190U | GYPB GNOTYP NTRNS 1 5 SEUX 3 | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0189U | GYPA GNOTYP NTRNS 1 5 EXON 2 | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0188U | GE GNOTYP GYPC EXONS 1-4 | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0187U | FY GNOTYP ACKR1 EXONS 1-2 | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0186U | FUT2 GNOTYP FUT2 EXON 2 | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0185U | FUT1 GNOTYP FUT1 EXON 4 | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0184U | DO GNOTYP ART4 EXON 2 | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0183U | DI GNOTYP SLC4A1 EXON 19 | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0182U | CROM GNOTYP CD55 EXONS 1-10 | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0181U | CO GNOTYP AQP1 EXON 1 | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0180U | ABO GNOTYP ABO 7 EXONS | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0179U | ONC NONSM CLL LNG CA ALYS 23 | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0178U | PEANUT ALLG ASMT EPI CLIN RX | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0177U | ONC BRST CA DNA PIK3CA 11 | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0176U | CDTB&VINCULIN IGG ANTB IA | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 0175U | PSYC GEN ALYS PANEL 15 GENES | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0174U | ONC SOLID TUMOR 30 PRTN TRGT | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0173U | PSYC GEN ALYS PANEL 14 GENES | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0172U | ONC SLD TUM ALYS BRCA1 BRCA2 | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 07/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0015M | ADRNL CORTCL TUM BCHM ASY 25 | PATH & LAB-PROPRIETARY LAB ANA | NON-COV | 10/01/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1427 | INJECTION VILTOLARSEN 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 04/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7402 | MOMETASONE FUROATE SIN IMPL 10 MCG | HCPCS - DRUGS (NOT ORAL) | YES | 04/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1554 | INJECTION IMMUNE GLOBULIN 500 MG | HCPCS - DRUGS (NOT ORAL) | YES | 04/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0178 | INJECTION AFLIBERCEPT 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81507 | FETAL ANEUPLOIDY TRISOM RISK | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81420 | FETAL CHRMOML ANEUPLOIDY | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | S2267 | INDUCED ABORTION 32 WEEKS/GREATER | HCPCS - TEMP NATIONAL CODES | NON-COV | 11/20/2020 | 12/31/2078 | | All claims that contain abortion procedures must be billed directly to the Illinois Department of Healthcare and Family Services. | |
| ABH of Illinois-Medicaid | S2266 | INDUCED ABORTION 29 TO 31 WEEKS | HCPCS - TEMP NATIONAL CODES | NON-COV | 11/20/2020 | 12/31/2078 | | All claims that contain abortion procedures must be billed directly to the Illinois Department of Healthcare and Family Services. | |
| ABH of Illinois-Medicaid | S2265 | INDUCED ABORTION 25 TO 28 WEEKS | HCPCS - TEMP NATIONAL CODES | NON-COV | 11/20/2020 | 12/31/2078 | | All claims that contain abortion procedures must be billed directly to the Illinois Department of Healthcare and Family Services. | |
| ABH of Illinois-Medicaid | S2260 | INDUCD AB 17-24 WEEKS ANY SURG METH | HCPCS - TEMP NATIONAL CODES | NON-COV | 11/20/2020 | 12/31/2078 | | All claims that contain abortion procedures must be billed directly to the Illinois Department of Healthcare and Family Services. | |

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| ABH of Illinois-Medicaid | 59866 | ABORTION (MPR) | SURGERY - MATERNITY CARE AND D | NON-COV | 11/20/2020 | 12/31/2078 | | All claims that contain abortion procedures must be billed directly to the Illinois Department of Healthcare and Family Services. | |
| ABH of Illinois-Medicaid | 95991 | SPIN/BRAIN PUMP REFIL & MAIN | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62355 | REMOVE SPINAL CANAL CATHETER | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 63662 | REMOVE SPINE ELTRD PLATE | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63661 | REMOVE SPINE ELTRD PERQ ARAY | SURGERY - NERVOUS SYSTEM | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 62365 | REMOVE SPINE INFUSION DEVICE | SURGERY - NERVOUS SYSTEM | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81546 | ONC THYR MRNA 10,196 GEN ALG | PATH & LAB - MICROBIOLOGY | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81352 | TP53 GENE TRGT SEQUENCE ALYS | PATH & LAB - CHEMISTRY | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81339 | MPL GENE SEQ ALYS EXON 10 | PATH & LAB - CHEMISTRY | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81419 | EPILEPSY GEN SEQ ALYS PANEL | PATH & LAB - MICROBIOLOGY | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81168 | CCND1/IGH TRANSLOCATION ALYS | PATH & LAB - CYTOGENETIC STUDI | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81193 | NTRK3 TRANSLOCATION ANALYSIS | PATH & LAB - CYTOGENETIC STUDI | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 82681 | ASSAY DIR MEAS FR ESTRADIOL | PATH & LAB - CHEMISTRY | NO | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | 80161 | ASY CARBAMAZEPIN 10,11-EPXID | PATH & LAB - THERAPEUTIC DRUG | NO | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | 80179 | DRUG ASSAY SALICYLATE | PATH & LAB - THERAPEUTIC DRUG | NO | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | G2212 | PROLNG OF/OP E&M BYND RT;EA AD 15 M | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | | |

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| ABH of Illinois-Medicaid | 69705 | NPS SURG DILAT EUST TUBE UNI | SURGERY - AUDITORY SYSTEM | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 90377 | RABIES IG HT&SOL HUMAN IM/SC | MEDICINE - IMMUNE GLOBULINS | NO | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | 81338 | MPL GENE COMMON VARIANTS | PATH & LAB - CHEMISTRY | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81351 | TP53 GENE FULL GENE SEQUENCE | PATH & LAB - CHEMISTRY | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 33997 | RMVL PERQ RIGHT HEART VAD | SURGERY - CARDIOVASCULAR SYSTE | NO | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | 81192 | NTRK2 TRANSLOCATION ANALYSIS | PATH & LAB - CYTOGENETIC STUDI | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G2211 | VISIT CPLX INHERENT E&M ASSOC MCS | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | 32408 | CORE NDL BX LNG/MED PERQ | SURGERY - RESPIRATORY SYSTEM | NO | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | 33995 | INSJ PERQ VAD R HRT VENOUS | SURGERY - CARDIOVASCULAR SYSTE | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81191 | NTRK1 TRANSLOCATION ANALYSIS | PATH & LAB - CYTOGENETIC STUDI | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 80193 | DRUG ASSAY LEFLUNOMIDE | PATH & LAB - THERAPEUTIC DRUG | NO | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | 81347 | SF3B1 GENE COMMON VARIANTS | PATH & LAB - CHEMISTRY | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 33745 | TIS CGEN CAR ANOMAL 1ST SHNT | SURGERY - CARDIOVASCULAR SYSTE | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81529 | ONC CUTAN MLNMA MRNA 31 GENE | PATH & LAB - MICROBIOLOGY | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 80210 | DRUG ASSAY RUFINAMIDE | PATH & LAB - THERAPEUTIC DRUG | NO | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | 92519 | VEMP TST I&R CERVICAL&OCULAR | MEDICINE - SPECIAL OTORHINOLAR | YES | 01/01/2021 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 93247 | EXT ECGGT 7DLT 15D SCAN A/R | MEDICINE - CARDIOVASCULAR | NO | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | 81357 | U2AF1 GENE COMMON VARIANTS | PATH & LAB - CHEMISTRY | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D7961 | BUCCAL/LABIAL FRENECTOMY FRENULECT | HCPCS- DENTAL-Procedure-Other | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 94619 | EXERCISE TST BRNCSPSM WO ECG | MEDICINE - PULMONARY | NO | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | 93242 | EXT ECGGT 48HRLT 7D RECORDING | MEDICINE - CARDIOVASCULAR | NO | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | J7212 | FACTOR VIIA-JNCW 1 MCG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 80143 | DRUG ASSAY ACETAMINOPHEN | PATH & LAB - THERAPEUTIC DRUG | NO | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | 82077 | ASSAY SPEC XCP UR&BREATH IA | PATH & LAB - CHEMISTRY | NO | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | 81353 | TP53 GENE KNOWN FAMIL VRNT | PATH & LAB - CHEMISTRY | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 57465 | CAM CERVIX UTERI DRG COLP | SURGERY - FEMALE GENITAL SYSTE | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 80181 | DRUG ASSAY FLECAINIDE | PATH & LAB - THERAPEUTIC DRUG | NO | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | 81194 | NTRK TRANSLOCATION ANALYSIS | PATH & LAB - CYTOGENETIC STUDI | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G2213 | INIT MED TX OPIOID USE D/O ED SET | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | 69706 | NPS SURG DILAT EUST TUBE BI | SURGERY - AUDITORY SYSTEM | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81554 | PULM DS IPF MRNA 190 GEN ALG | PATH & LAB - MICROBIOLOGY | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G2214 | INIT/SUB PSY CCM 1ST 30 M MO BH CAR | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | | |

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| ABH of Illinois-Medicaid | 33741 | TAS CONGENITAL CAR ANOMAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | 92518 | VEMP TEST I&R OCULAR | MEDICINE - SPECIAL OTORHINOLAR | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 93246 | EXT ECGGT 7DLT 15D RECORDING | MEDICINE - CARDIOVASCULAR | NO | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | 80204 | DRUG ASSAY METHOTREXATE | PATH & LAB - THERAPEUTIC DRUG | NO | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | 80189 | DRUG ASSAY ITRACONAZOLE | PATH & LAB - THERAPEUTIC DRUG | NO | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | 92653 | AEP NEURODIAGNOSTIC I&R | MEDICINE - SPECIAL OTORHINOLAR | NO | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | G2252 | BRF CM TCH-B SRVC VR C/I P/O Q HCP | HCPCS - PROC/PROF SERVICES (TE | NO | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | 81278 | IGH /BCL2 TRANSLOCATION ALYS | PATH & LAB - CHEMISTRY | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81360 | ZRSR2 GENE COMMON VARIANTS | PATH & LAB - CHEMISTRY | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D7962 | LINGUAL FRENECTOMY FRENULECTOMY | HCPCS- DENTAL-Procedure-Other | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 80167 | DRUG ASSAY FELBAMATE | PATH & LAB - THERAPEUTIC DRUG | NO | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | 93243 | EXT ECGGT 48HRLT 7D SCAN A/R | MEDICINE - CARDIOVASCULAR | NO | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | 92650 | AEP SCR AUDITORY POTENTIAL | MEDICINE - SPECIAL OTORHINOLAR | NO | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | J1823 | INJECTION INEBILIZUMAB-CDON 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 92517 | VEMP TEST I&R CERVICAL | MEDICINE - SPECIAL OTORHINOLAR | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 93245 | EXT ECGGT 7DLT 15D REC SCAN A/R | MEDICINE - CARDIOVASCULAR | NO | 12/31/2020 | 12/31/2020 | | | |

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| ABH of Illinois-Medicaid | 92652 | AEP THRSHLD EST MLT FREQ I&R | MEDICINE - SPECIAL OTORHINOLAR | NO | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | 30468 | RPR NSL VLV COLLAPSE W/IMPLT | SURGERY - RESPIRATORY SYSTEM | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81279 | JAK2 GENE TRGT SEQUENCE ALYS | PATH & LAB - CHEMISTRY | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 93244 | EXT ECGGT 48HRLT 7D REV&INTERPJ | MEDICINE - CARDIOVASCULAR | NO | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | 55880 | ABLTJ MAL PRST8 TISS HIFU | SURGERY - MALE GENITAL SYSTEM | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 80151 | DRUG ASSAY AMIODARONE | PATH & LAB - THERAPEUTIC DRUG | NO | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | 92651 | AEP HEARING STATUS DETER I&R | MEDICINE - SPECIAL OTORHINOLAR | NO | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | 81348 | SRSF2 GENE COMMON VARIANTS | PATH & LAB - CHEMISTRY | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 33746 | TIS CGEN CAR ANOMAL EA ADDL | SURGERY - CARDIOVASCULAR SYSTE | YES | 01/01/2021 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 93248 | EXT ECGGT 7DLT 15D REV&INTERPJ | MEDICINE - CARDIOVASCULAR | NO | 12/31/2020 | 12/31/2020 | | | |
| ABH of Illinois-Medicaid | J7189 | FACTOR VIIA NOVOSEVEN RT1 MICROGRAM | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D5761 | RELINE MANDIBULAR PART DENTUR INDIR | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5760 | RELINE MAXILLARY PART DENTURE INDIR | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5751 | RELINE CMPL MANDIBULAR DENTUR INDIR | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5750 | RELINE COMPL MAXILLARY DENTUR INDIR | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |

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| ABH of Illinois-Medicaid | D5741 | RELINE MANDIBULAR PART DENTURE DIR | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5740 | RELINE MAXILLARY PART DENTURE DIR | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5731 | RELINE COMPL MANDIBULAR DENTURE DIR | HCPCS-DENTAL-Denture Reline | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5730 | RELINE COMPL MAXILLARY DENTURE DIR | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5225 | MAXILLARY PART DENTURE - FLEX BASE | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94617 | EXERCISE TST BRNCSPSM W/ECG | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87428 | SARSCOV & INF VIR A&B AG IA | PATH & LAB - MICROBIOLOGY | NO | 11/09/2020 | 11/09/2020 | | | |
| ABH of Illinois-Medicaid | 82670 | ASSAY OF TOTAL ESTRADIOL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80415 | TOT ESTRADIOL RESPONSE PANEL | PATH & LAB - EVOCATIVE/SUPPRES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80414 | TESTOSTERONE RESPONSE PANEL | PATH & LAB - EVOCATIVE/SUPPRES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76513 | OPH US DX ANT SGM US UNI/BI | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76511 | OPH US DX QUAN A-SCAN ONLY | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76510 | OPH US DX B-SCAN&QUAN A-SCAN | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/30/2020 | 11/30/2020 | | | |
| ABH of Illinois-Medicaid | 74425 | UROGRAPHY ANTEGRADE RS&I | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74420 | UROGRAPHY RTRGR +-KUB | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 74415 | UROGRAPHY NFS DRIP&/BLS W/NF | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74410 | UROGRAPHY NFS DRIP&/BOLUS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74400 | UROGRAPHY IV +-KUB TOMOG | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64455 | NJX AA&/STRD PLTR COM DG NRV | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33993 | REPOSG PERQ R/L HRT VAD | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33992 | RMVL PERQ LEFT HEART VAD | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33991 | INSJ PERQ VAD L HRT ARTL&VEN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33990 | INSJ PERQ VAD L HRT ARTERIAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29828 | SHO ARTHRS SRG BICP TENODSIS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29827 | SHO ARTHRS SRG RT8TR CUF RPR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29826 | SHO ARTHRS SRG DECOMPRESSION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29825 | SHO ARTHRS SRG LSS&RESCJ ADS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29824 | SHO ARTHRS SRG DSTL CLAVICLC | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29823 | SHO ARTHRS SRG XTNSV DBRDMT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29822 | SHO ARTHRS SRG LMTD DBRDMT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29821 | SHO ARTHRS SRG COMPL SYNVCT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 29820 | SHO ARTHRS SRG PRTL SYNVCT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29819 | SHO ARTHRS SRG RMVL LOOSE/FB | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29807 | SHO ARTHRS SRG RPR SLAP LES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29805 | SHO ARTHRS DX +- SYNOVIAL BX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19380 | REVJ RECONSTRUCTED BREAST | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 19371 | PERI-IMPLT CAPSLC BRST COMPL | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 19370 | REVJ PERI-IMPLT CAPSULE BRST | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 19369 | BRST RCNSTJ 2 PDCL TRAM FLAP | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19368 | BRST RCNSTJ 1PDCL TRAM ANAST | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19367 | BRST RCNSTJ 1 PDCL TRAM FLAP | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19364 | BRST RCNSTJ FREE FLAP | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19361 | BRST RCNSTJ LATSMS DRSI FLAP | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19357 | TISS XPNDR PLMT BRST RCNSTJ | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 19342 | INSJ/RPLCMT BRST IMPLT SEP D | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19340 | INSJ BREAST IMPLT SM D MAST | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19330 | RMVL RUPTURED BREAST IMPLANT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 19328 | RMVL INTACT BREAST IMPLANT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19325 | BREAST AUGMENTATION W/IMPLT | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 19318 | BREAST REDUCTION | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 11971 | RMVL TIS XPNDR WO INSJ IMPLT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0461 | INJECTION ATROPINE SULFATE 0.01 MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2020 | 12/04/2020 | | | |
| ABH of Illinois-Medicaid | J0780 | INJ PROCHLORPERAZINE TO 10 MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2020 | 12/04/2020 | | | |
| ABH of Illinois-Medicaid | J1100 | INJ DEXMETHOSON SODIM PHOSHATE 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2020 | 12/04/2020 | | | |
| ABH of Illinois-Medicaid | J1200 | INJ DIPHENHYDRAMINE HCL TO 50 MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2020 | 12/04/2020 | | | |
| ABH of Illinois-Medicaid | J1720 | INJ HYDROCORTSON SOD SUCC TO 100 MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2020 | 12/04/2020 | | | |
| ABH of Illinois-Medicaid | J1741 | INJECTION IBUPROFEN 100 MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2020 | 12/04/2020 | | | |
| ABH of Illinois-Medicaid | J2060 | INJECTION LORAZEPAM 2 MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2020 | 12/04/2020 | | | |
| ABH of Illinois-Medicaid | J2175 | INJECTION MEPERIDINE HCL PER 100 MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2020 | 12/04/2020 | | | |
| ABH of Illinois-Medicaid | J2405 | INJECTION ONDANSETRON HCL PER 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2020 | 12/04/2020 | | | |
| ABH of Illinois-Medicaid | J2765 | INJ METOCLOPRAMIDE HCL TO 10 MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2020 | 12/04/2020 | | | |
| ABH of Illinois-Medicaid | J3420 | INJ VIT B-12 CYNOCOBLMN TO 1000 MCG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2020 | 12/04/2020 | | | |
| ABH of Illinois-Medicaid | J3475 | INJ MAGNESIUM SULFATE PER 500 MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2020 | 12/04/2020 | | | |

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| ABH of Illinois-Medicaid | J3480 | INJ POTASSIUM CHLORIDE PER 2 MEQ | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2020 | 12/04/2020 | | | |
| ABH of Illinois-Medicaid | J7510 | PREDNISOLONE ORAL PER 5 MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2020 | 12/04/2020 | | | |
| ABH of Illinois-Medicaid | J7635 | ATROPINE INHAL CP CONC FORM PER MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2020 | 12/04/2020 | | | |
| ABH of Illinois-Medicaid | J7636 | ATROPINE INHAL CP UNIT DOSE PER MG | HCPCS - DRUGS (NOT ORAL) | NO | 01/01/2020 | 12/04/2020 | | | |
| ABH of Illinois-Medicaid | Q0163 | DIPHENHYDRAMINE HCL 50 MG ORAL | HCPCS - TEMP CODES | NO | 01/01/2020 | 12/04/2020 | | | |
| ABH of Illinois-Medicaid | Q0164 | PROCHLORPERAZINE MALEATE 5 MG ORAL | HCPCS - TEMP CODES | NO | 01/01/2020 | 12/04/2020 | | | |
| ABH of Illinois-Medicaid | 65205 | REMOVE FOREIGN BODY FROM EYE | SURGERY - EYE AND OCULAR ADNEX | NO | 11/30/2020 | 11/30/2020 | | | |
| ABH of Illinois-Medicaid | 65210 | REMOVE FOREIGN BODY FROM EYE | SURGERY - EYE AND OCULAR ADNEX | NO | 11/30/2020 | 11/30/2020 | | | |
| ABH of Illinois-Medicaid | 65222 | REMOVE FOREIGN BODY FROM EYE | SURGERY - EYE AND OCULAR ADNEX | NO | 11/30/2020 | 11/30/2020 | | | |
| ABH of Illinois-Medicaid | 65435 | CURETTE/TREAT CORNEA | SURGERY - EYE AND OCULAR ADNEX | NO | 11/30/2020 | 11/30/2020 | | | |
| ABH of Illinois-Medicaid | 66761 | REVISION OF IRIS | SURGERY - EYE AND OCULAR ADNEX | NO | 11/30/2020 | 11/30/2020 | | | |
| ABH of Illinois-Medicaid | 66820 | INCISION SECONDARY CATARACT | SURGERY - EYE AND OCULAR ADNEX | NO | 11/30/2020 | 11/30/2020 | | | |
| ABH of Illinois-Medicaid | 66821 | AFTER CATARACT LASER SURGERY | SURGERY - EYE AND OCULAR ADNEX | NO | 11/30/2020 | 11/30/2020 | | | |
| ABH of Illinois-Medicaid | 66920 | EXTRACTION OF LENS | SURGERY - EYE AND OCULAR ADNEX | NO | 11/30/2020 | 11/30/2020 | | | |
| ABH of Illinois-Medicaid | 66982 | XCAPSL CTRC RMVL CPLX WO ECP | SURGERY - EYE AND OCULAR ADNEX | NO | 11/30/2020 | 11/30/2020 | | | |
| ABH of Illinois-Medicaid | 66983 | CATARACT SURG W/IOL 1 STAGE | SURGERY - EYE AND OCULAR ADNEX | NO | 11/30/2020 | 11/30/2020 | | | |

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| ABH of Illinois-Medicaid | 66984 | XCAPSL CTRC RMVL W/O ECP | SURGERY - EYE AND OCULAR ADNEX | NO | 11/30/2020 | 11/30/2020 | | | |
| ABH of Illinois-Medicaid | 67105 | REPAIR DETACHED RETINA PC | SURGERY - EYE AND OCULAR ADNEX | NO | 11/30/2020 | 11/30/2020 | | | |
| ABH of Illinois-Medicaid | 67318 | REVISE EYE MUSCLE(S) | SURGERY - EYE AND OCULAR ADNEX | NO | 11/30/2020 | 11/30/2020 | | | |
| ABH of Illinois-Medicaid | 67820 | REVISE EYELASHES | SURGERY - EYE AND OCULAR ADNEX | NO | 11/30/2020 | 11/30/2020 | | | |
| ABH of Illinois-Medicaid | 67825 | REVISE EYELASHES | SURGERY - EYE AND OCULAR ADNEX | NO | 11/30/2020 | 11/30/2020 | | | |
| ABH of Illinois-Medicaid | 68760 | CLOSE TEAR DUCT OPENING | SURGERY - EYE AND OCULAR ADNEX | NO | 11/30/2020 | 11/30/2020 | | | |
| ABH of Illinois-Medicaid | 68761 | CLOSE TEAR DUCT OPENING | SURGERY - EYE AND OCULAR ADNEX | NO | 11/30/2020 | 11/30/2020 | | | |
| ABH of Illinois-Medicaid | 68810 | PROBE NASOLACRIMAL DUCT | SURGERY - EYE AND OCULAR ADNEX | NO | 11/30/2020 | 11/30/2020 | | | |
| ABH of Illinois-Medicaid | 68840 | EXPLORE/IRRIGATE TEAR DUCTS | SURGERY - EYE AND OCULAR ADNEX | NO | 11/30/2020 | 11/30/2020 | | | |
| ABH of Illinois-Medicaid | 92145 | CORNEAL HYSTERESIS DETER | MEDICINE - SPECIAL PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 92201 | OPSCPY EXTND RTA DRAW UNI/BI | MEDICINE-OPHTHALMOLOGY | NO | 11/30/2020 | 11/30/2020 | | | |
| ABH of Illinois-Medicaid | 92202 | OPSCPY EXTND ON/MAC DRAW | MEDICINE-OPHTHALMOLOGY | NO | 11/30/2020 | 11/30/2020 | | | |
| ABH of Illinois-Medicaid | J2778 | INJECTION RANIBIZUMAB 0.1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | V2025 | DELUXE FRAME | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | V2625 | ENLARGEMENT OF OCULAR PROSTHESIS | HCPCS - VISION SERVICES | NO | 11/30/2020 | 11/30/2020 | | | |
| ABH of Illinois-Medicaid | V2626 | REDUCTION OF OCULAR PROSTHESIS | HCPCS - VISION SERVICES | NO | 11/30/2020 | 11/30/2020 | | | |

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| ABH of Illinois-Medicaid | V2629 | PROSTHETIC EYE OTHER TYPE | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q3014 | TELEHEALTH ORIG SITE FACILITY FEE | HCPCS - TEMP CODES | NO | 11/20/2020 | 12/01/2020 | | | |
| ABH of Illinois-Medicaid | 86413 | SARS-COV-2 ANTB QUANTITATIVE | PATH & LAB - IMMUNOLOGY | YES | 09/08/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | V5336 | REPR/MOD AUGMENTATIV CMNCT SYS/DEVC | HCPCS - HEARING SERVICES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | V5298 | HEARING AID NOC | HCPCS - HEARING SERVICES | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | V5095 | SEMI-IMPL MID EAR HEARING PROSTH | HCPCS - HEARING SERVICES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | V2797 | VISN SPL ACSS&/SRVC CMPNT OTH HCPCS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2762 | POLARIZATION ANY LENS MATERIAL-LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | V2761 | MIRROR COAT TYPE SOLID GRADENT/EQU LE | HCPCS - VISION SERVICES | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | V2745 | ADD LENS;TINT COLR EXC PHOTOCHRMATC | HCPCS - VISION SERVICES | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | U0002 | 2019-NCOV COVID-19 SARS-COV-2/2019 | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | T5001 | PSTN SEAT PERSON SPECL/ORTHO NEEDS | HCPCS - STATE MEDICAID AGENCY | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | T2101 | HUMN BRST MILK PRC STOR&DSTRB ONLY | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | T2049 | NON-EMERG TRNSPRT; VAN MILEAGE;MILE | HCPCS - STATE MEDICAID AGENCY | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | T2039 | VEHICLE MOD WAIVER; PER SERVICE | HCPCS - STATE MEDICAID AGENCY | NON-COV | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | T2019 | HABILTATN SUPP EMPLMNT WAIVR;15 MIN | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | T2014 | HABILITATN PREVOCATIONL WAIVR;DIEM | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | T2007 | TRNSPRT WAIT TIME NON-ER VEH 1/2 HR | HCPCS - STATE MEDICAID AGENCY | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | T2005 | NONEMERGENCY TRNSPRT; STRETCHER VAN | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | T2004 | N-EMERG TRNSPRT;COMMER CARR MX-PASS | HCPCS - STATE MEDICAID AGENCY | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | T2003 | NON-EMERG TRNSPRT; ENCOUNTER/TRIP | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact Logisticare for prior authorization of these services at HP Member Services: 1-866-329-4701 |
| ABH of Illinois-Medicaid | T2002 | NON-EMERG TRANSPORTATION; PER DIEM | HCPCS - STATE MEDICAID AGENCY | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | T2001 | N-EMERG TRNSPRT; PT ATTENDNT/ESCORT | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | T1999 | MISC TX ITEMS&SPL RTAIL PURCHSE NOC | HCPCS - STATE MEDICAID AGENCY | NON-COV | 11/20/2020 | 11/20/2020 | Other | | |
| ABH of Illinois-Medicaid | T1505 | ELECTRON MED COMPL MANAGE DEVC NOS | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | T1040 | MEDICAID CERT COM BH CLINIC SRVC PD | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | T1029 | COMP ENVIR LEAD INVESTIGAT-DWELL | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | T1021 | HOME HLTH AIDE/CERT NURSE ASST VST | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | T1018 | SCHOOL-BASD IND ED PROG SERV BUNDLD | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | T1015 | CLINIC VST/ENCOUNTER ALL-INCLUSIVE | HCPCS - STATE MEDICAID AGENCY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | T1005 | RESPITE CARE SERVICES TO 15 MIN | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | S9480 | INTENSIVE OP PSYC SERVICES PER DIEM | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | S9443 | LACTATION CLASS NON-PHYS PROV-SESS | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | S9433 | MED FOOD NUTR ORAL 100PCT NUTR INTAKE | HCPCS - TEMP NATIONAL CODES | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | S8426 | GRADENT PRESS AID GLOVE CSTM HVY WT | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | S8425 | GRADENT PRESS AID GLOVE CSTM MED WT | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | S8423 | GRADENT PRESS AID SLEEV CSTM HVY WT | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | S8422 | GRADENT PRESS AID SLEEV CSTM MED WT | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | S8420 | GRADENT PRESS AID SLEEVE&GLOVE CSTM | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | S8270 | ENURESIS ALARM BUZZ&/VIBRATION DEVC | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | S8189 | TRACHEOSTOMY SUPPLY NOC | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | S5190 | WELLNESS ASSESS PRFRM NON-PHYSICIAN | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | S5170 | HOME DEL MEALS INCL PREP; MEAL | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | S5130 | HOMEMAKER SERVICE NOS; PER 15 MIN | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | S5100 | DAY CARE SERVICES ADULT; PER 15 MIN | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | S4993 | CONTRACEPTIVE PILLS BIRTH CONTROL | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | S2118 | MTL-ON-MTL TOT HIP RSRFC ACETAB&FEM | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | S2083 | ADJ GASTRIC BAND DIAM SUBQ PORT | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | S2070 | CYSTO; LASER TX URETERAL CALC | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | S2068 | BREAST RECON DIEP/SIEA FLAP UNI | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | S2067 | BRST RECN 1 BRST DIEP&/GAP FLP(S) | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | S2066 | BREAST RECON W/GAP FLAP UNILATERAL | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | S1040 | CRANIAL REMOLD ORTHOT PED CUST FAB | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | S1016 | NON-PVC IV ADMN SET RX NOT STABLE | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | S0630 | REMV SUTURS; MD NOT MD WHO CLOS WND | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | S0215 | NON-EMERG TRANSPORTATION; PER MILE | HCPCS - TEMP NATIONAL CODES | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | S0208 | PARAMED INTRCPT ALS NON-TRNSPRT | HCPCS - TEMP NATIONAL CODES | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | S0207 | PARAMED INTERCEPT NON-HOS-BASED ALS | HCPCS - TEMP NATIONAL CODES | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | S0199 | MED INDUCED AB ORAL INGEST MED | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | S0155 | STERILE DILUTANT EPOPROSTENOL 50 ML | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | S0145 | INJ PEGYLATD IFN ALFA-2A 180 MCG ML | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | S0142 | COLISTMTHATE SODUIM INHAL CONC-MG | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | R0075 | TRANS PRTBL XRAY EQP&PERS-TRIPGT 1 PT | HCPCS - DIAG. RADIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | R0070 | TRANS PRTBL XRAY EQP&PERS-TRIP 1 PT | HCPCS - DIAG. RADIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q9992 | INJ BUPRENORPHINE EXT-RLSE GT 100 MG | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q9991 | INJECTION BU EXT-RLSE LT /EQU TO 100 MG | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5114 | INJ TRASTUZUMAB-DKST BIOSIM 10 MG | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5113 | INJ TRASTUZUMAB-PKRB BIOSIM 10 MG | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5112 | INJ TRASTUZUMAB-DTTB BIOSIM 10 MG | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5104 | INJ INFLIXIMAB-ABDA BIOSIMILR 10 MG | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q5103 | INJ INFLIXIMAB-DYYB BIOSIMILR 10 MG | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4197 | PURAPLY XT PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4196 | PURAPLY AM PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4195 | PURAPLY PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4187 | EPICORD PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4186 | EPIFIX PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4151 | AMNIOBAND/GUARDIAN PER SQ CENTIMETR | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4139 | AMNIOMATRIX OR BIODMATRIX INJ 1 CC | HCPCS - TEMP CODES | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4137 | AMNIOEXL AMNIOEL PLUS/BIODEXL P SC | HCPCS - TEMP CODES | NON-COV | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | Q4133 | GRFX P GRFXPL P STRVX & STRVXPL SC | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4132 | GRAFIX CORE & GRAFIXPL CORE-SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4124 | OASIS ULTRA TRI-LAY WND MATRX SQ CM | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q4122 | DERMACELL DERMACELL AWM/POROUS P SC | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4115 | ALLOSKIN PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4114 | INTEGRA FLOWABL WND MATRIX INJ 1 CC | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q4113 | GRAFTJACKET XPRESS INJECTABLE 1CC | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q4112 | CYMETRA INJECTABLE 1 CC | HCPCS - TEMP CODES | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q4111 | GAMMAGRAFT PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4110 | PRIMATRIX PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4108 | INTEGRA MATRIX PER SQ CM | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q4107 | GRAFTJACKET PER SQ CM | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q4103 | OASIS BURN MATRIX PER SQ CM | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q4102 | OASIS WOUND MATRIX PER SQ CM | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q4101 | APLIGRAF PER SQ CM | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q3028 | INJ INTERFERON BETA-1A 1 MCG SUBQ | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | Regulatory | | |

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| ABH of Illinois-Medicaid | Q3027 | INJ INTERFERON BETA-1A 1 MCG IM USE | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | Regulatory | | |
| ABH of Illinois-Medicaid | Q2009 | INJ FOSPHENYTOIN 50 MG PHENYTOIN EQ | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q2004 | IRRIG SOL TX BLADDER CALCULI 500 ML | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0508 | MISC SUPL/ACCSSRY USE W/IMPLANT VAD | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0506 | BATT LITHIUM-ION ELEC VAD REPL | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0504 | PWR ADPTR PNEUMAT VAD REPL VEH TYPE | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0503 | BATT FOR PNEUMAT VAD REPL ONLY EA | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0502 | MOBILITY CART FOR PNEUMAT VAD REPL | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0496 | BATT NOT LITHIUM-ION ELEC VAD REPL | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0495 | BATT CHRG ELEC/ELEC-PNEUMAT VAD RPL | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0491 | EMERG PWR SRC ELEC/PNEUMAT VAD RE | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0490 | EMERGENCY PWR SRC FOR ELEC VAD RE | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0489 | PWR PACK BASE ELEC/PNEUMAT VAD RE | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0488 | POWER PACK BASE FOR ELEC VAD REPL | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0484 | MON ELEC OR ELEC/PNEUMAT VAD REPL | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0483 | MON/DISPLAY MODULE W/ELEC VAD REPL | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | Q0482 | MICRPROCSS CU ELEC/PNEUMAT VAD REPL | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0481 | MICRPROCSS CU FOR ELEC VAD REPL | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0480 | DRIVER FOR PNEUMATIC VAD REPL ONLY | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0479 | POWER MODULE ELEC/PNEUMAT VAD REPL | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0478 | PWR ADAPTR ELEC/PNEUMAT VAD VEH TYP | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0477 | PWR MODULE PT CABL ELEC/PN VAD REPL | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0181 | UNS ORAL ANTI-EMETIC NOTGT 48 HR DOSE | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0177 | HYDROXYZINE PAMOATE 25 MG ORAL | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0175 | PERPHENZAINE 4 MG ORAL | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0169 | PROMETHAZINE HCL 12.5 MG ORAL | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0166 | GRANISETRON HCL 1 MG ORAL | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0161 | CHLORPROMAZINE HCL 5 MG ORAL | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0139 | INJ FERUMOXYTOL TX IDA 1 MG ESRD | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q0138 | INJ FERUMOXYTOL IDA 1 MG NON-ESRD | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q0112 | ALL POTASSIUM HYDROXIDE PREPARATNS | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0111 | WET MOUNTS W/PREP VAG CERV/SKN SPEC | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | Q0085 | CHEMO ADMIN INFUS&OTH TECH VISIT | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0084 | CHEMO ADMIN INFUS TECH ONLY VISIT | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0083 | CHEMO ADMIN NOT INFUS TECH ONLY VST | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0081 | INFUS TX OTH THAN CHEMO RX VISIT | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | P9604 | TRAVL 1 WAY NEC LAB SPEC; TRIP CHRG | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | P7001 | CULT BACTERL URINE; QUAN SENS STUDY | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | P3001 | SCR PAP SMER UP TO 3 RQR INTEPR MD | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | P3000 | SCR PAP SMER UP TO 3 TECH W/MD SUPV | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L9900 | ORTHO/PROSTH SUPP ACCES &/ SERV | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | L8699 | PROSTHETIC IMPLANT NOS | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 11/20/2020 | Other | | |
| ABH of Illinois-Medicaid | L8696 | ANT FOR IMPL DIA/PN ST DEV REPL EA | HCPCS - PROSTHETIC PROCED | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L8693 | AUD OSSEOINTEGRATED DEVC ABUT REPL | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L8692 | AUDITORY OSSEOINTEGRAT DEV BDY WORN | HCPCS - PROSTHETIC PROCED | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L8691 | AO D EXT SP EXCL TRNDCR/ACTR RPL EA | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L8690 | AUDITORY OSSEOINTEGRTD INT/EXT COMP | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L8684 | RF TRNSMT BOWEL BLADDR MGMT REPL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | L8679 | IMPL NEUROSTIMULATOR PULSE GEN ANY | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L8670 | VASC GRAFT MATERIAL SYNTH IMPLANT | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L8659 | IP FNGR JNT REPL TWO/GT PECES METAL | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L8631 | MPJ REPLCMT TWO/MORE PECES METL CER | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L8628 | COCHLR IMPL EXT CONTRLLR CMPNT REPL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L8627 | COCHLEAR IMPL EXT PROCSSR CMPNT RPL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L8625 | EXT RECHRG BATT CI/AO DEVC REPL EA | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L8619 | COCHLR IMPL SPCH PRCSSR/CNTLR REPL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L8614 | COCHLEAR DEVC INCL INT&EXT COMPNENT | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L8600 | IMPL BREAST PROSTH SILICONE/EQUAL | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L8505 | ARTFICL LARYNX REPLCMT BATTRY/ACSS | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L8499 | UNLISTED PROC MISC PROSTH SERVICES | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | L8049 | REP MAXLOFCE PROS EA 15 MIN NON-MD | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L8048 | UNS MAXLOFCE PROSTH BR PROV NON-MD | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L8047 | NASL SEPTAL PROSTH PROV NON-PHYS | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L8046 | PART FCE PROSTH PROV NON-PHYSICIAN | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | L8045 | AURICULAR PROSTH PROV NON-PHYSICIAN | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L8044 | HEMI-FCE PROSTH PROV NON-PHYSICIAN | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L8043 | UPPER FCE PROSTH PROV NON-PHYSICIAN | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L8042 | ORB PROSTH PROVIDED NON-PHYSICIAN | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L8041 | MIDFCE PROSTH PROV NON-PHYSICIAN | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L8040 | NASL PROSTH PROVIDED NON-PHYSICIAN | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L8039 | BREAST PROSTHESIS NOS | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L8035 | CSTM BRST PROSTH POST MASTECT MOLD | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L7700 | GKT/SEAL USE PROS SOC INS ANY TY EA | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L7510 | REP PROS DEVC REP/REPL MINOR PART | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L7405 | ADD UP EXT PROS SD/INTERSCAP THOR | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L7404 | ADD UP EXT PROS ABVE ED ACRYLC MATL | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L7403 | ADD UP EXT PROS BE/WD ACRYLIC MATL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L7400 | ADD UP EXT PROS BE/WD ULTRALT MATL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L7366 | BATTERY CHARGER 12 VOLT EACH | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L7362 | BATTERY CHARGER SIX VOLT EACH | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | L7191 | ELEC ELB CHLD VRITY VILL/EQU MYOELEC | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L7190 | ELEC ELB ADOLES VRITY VILL/EQU MYOELC | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L7186 | ELEC ELB CHLD VRITY VILL/EQU SWITCH | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L7185 | ELEC ELB ADOLES VRITY VILL/EQU SWITCH | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L7181 | ELEC ELB SIMULTAN CNTRL ELB&TRM DEV | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L7180 | ELEC ELB SEQENTL CNTRL ELB&TRM DEV | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L7170 | ELEC ELB HOSMER/EQUAL SWITCH CNTRL | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L7045 | ELEC HOOK SWITCH MYOELEC CONTRL PED | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L7040 | PREHENSILE ACTUATOR SWITCH CONTROL | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L6975 | INTERSCAP-THORAC OTTO BOCK/EQU MYOELEC | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L6970 | INTERSCAPULR-THOR OTTO BOCK/EQU SWITCH | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L6965 | SHLDR DSRTC OTTO BOCK/EQU MYOELC CNTRL | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L6960 | SHLDR DSRTC OTTO BOCK/EQU SWTCH CNTRL | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L6955 | ABVE ELBOW OTTO BOCK/EQU MYOELEC CNTRL | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L6950 | ABOVE ELB OTTO BOCK/EQU SWITCH CONTROL | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L6945 | ELB DISRTC OTTO BOCK/EQU MYOELC CNTRL | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | L6940 | ELB DISRTC OTTO BOCK/EQU SWITCH CNTRL | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L6930 | BELW ELBOW OTTO BOCK/EQU SWITCH CNTRL | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L6925 | WRIST DSRTC OTTO BOCK/EQU MYOELC CNTRL | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L6920 | WRST DISARTC OTTO BOCK/EQU SWTCH CNTRL | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L6915 | HAND REST REPL GLOVE FOR ABOVE | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6910 | HND REST PART HND W/GLOV NO FNGR | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6905 | HND REST PART HND W/GLOV MX FNGR | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6900 | HND REST PART W/GLOV THUMB/1 FNGR | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6895 | ADD UP EXT PROSTH GLOV TERM CSTM | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6885 | REPL SOCKT SD/INTRSCAP THOR MOLD PT | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6884 | REPL SOCKT ABOVE ELB DISART MOLD PT | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6881 | AUTO GRASP ADD UPPER LIMB PROS DEVC | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L6880 | ELEC HAND SW/MYOELEC CNTRL ARTC DIG | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L6722 | TERM DEVC HOOK/HND HD MECH VOL CLOS | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6721 | TERM DEVC HOOK/HAND HD MECH VOL OPN | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6715 | TERM DEVC MX ARTC DIG INIT ISS/REPL | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | L6714 | TERM DEVC HAND MECH VOL CLOS PED | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6713 | TERM DVC HAND MECH VOL OPN PED | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6712 | TERM DVC HOOK MECH VOL CLOS PED | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6711 | TERM DVC HOOK MECH VOL OPN PED | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6709 | TERMINAL DEVC HAND MECH VOL CLOSING | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6708 | TERMINAL DEVC HAND MECH VOL OPENING | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6707 | TERMINAL DEVC HOOK MECH VOL CLOSING | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6703 | TERMINAL DEVICE PASSIVE HAND/MITT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6697 | ADD UP EXT PROS NOT CNGN/TRAUM AMP | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6696 | ADD UP EXT PROS CNGN/TRAUMAT AMP | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6695 | ADD UP EXT PROS CSTM W/O LOCK MECH | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6694 | ADD UP EXT PROS CSTM W/LOCK MECH | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6693 | UP EXT ADD LOCK ELB FORARM CNTRBAL | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6690 | UP EXT ADD FRAME SCKT INTRSCAP-THOR | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6689 | UP EXT ADD FRAME SCKT SHLDR DISARTC | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6660 | UP EXTREM ADD HEVY DUTY CNTRL CABLE | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | L6648 | UP EXT ADD SHLDR LOCK MECH EXT PWR | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6647 | UP EXT ADD SHLDR LOCK MECH BDY PWR | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6646 | UP EXT ADD SHLDR JNT MX PSTN SYS | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6638 | UP EXT ADD PROS LOCK W/MNL PWR ELB | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6624 | UP EXT ADD FLX/EXT ROT WRIST UNIT | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6623 | UP EXT ADD ROTATL WRST W/LATCH RLSE | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6621 | UP EXTREM PROS ADD FLEX/EXTEN WRIST | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6611 | ADD UP EXT PROS EXT PWR ADD SWITCH | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6590 | PREP SHLDR DSRTC THOR SCKT DIR FORM | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6588 | PREP SHLDR DISRTC THOR PLSTC SOCKT | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6586 | PREP ELB DISARTIC SOCKET DIR FORM | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6584 | PREP ELB DISARTC PLASTIC SOCKT MOLD | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6582 | PREP WRST DISARTC ELB SCKT DIR FORM | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6580 | PREP WRST DISARTIC PLSTC SOCKT MOLD | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6570 | INTRSCAP THOR MOLD SOCKET ENDOSKEL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6550 | SHLDR DISARTC MOLD SOCKET ENDOSKEL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | L6500 | ABOVE ELBOW MOLD SOCKET ENDOSKEL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6450 | ELB DISARTIC MOLD SOCKET ENDOSKEL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6400 | BE MOLD SCKT ENDOSKEL-SFT PROS TISS | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6386 | IMMED POSTSURG EA ADD CAST CHANGE | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6384 | IMMED POSTSRG RIGD DRSG SHLDR DSRTC | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6382 | IMMED POSTSURG RIGD DRSG ELB DISRTC | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6380 | IMMED POSTSURG RIGD DRSG WRST DSRTC | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6370 | INTERSCAPULAR THOR SHLDR CAP ONLY | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6360 | INTERSCAPULAR THOR COMPLT PROSTH | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6350 | INTRSCAP THOR INTRL LOCK ELB FORARM | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6320 | SHLDR DISART PASS REST SHLDR CAP | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6310 | SHLDR DISART PASS REST COMPL PROSTH | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6300 | SHLDR DISARTC INTRL LOCK ELB FORARM | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6250 | ABOVE ELB INTERNAL LOCK ELB FOREARM | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6205 | ELB DSRTC MOLD SCKT XPND INTRFC ARM | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6200 | ELB DSRTC MOLD SCKT OTSD LCK FORARM | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | L6130 | BELW ELB STMP ACTV LCK HNG 1/2 CUFF | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6120 | BELW ELB STEP-UP HINGES HALF CUFF | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6100 | BELW ELB MOLD SOCKT FLXIBLE ELB HNG | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6055 | WRST DSRTC MOLD SCKT W/XPND INTRFCE | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6050 | WRST DSRTC MOLD SOCKET FLEX ELB HNG | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6020 | PARTIAL HAND NO FINGER REMAINING | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6010 | PART HAND LITTLE &/ RING FINGER REM | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6000 | PARTIAL HAND THUMB REMAINING | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5986 | ALL LW EXTRM PROSTH MX-AXIAL ROT U | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5985 | ALL ENDOSKL LW XTRM PROSTH DYNAMIC | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5981 | ALL LOW EXTRM PROSTH FLX-WALK SYS/EQU | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5971 | ALL LW EXT PROS SACH FOOT REPL ONLY | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5969 | ADD ENDOSKEL ANKL-FT/ANK PWR ASSIST | HCPCS - PROSTHETIC PROCED | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L5966 | ADD ENDO HIP DISRTC FLX PROTVE COVR | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5961 | ADD ENDO SYS POLYCNTRC HIP JOINT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5960 | ADD ENDOSKL HIP DISARTC ULTRA-LGHT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | L5950 | ADD ENDOSKEL ABOVE KNEE ULTRA-LGHT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5840 | ADD ENDO KNEE-SHIN 4-BAR LINK SWING | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5830 | ADD ENDO KNEE-SHIN PNEUMAT/SWING | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5828 | ADD ENDO KNEE-SHIN FL SWING&STANCE | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5824 | ADD ENDO KNEE-SHIN FL SWING CNTRL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5822 | ADD ENDO KNEE-SHIN PNEUMATIC FRICT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5818 | ADD ENDO KNEE-SHIN FRICT SWNG&STANC | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5816 | ADD ENDO KNEE-SHIN MECH STANCE LOCK | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5811 | ADD ENDO KNEE-SHIN MNL LCK ULTRA-LT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5795 | ADD EXOSKEL HIP DISARTIC ULTRA-LGHT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5790 | ADD EXOSKEL ABVE KNEE ULTRA-LT MATL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5780 | ADD EXO KNEE-SHIN PNEUMAT/HYDRA | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5726 | ADD EXO KNEE-SHIN EXT JNT FL SWING | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5724 | ADD KNEE-SHIN 1 AXIS FL SWING PHASE | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5722 | ADD EXO KNEE-SHIN PNUMAT SWNG FRICT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5716 | ADD EXO KNEE-SHIN MECH STANCE LOCK | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | L5707 | CUSTOM SHAPED COVER HIP DISARTIC | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5706 | CUSTOM SHAPED COVER KNEE DISARTIC | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5705 | CUSTOM SHAP PROTVE COVER ABOVE KNEE | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5704 | CUSTOM SHAP PROTVE COVER BELOW KNEE | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5702 | REPL SCKT HIP DISRTC W/HIP JNT MOLD | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5701 | REPL SCKT AK/DISARTIC W/ ATTCH PLAT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5700 | REPL SOCKET BELOW KNEE MOLD PT MDL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5699 | ALL LOW EXTREM PROSTH SHLDR HARNESS | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5683 | ADD LOW EXT BK/AK NO CONGN/AMP INIT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5682 | ADD LOW EXTREM BK THIGH LACER MOLD | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5681 | ADD LW EXT BK/AK CONGN/AMPUTEE INIT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5671 | ADD LOW EXTRM BK/AK SUSP LOCK MECH | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5651 | ADD LOW EXTRM AK FLX INNR EXT FRME | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5649 | ADD LW EXT ISCHIAL CONTAINMENT SCKT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5648 | ADD LOW EXT ABOVE KNEE CUSHN SOCKET | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5647 | ADD LOW EXTRM BELW KNEE SUCTN SOCKT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | L5646 | ADD LOW EXT BELOW KNEE CUSHN SOCKT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5645 | ADD LOW EXTRM BK FLX INNR EXT FRME | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5643 | ADD LW EXT HIP DISRTC FLX EXT FRAME | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5640 | ADD LW EXT KNEE DISARTC LEATHR SCKT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5639 | ADD LOW EXTREM BELW KNEE WOOD SOCKT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5617 | ADD LW EXTREM QUICK CHANGE AK/BK EA | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5616 | ADD LOW EXT AK UNIVRSL MXPLX FRICT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5611 | ADD LW EXT AK-DISARTC W/FRICT CNTRL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5610 | ADD LOW EXTRM ENDO AK HYDRACADENCE | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5600 | PREP HIP DISARTC LAMINATD SCKT MOLD | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5595 | PREP HIP DISARTC THERMOPLSTC/EQU MOLD | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5590 | PREP AK-DISARTC LAMINATD SCKT MOLD | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5585 | PREP AK-DISARTIC PRFAB ADJ OPEN END | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5580 | PREP AK-DISARTIC THERMOPLSTC/EQU MOLD | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5570 | PREP AK-DISRTC THRMOPLSTC/EQU DIR FORM | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5560 | PREP AK-DISARTIC PLASTER MOLD MODEL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | L5535 | PREP BK PTB PRFAB ADJ OPEN END SCKT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5530 | PREP BK PTB THERMOPLSTC/EQU MOLD MODEL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5520 | PREP BK PTB THERMOPLSTC/EQU DIR FORM | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5510 | PREP BK PTB SCKT NON-ALIGN MOLD MDL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5505 | INIT AK-DISRTC ISCH LEVL NON-ALIGN | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5500 | INIT BK PTB SCKT NON-ALIGN DIR FORM | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5430 | IMMED POSTSURG RIGD DRSG AK EA CAST | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5420 | IMMED POSTSURG RIGD DRSG 1 CHG AK | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5410 | IMMED POSTSURG RIGD DRS BK-EA CAST | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5400 | IMMED POSTSURG RIGD DRSG W/1 CHG BK | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5321 | AK OPEN END SACH FT ENDO SYS 1 AXIS | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5312 | KNEE DISART MOLD SOCKET 1 AXIS KNEE | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5301 | BK MOLD SCKT SHIN SACH FT ENDO SYS | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5280 | HEMIPELVECT CANADIAN; MOLD SOCKT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5270 | HIP DISRTC TLT TABL; MOLD SCKT LOCK | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5250 | HIP DISRTC CANADIAN; MOLD SCKT HIP | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | L5230 | AK PROX FEM FOCAL DEFIC SACH FOOT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5220 | AK SHRT PROSTH W/ARTIC ANK/FOOT DYN | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5210 | AK SHRT PROS NO KNEE JNT-ANK JNT EA | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5200 | AK MOLD SOCKT 1 AXIS CONSTANT FRICT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5160 | KNEE DISARTIC MOLD SOCKT BENT KNEE | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5150 | KNEE DISRTC MOLD SCKT EXT KNEE JNT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5105 | BK PLSTC SCKT JNT&THI LACER SACH FT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5100 | BELW KNEE MOLD SOCKT SHIN SACH FOOT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5060 | ANK SYMS METL FRME MOLD LEATHR SCKT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5020 | PART FT MOLD SOCKET TIB TUBERCLE HT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5010 | PART FT MOLD SOCKT ANK HT W/TOE FIL | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L4631 | AFO WALK BOOT TYP ROCKR BOTTOM CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L4210 | REP ORTHOT DEVC REP/REPL MINOR PART | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L4205 | REPR ORTHOT DEVC LABR CMPNT 15 MIN | HCPCS - ORTHOTIC PROCEDURES | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L4100 | REPLACE LEATHR CUFF KAFO PROX THIGH | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L4050 | REPL MOLDED CALF LACER CSTM ONLY | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | L4040 | REPL MOLDED THI LACER CSTM ONLY | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L4030 | REPL QUADRILAT SOCKT BRIM CSTM FIT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L4020 | REPL QUADRILAT SOCKT BRIM MOLD PT | HCPCS - ORTHOTIC PROCEDURES | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L4002 | REPL STRAP ANY ORTHOSIS ALL CMPNTS | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3999 | UPPER LIMB ORTHOSIS NOS | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | L3981 | UE FX ORTHOSIS HUMERAL PREF STRAPS | HCPCS - Orthotic Devices & Pro | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3978 | SEWHFO ABDUCTION P0SITION CSTM FAB | HCPCS - ORTHOTIC PROCEDURES | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3976 | SEWHFO ABDUCT PSTN W/O JNTS CUS FAB | HCPCS - ORTHOTIC PROCEDURES | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3975 | SEWHFO SHLDR CAP DESN NO JNTS CSTM | HCPCS - ORTHOTIC PROCEDURES | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3973 | SEWHO ABDUCTION POSITION CSTM FAB | HCPCS - ORTHOTIC PROCEDURES | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3967 | SEWHO ABDUCT PSTN W/O JNTS CSTM FAB | HCPCS - ORTHOTIC PROCEDURES | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3961 | SEWHO SHLDR CAP DESN NO JNTS CSTM | HCPCS - ORTHOTIC PROCEDURES | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3960 | SEWHO ABDUCT PSTN AIRPLANE DESIGN | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3933 | FINGER ORTHOSIS W/O JOINTS CSTM FAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3916 | WH ORTHOS 1/GT NONTORSN JOINT PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3915 | WH ORTHOS 1/GT NONTRSN PRFAB CSTM FIT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | L3906 | WHO W/O JOINTS STRAPS CSTM FAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3905 | WHO 1/GT NONTORSION JOINTS CSTM FAB | HCPCS - ORTHOTIC PROCEDURES | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3904 | WHFO EXTERNAL POWER ELEC CSTM FAB | HCPCS - ORTHOTIC PROCEDURES | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3901 | WHFO DYN FLX HNG CABLE DRIVEN CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3900 | WHFO DYN FLX HNG WRST DRVN CSTM FAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3891 | ADD UP EXT JNT WRIST/ELB CSTM EA | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3808 | WHF ORTHOSIS RIGID NO JNT; CUSTOM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3806 | WHFO CUSTOM FAB INCL FIT & ADJUST | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3763 | EWHO RIGID W/O JOINTS CUSTOM FAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3760 | EO ADJ POS LOCKING JNT PREFAB ITEM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3740 | EO DBL UPRT W/CUFF ADJ LOCK CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3730 | EO DBL UPRT-CUFF EXT/FLX ASST CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3678 | SHLDR ORTHOS JNT DSGN NO JNT PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3677 | SHLDR ORTHOS JNT DSGN PREFAB CUSTOM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3671 | SO JOINT DESIGN W/O JOINTS CUSTOM | HCPCS - ORTHOTIC PROCEDURES | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3649 | ORTHOPED SHOE MOD ADD/TRANSFER NOS | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |

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| ABH of Illinois-Medicaid | L3630 | TRNS ORTHOS 1 SHOE-ANOTH SLD STIR N | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3620 | TRF ORTHOS 1 SHOE-ANOTH SLD STIR EX | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3610 | TX ORTHOS 1 SHOE-ANOTH CALIP PLT N | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3250 | ORTHOPED FOOTWEAR CSTM MOLD PROSTH | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3230 | ORTHO FTWEAR CSTM SHOE DEPTH INLAY | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3031 | FOOT INSRT/PLAT REMV ADD LW EXT ORS | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3020 | FT INSRT REMV MOLD LNGTUDNL SUPP EA | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L2999 | LOWER EXTREMITY ORTHOSES NOS | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | L2861 | ADD LOW EXT JNT KNEE/ANK CSTM EA | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L2768 | ORTHOTIC SIDE BAR DISCNCT DEVC-BAR | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L2755 | ADD LOW EXT ORTHOS PER SEG CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L2628 | ADD LW EXT PELV METL FRME-CABLES | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L2627 | ADD LW EXT PELV PLSTC MOLD PT-CABLE | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L2525 | ADD LW EXT ISCH M-L BRIM MOLD PT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L2520 | ADD LW EXTRM THI/WT BEAR CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L2510 | ADD LW EXTRM THI/WT BEAR MOLD PT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | L2430 | ADD KNEE JNT RATCHT LOCK EXT EA JNT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L2350 | ADD LW EXT PROSTH TYPE SCKT MOLD PT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L2340 | ADD LW EXTRM PRETIBL SHELL MOLD PT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L2330 | ADD LOW EXT LACER MOLD PT CSTM ONLY | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L2320 | ADD LOW EXT NONMOLD LACER CSTM ONLY | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L2280 | ADD LOW EXTREM MOLDED INNR BOOT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L2232 | ADD LOW EXT ORTHOS ROCKR BOTTM CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L2136 | KAFO FEM FX CAST ORTHOS RIGD PRFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L2134 | KAFO FEM FX CAST SEMI-RIGD PRFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L2132 | KAFO FEM FX CAST ORTHOS SFT PRFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L2128 | KAFO FEM FX CAST ORTHOS CSTM FAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L2126 | KAFO FEM FX CAST THERMOPLSTC CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L2116 | AFO TIB FX ORTHOS RIGD PRFAB FIT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L2108 | AFO TIB FX CAST ORTHS CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L2106 | AFO TIB FX CAST THERMOPLSTC CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L2038 | KAFO FULL PLSTC MX-AXIS ANKLE CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | L2037 | KAFO FULL PLSTC 1 UPRIGHT CSTM FAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L2036 | KAFO FULL PLSTC DBL UPRT CSTM FAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L2034 | KAFO PLSTC MED LAT ROTAT CNTRL CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L2030 | KAFO DBL UPRT STIRUP NO KNEE JNT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L2020 | KAFO DBL UPRT STIRUP THI&CALF CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L2010 | KAFO 1 UPRT STIRUP NO KNEE JNT CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L2005 | KAFO ANY MATL AUTO RLS ANK JNT CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L2000 | KAFO 1 UPRT SOLID STIRUP CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L1950 | AFO SPIRAL PLASTIC CUSTOM FAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L1945 | AFO MOLD PLSTC RIGD ANT TIBL CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L1860 | KO MOD SUPRACNDYLR PROSTH SCKT CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L1852 | KNEE ORTHOS DBLE UPRT THIGH & CALF | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L1851 | KNEE ORTHOS SNG UPRT THIGH & CALF | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L1848 | KNEE ORTHOS DBL UPRT AIR SUPP PRFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L1847 | KNEE ORTHOS DBL UPRT ADJ JNT PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L1846 | KNEE ORTHOS DBL UPRT THI&CALF CUSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | L1845 | KNEE ORTHOS DBL UPRT THI&CALF PRFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L1844 | KNEE ORTHOS 1 UPRT THI&CALF CUSTOM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L1843 | KNEE ORTHOS 1 UPRT THI&CALF PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L1840 | KO DEROTATION MED-LAT ACL CSTM FAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L1834 | KO W/O KNEE JOINT RIGID CUSTOM FAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L1833 | KNEE ORTHOSIS ADJUST JNT RIGD SUPP | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L1832 | KNEE ORTHOS IMMOBLZR ADJUST PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L1755 | LEGG PERTHES ORTHOS PATTEN BOTTOM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L1730 | LEGG PERTHES ORTHOSIS SCOTTISH RITE | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L1720 | LEGG PERTHES ORTHO TRILAT TACHDIJAN | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L1710 | LEGG PERTHES ORTHOS NEWINGTON CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L1700 | LEGG PERTHES ORTHOSIS TORONTO CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L1690 | COMB BIL LUMBO-SAC HIP FEM ORTHOS | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L1686 | HIP ORTHOS POSTOP HIP ABDCT PRFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L1685 | HIP ORTHOS POSTOP HIP ABDCT CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L1680 | HIP ORTHOS DYN PELV CNTRL THI CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | L1499 | SPINAL ORTHOSIS NOS | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | L1310 | OTH SCOLIOSIS PROC POSTOP BDY JACKT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L1300 | OTH SCOLIOS PROC BDY JACKT MOLD PT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L1200 | TLSO INCL FURNISH INIT ORTHOS ONLY | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L1005 | TENSION BASED SCOLIOSIS ORTHOSIS | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L1001 | CTLS IMMOBILIZER INFANT SZ PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L1000 | CTLSO INCL FURNISH INIT ORTHOS-MDL | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L0999 | ADDITION TO SPINAL ORTHOSIS NOS | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | L0859 | RINGS&PINS | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L0830 | HALO PROC CERV HALO-MLWAKEE ORTHOS | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L0820 | HALO PROC CERV HALO-PLAST BDY JACKT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L0810 | HALO PROC CERV HALO IN JACKT VEST | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L0710 | CTLSO-MOLD PT-INTERFACE MATERIAL | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L0700 | CTLSO ANT-POST-LAT CNTRL MOLD PT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L0651 | LSO SAGIT-CORNL CNTRL RIGD SHLL/PNL | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L0648 | LSO SAGIT CNTRL RIGD ANT POST PANEL | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | L0640 | LSO SAG-COR CNTRL RIGD SHELL CUSTOM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L0639 | LSO SAG-COR CNTRL RIGD SHELL PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L0638 | LSO SAG-COR CNTRL RIGID A&P CUSTOM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L0636 | LSO SAG-COR CNTRL LUMB FLEX CUSTOM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L0634 | LSO SAG-COR CNTRL RIGID POST CUSTOM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L0632 | LSO SAGIT CNTRL RIGID A&P CUSTOM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L0631 | LSO  SAGIT CNTRL RIGID POST CUSTOM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L0629 | LSO FLEXIBLE CUSTOM FABRICATED | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L0624 | SACROILIAC ORTHOSIS RIGID CUSTOM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L0623 | SACROILIAC ORTHOSIS RIGID PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L0491 | TLSO 2 RIGID PLASTIC SHELLS PREFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L0490 | TLSO SAGIT-CORONAL REINFORCE PRFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L0488 | TLSO TRIPLANR 1 PC W/INTERFCE PRFAB | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L0486 | TLSO TRIPLANAR 2 PC W/INTERFCE CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L0484 | TLSO TRIPLANR 2 PC NO INTERFCE CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L0482 | TLSO TRIPLANAR 1 PC W/INTERFCE CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | L0480 | TLSO TRIPLANR 1 PC NO INTERFCE CSTM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L0464 | TLSO TRIPLANR 4 SHELL ANT-STERNL | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L0462 | TLSO TRIPLANR 3 SHELL ANT-STERNL | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L0460 | TLSO TRIPLANR 2 SHELL ANT-STERNL | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L0458 | TLSO TRIPLANR 2 SHELL ANT-XIPHOID | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L0457 | TLSO FLX SC JUNC TRM INF SCAP SPINE | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L0456 | TLSO FLEX SC  SCAP SPN PRFAB CUSTOM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L0452 | TLSO FLEX TRUNK SUPP UP THOR CUSTOM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L0170 | CERV COLLAR MOLDED PATIENT MODEL | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L0112 | CRANIL CERV ORTHOS CONGN TORTICOLLI | HCPCS - ORTHOTIC PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0900 | CUSTOMIZED DME OTH THAN WHEELCHAIR | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0899 | PWR MOBILTY DEVC NOT CODED DME PDAC | HCPCS - K CODES -DMERCS ONLY | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | K0898 | POWER WHEELCHAIR NOC | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0891 | PWR WC 5 PED MX PWR SLING PT TO 125 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0890 | PWR WC 5 PED 1 PWR SLING PT TO 125 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0886 | PWR WC 4 MX PWR SLING PT 301-450 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | K0885 | PWR WC 4 MX PWR CAP CHAIR PT TO 300 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0884 | PWR WC 4 MX PWR SLNG SEAT PT TO 300 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0880 | PWR WC 4 1 PWR SLNG SEAT PT 451-600 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0879 | PWR WC 4 1 PWR SLNG SEAT PT 301-450 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0878 | PWR WC 4 1 PWR CAPT CHAIR PT TO 300 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0877 | PWR WC 4 1 PWR SLING SEAT PT TO 300 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0871 | PWR WC GRP 4 SLING SEAT PT 451-600 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0870 | PWR WC GRP 4 SLING SEAT PT 301-450 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0869 | PWR WC GRP 4 CAPT CHAIR PT TO &EQU 300 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0868 | PWR WC GRP 4 SLING SEAT PT TO &EQU 300 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0864 | PWR WC 3 MX PWR SLNG SEAT PT 601/GT | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0863 | PWR WC 3 MX PWR SLING PT 451-600 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0862 | PWR WC 3 MX PWR SLING PT 301-450 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0861 | PWR WC 3 MX PWR SLNG SEAT PT TO 300 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0860 | PWR WC 3 1 PWR SLNG SEAT PT 451-600 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0859 | PWR WC 3 1 CAP CHAIR PT 301 -450 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | K0858 | PWR WC 3 1 PWR SLNG SEAT PT 301-450 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0857 | PWR WC 3 1 PWR CAPT CHAIR PT TO 300 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0856 | PWR WC 3 1 PWR SLING SEAT PT TO 300 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0855 | PWR WC GRP 3 CAPT CHAIR PT 601 LB/GT | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0854 | PWR WC GRP 3 SLING SEAT PT 601 LB/GT | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0853 | PWR WC GRP 3 CAPT CHAIR PT 451-600 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0852 | PWR WC GRP 3 SLING SEAT PT 451-600 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0851 | PWR WC GRP 3 CAPT CHAIR PT 301-450 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0850 | PWR WC GRP 3 SLING SEAT PT 301-450 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0849 | PWR WC GRP 3 CAPT CHAIR PT TO &EQU 300 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0848 | PWR WC GRP 3 SLING SEAT PT TO &EQU 300 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0843 | PWR WC 2 MX PWR SLING PT 301-450 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0842 | PWR WC 2 MX PWR CAPT CHR PT TO 300 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0841 | PWR WC GRP 2 MX PWR SLING PT TO 300 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0840 | PWR WC GRP 2 1 PWR SLING PT 601/GT | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0839 | PWR WC 2 1 PWR SLNG SEAT PT 451-600 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | K0838 | PWR WC 2 1 PWR CAPT CHR PT 301-450 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0837 | PWR WC GRP 2 1 PWR SLING PT 301-450 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0836 | PWR WC 2 1 PWR CAPT CHAIR PT TO 300 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0835 | PWR WC GRP 2 1 PWR SLING PT TO 300 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0831 | PWR WC 2 SEAT ELEV CAPT PT TO 300 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0830 | PWR WC 2 SEAT ELEV SLING PT TO 300 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0829 | PWR WC GRP 2X HVY DUTY CHR PT 601/GT | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0828 | PWR WC GRP 2 SLING SEAT PT 601/GT | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0827 | PWR WC GRP 2 CAPT CHAIR PT 451-600 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0826 | PWR WC GRP 2 SLING SEAT PT 451-600 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0825 | PWR WC GRP 2 CAPT CHAIR PT 301-450 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0824 | PWR WC GRP 2 SLING SEAT PT 301-450 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0823 | PWR WC GRP 2 CAPT CHAIR PT TO 300 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0821 | PWR WC GRP 2 CAPT CHAIR TO 300 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0815 | PWR WC GRP 1 SLING PT UP TO 300 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0813 | PWR WC GRP 1 SLING SEAT PT TO 300 | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | K0812 | POWER OPERATED VEHICLE NOC | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0808 | PWR OP VEH GRP 2 PT 451-600 LBS | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0807 | PWR OP VEH GRP 2 HVY PT 301 -450 LBS | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0806 | PWR OP VEH GRP 2 STD PT TO 300 LBS | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0802 | PWR OP VEH GRP 1 HVY PT 451 -600 LBS | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0801 | PWR OP VEH GRP 1 HVY PT 301 -450 LBS | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0800 | PWR OP VEH GRP 1 STD PT TO 300 LBS | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0739 | REPR/SRVC DME NOT O2 PER 15 MINS | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0730 | CNTRL DOSE INHAL RX DEL ERY SYS | HCPCS - K CODES -DMERCS ONLY | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | K0669 | WC ACCSS SEAT/BK CUSHN NO DME PDAC | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0609 | REPL ELECTRODE W/AUTO EXT DEFIB EA | HCPCS - K CODES -DMERCS ONLY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | K0606 | AED W/INTGR ECG ANALY GARMNT TYPE | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0462 | TEMP REPL PT EQUIP REPR ANY TYPE | HCPCS - K CODES -DMERCS ONLY | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | K0455 | INFUS PUMP UNINTRPT PARNTRAL MED | HCPCS - K CODES -DMERCS ONLY | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0108 | WC COMPONENT/ACCESSORY NOS | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0053 | ELEVATING FOOTRESTS ARTICULATING EA | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | K0052 | SWNGAWAY DTACHBLE FTRSTS RPL ONLY E | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0050 | RATCHET ASSEMBLY REPLACEMENT ONLY | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0047 | ELEVT LEGRST UP HGR BRKT RPL ONLY E | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0046 | ELEVAT LEGRST L EXT TUBE RPL ONLY E | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0045 | FOOTREST CMPL ASSEMBLY REPL ONLY EA | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0043 | FOOTREST LWR EXT TUBE REPL ONLY EA | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0042 | STANDARD SIZE FOOTPLTE REPL ONLY EA | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0020 | FIXED ADJUSTBLE HEIGHT ARMREST PAIR | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0019 | ARM PAD REPLACEMENT ONLY EACH | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0017 | DTACHBLE ADJUST HT ARMREST REPL EA | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0014 | OTH MOTORIZED/POWER WHEELCHAIR BASE | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0013 | CUSTOM MOTORIZED/POWER WHEELCHAIR B | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0012 | LGHTWT PRTBLE MOTRIZED/PWR WHLCHAIR | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0011 | STD FRME MOTRIZD WHLCHAIR W/PROG | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0010 | STD-WT FRME MOTRIZED/PWR WHLCHAIR | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0004 | HIGH STRENGTH LIGHTWEIGHT WHLCHAIR | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | J9309 | INJ POLATUZUMAB VEDOTIN-PIIQ 1 MG | HCPCS-CHEMO DRUGS | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9175 | INJECTION ELLIOTTS' B SOLUTION 1 ML | HCPCS - CHEMO DRUGS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7799 | NOC RX NOT INHAL RX ADMNED THRU DME | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7699 | NOC RX INHAL SOL ADMINED THRU DME | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7686 | TREPROSTINIL INHAL UNIT DOS 1.74 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7685 | TOBRAMYCIN INHAL CP THRU DME 300 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7684 | TRIAMCINOLONE INHAL CP UNIT PER MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7683 | TRIAMCINOLONE INHAL CP CONC PER MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7682 | TOBRAMYCIN INHAL NON-CP UNIT 300 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7681 | TERBUTALINE SULF INH COMP U DOSE MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7680 | TERBUTALINE SULFATE INH CP CONC MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7677 | REVEFENACIN I SOL NONCP DME 1 MCG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7676 | PENTAMIDINE ISETHIONATE I SL 300 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7674 | METHACHOLINE CHLORID INHAL PER 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7670 | METAPROTERENOL SULFATE INHAL 10 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7667 | METAPROTERENOL SULF INHAL CP 10 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | J7660 | ISOPROTERENOL HCI INHAL UNIT PER MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7659 | ISOPROTERENOL HCI INH NON-CP U MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7658 | ISOPROTERNOL HCI INH NON-CP CONC MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7657 | ISOPROTERENOL HCI INHAL CP DME MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7650 | ISOETHARINE HCI INHAL U DOSE PER MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7649 | ISOETHARINE HCI NON-CP U DOS PER MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7648 | ISOETHARINE HCI INH NON-CP CONC MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7647 | ISOETHARINE HCL INHAL CP DME PER MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7645 | IPRATROPIUM BROMIDE INHAL U PER MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7644 | IPRATROPIUM BROM INHAL NON-CP U MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7643 | GLYCOPYRROLATE INHAL U DOSE PER MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7642 | GLYCOPYRROLATE INHAL CP CONC PER MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7640 | FORMOTEROL INHAL CP U DOSE 12 MCG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7639 | DORNASE ALFA I SOL NONCP U D-MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7638 | DEXAMETHASONE INHAL CP UNIT PER MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7637 | DEXAMETHASONE INHAL CP CONC PER MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | J7634 | BUDESONIDE INHAL CP DME 0.25 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7632 | CROMOLYN NA I SOL CP PROD UD 10 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7631 | CROMOLYN NA I SOL NONCP UD P 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7629 | BITOLTEROL MESYLATE INHAL CP U MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7628 | BITOLTEROL MESYLAT INHAL CP CONC MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7627 | BUDESONIDE INHAL CP UNIT TO 0.5 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7626 | BUDESONIDE INHAL NON-CP U TO 0.5 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7620 | ALBUTEROL TO 2.5 MG IPT TO 0.5 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7615 | LEVALBUTEROL INHAL DME UNIT 0.5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7613 | ALBUTEROL INHAL NON-CP U DOSE 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7612 | LEVALBUTROL INHL NON-CP CONC 0.5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7611 | ALBUTEROL INHAL NON-CP CONC 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7610 | ALBUTEROL INHAL ADMIN THRU DME 1MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7609 | ALBUTEROL INHAL CP THRU DME 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7608 | ACETYLCYSTEINE I SOL NONCP UD PER G | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7607 | LEVALBUTERAL INHAL CP DME 0.5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | J7606 | FORMOTEROL FUMARATE IHAL U D 20 MCG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7605 | ARFORMOTEROL I SOL NONCOMP UD 15 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7604 | ACETYLCYSTEINE I SOL CP PROD UD P G | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7599 | IMMUNOSUPPRESSIVE DRUG NOC | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7511 | LYMPHCYT GLOB RABBIT PARNTRAL 25MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7501 | AZATHIOPRINE PARENTERAL 100 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7336 | CAPSAICIN 8PCT  PATCH PER SQ CM | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7332 | HYAL/DERIV TRILURON IA INJ 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7329 | HYALN/DERIV TRIVISC FOR IA INJ 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7328 | HYAL/DERIV GELSYN-3 IA INJ 0.1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7327 | HYLAN/DERV MONOVISC IA INJ PER DOSE | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7326 | HYAL/DERIV GEL-1 INTRA-ARTC INJ-DOS | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7325 | HYALURONAN/DERIV SYNVISC INJ 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7324 | HYALURONAN/DRIV ORTHOVISC IA INJ PD | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7323 | HYALURONAN/DERIV EUFLEXXA IA INJ PD | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7321 | HYAL/DERV HYLGN/SUPRTZ IA INJ PER D | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | J7320 | HYALN/DERIV GENVISC 850 IA INJ 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7318 | HYALN/DERIV DUROLANE IA INJ 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7314 | INJECT FA INTRAVITREAL IMPL 0.01 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7313 | INJ FA INTRAVTRL IMPL ILUVN 0.01 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7312 | INJ DEXAMETH INTRAVIT IMPL 0.1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | Regulatory | | |
| ABH of Illinois-Medicaid | J7311 | INJ FA INTRAVTRL IMPL RTSRT 0.01 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7308 | AMINOLEVULINIC ACID HCL TOP 20PCT 1 U | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7307 | ETONOGESTREL IMPL SYS INCL IMPL&SPL | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7304 | CONTRACEPTIVE SPL HORMONE PATCH EA | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7301 | LNG-RLS INTRAUTERNE COC SYS 13.5 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7296 | LNG-RELEASING IU COC SYS 19.5 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7211 | INJ FACTOR VIII KOVALTRY 1 I.U. | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7210 | INJ FACTOR VIII AFSTYLA 1 I.U. | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7209 | INJECTION FACTOR VIII 1 I.U. | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7208 | INJ FACTOR VIII PEGYLATED-AUCL 1 IU | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7207 | INJECTION FAC VIII PEGYLATED 1 I.U. | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | J7203 | INJ FACTOR IX GLYCOPEGYLATED 1 IU | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | Regulatory | | |
| ABH of Illinois-Medicaid | J7202 | INJ FAC IX AB FUS PRT IDELVN 1 I.U. | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7201 | INJ FACTOR IX FC FUS PROTEIN PER IU | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7195 | INJECTION FACTOR IX PER IU NOS | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7193 | FACTOR IX AHF PURIFIED NON-RECMB-IU | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7192 | FACTOR VIII PER IU NOS | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7190 | FACTOR VIII AHF HUMAN PER IU | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7188 | INJ FA VIII ANTIHM FA RCMB OBZUR IU | 2006 Code Set | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7187 | INJ VONWILLBRND FCT CMPLX HUMN IU | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7186 | INJ AHF/ VWF CMPLX-FACTOR VIII IU | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | Regulatory | | |
| ABH of Illinois-Medicaid | J7183 | INJ VWF COMPLEX WILATE 1 I.U.:RCO | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7181 | INJ FACTOR XIII A-SUBUNIT PER IU | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7179 | INJECTION VWF 1 I.U. VWF:RCO | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7178 | INJ HUMAN FIBRINOGEN CONC NOS 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7177 | INJ HUMAN FIBRINOGEN CONCENTR 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7175 | INJECTION FACTOR X 1 I.U. | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | J7170 | INJECTION EMICIZUMAB-KXWH 0.5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7121 | 5PCT DEXTROSE LR INFUSION TO 1000 CC | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J3591 | UNCLASS RX/BIO FOR ESRD ON DIALYSIS | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J3473 | INJ HYALURONIDASE RECOMB 1 USP UNIT | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J3472 | INJ HYALURONIDASE OVINE 1000 USP U | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J3471 | INE HYALURONIDASE OVINE 1 USP U | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J3470 | INJ HYALURONIDASE TO 150 UNITS | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J3410 | INJECTION HYDROXYZINE HCL TO 25 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J3385 | INJ VELAGLUCERASE ALFA 100 UNITS | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J3358 | USTEKINUMAB INTRAVENOUS INJ 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J3357 | USTEKINUMAB FOR SUBQ INJECTION 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J3316 | INJECTION TRIPTORELIN ER 3.75 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J3304 | INJ TAA PF ER MS FORMULATION 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J3301 | INJ TRIAMCINOLON ACETONID NOS 10 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J3300 | INJ TRIAMCINOLONE ACETONIDE PF 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J3260 | INJ TOBRAMYCIN SULFATE TO 80 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | J3250 | INJ TRIMETHOBENZAMIDE HCL TO 200 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J3245 | INJECTION TILDRAKIZUMAB 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J3240 | INJ THYROTROPIN .9 MG PROV 1.1 VIAL | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J3230 | INJ CHLORPROMAZINE HCL TO 50 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J3145 | INJ TESTOSTERONE UNDECANOATE 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J3121 | INJ TESTOSTERONE ENANTHATE 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J3105 | INJ TERBUTALINE SULFATE TO 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J3060 | INJECTION TALIGLUCERASE ALFA 10 U | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J3030 | INJECTION SUMATRIPTAN SUCCNAT 6 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2997 | INJ ALTEPLASE RECOMBINANT 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2916 | INJ SODIM FERRIC GLUCONATE 12.5 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2840 | INJECTION SEBELIPASE ALFA 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2795 | INJ ROPIVACAINE HYDROCHLORID 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2794 | INJECTION RISPERIDONE 0.5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2792 | INJ RHO D IMMUE GLOB IV HUMN 100 IU | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2791 | INJ RHO D IG HUMAN RHOPHYLAC 100 IU | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | J2790 | INJ RHO D IG HUMN FULL DOSE 300 MCG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2788 | INJ RHO D IG HUMAN MINIDOSE 50 MCG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2786 | INJECTION RESLIZUMAB 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2760 | INJ PHENTOLAMINE MESYLATE TO 5 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2730 | INJ PRALIDOXIME CHLORIDE TO 1 GM | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2724 | INJ PROTEN C CONC IV HUMAN 10 IU | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2720 | INJ PROTAMINE SULFATE PER 10 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2710 | INJ NEOSTIGMINE METHYLSULFAT 0.5 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2700 | INJ OXACILLIN SODIUM TO 250 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2690 | INJ PROCAINAMIDE HCL TO 1 GM | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2680 | INJ FLUPHENAZINE DECANOATE TO 25 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2597 | INJ DESMOPRESSIN ACETATE PER 1 MCG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2560 | INJ PHENOBARBITAL SODIUM TO 120 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2550 | INJECTION PROMETHAZINE HCL TO 50 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2545 | PENTAMIDINE ISETHIONAT I SOL 300 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2543 | INJ PIP SOD/TZ SOD 1 G/0.125 G | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | J2540 | INJECTION PCN G K+ TO 600000 UNITS | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2515 | INJ PENTOBARBITAL SODIUM PER 50 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2510 | INJ PCN G PROCAINE AQUEOUS 600000 U | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2440 | INJECTION PAPAVERINE HCL TO 60 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2360 | INJ ORPHENADRINE CITRATE TO 60 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2358 | INJ OLANZAPINE LONG-ACTING 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2315 | INJ NALTREXONE DEPOT FORM 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2274 | INJ MS PRS-FREE EPID/INTH USE 10 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2270 | INJ MORPHINE SULFATE UP TO 10 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2210 | INJ METHYLRGONOVIN MALATE TO 0.2 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2182 | INJECTION MEPOLIZUMAB 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2010 | INJECTION LINCOMYCIN HCL TO 300 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1980 | INJ HYOSCYAMINE SULFATE TO 0.25 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1885 | INJ KETOROLAC TROMETHAMINE 15 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1817 | INSULIN ADMIN THRU DME PER 50 UNITS | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1800 | INJECTION PROPRANOLOL HCL TO 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | J1746 | INJECTION IBALIZUMAB-UIYK 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1745 | INJ INFLIXIMAB EXCL BIOSIMILR 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1670 | INJ TETNS IMMUN GLOB HUMN TO 250 U | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1652 | INJ FONDAPARINUX SODIUM 0.5 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1645 | INJ DALTEPARIN SODIUM PER 2500 IU | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1631 | INJ HALOPERIDOL DECANOATE PER 50 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1628 | INJECTION GUSELKUMAB 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1610 | INJ GLUCAGON HYDROCHLORIDE PER 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1580 | INJ GARAMYCIN GENTAMICIN UP 80 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1573 | INJ HEP B IG HEPAGAM B IV 0.5 ML | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1571 | INJ HEP B IG HEPAGAM B IM 0.5 ML | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1569 | INJ IG GAMMAGARD IV NONLYO 500 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1561 | INJ IG NONLYOPHILIZED 500 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1560 | INJECTION GAMMA GLOB IM OVER 10 CC | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | Regulatory | | |
| ABH of Illinois-Medicaid | J1559 | INJECTION IG HIZENTRA 100 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1460 | INJECTION GAMMA GLOB IM 1 CC | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | Regulatory | | |

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| ABH of Illinois-Medicaid | J1455 | INJECTION FOSCARNET SODIUM 1000 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1439 | INJ FERRIC CARBOXYMALTOSE 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1430 | INJ ETHANOLAMINE OLEATE 100 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1410 | INJECTION ESTROGEN CONJUGATED 25 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1380 | INJ ESTRADIOL VALERATE TO 10 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1364 | INJECTION ERYTH LACTOBIONATE 500 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1301 | INJECTION EDARAVONE 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1240 | INJECTION DIMENHYDRINATE TO 50 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1212 | INJ DMSO DIMETHYL SULFOXID 50PCT 50ML | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1205 | INJ CHLOROTHIAZIDE SODIUM 500 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1190 | INJ DEXRAZOXANE HCL PER 250 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1165 | INJ PHENYTOIN SODIUM PER 50 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1162 | INJ DIGOXIN IMMUNE FAB OVINE VIAL | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1120 | INJ ACETAZOLAMIDE SODIUM TO 500 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1110 | INJ DIHYDROERGOTAMINE MESYLATE 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1097 | PHN 10.6&KET 2.88 MG/ML OPH IRR 1ML | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | J1096 | DXAMETHASONE LAC OPHTH INSRT 0.1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1071 | INJ TESTOSTERONE CYPIONATE 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1000 | INJ DEPO-ESTRADIOL CYPIONATE TO 5MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0895 | INJ DEFEROXAMINE MESYLATE 500 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0850 | INJ CYTOMEGLOVRUS IMMU GLOB IV-VIAL | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | Regulatory | | |
| ABH of Illinois-Medicaid | J0841 | INJECTION CROTALIDAE IMMUNE F120 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0840 | INJ CROTALIDAE POLYV IMM FAB UP 1 G | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0775 | INJ COLLAGENASE CHC 0.01 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0770 | INJ COLISTIMETHATE SODIUM TO 150 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0744 | INJ CIPROFLOXACIN IV INFUS 200 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0743 | INJ CILASTATIN SODIM IMIPENEM-250MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0735 | INJ CLONIDINE HYDROCHLORID 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0725 | INJ CHORIONIC GONADOTROPIN-1000 USP | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0720 | INJ CHLORMPHNICL SODIM SUCCNT TO 1G | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0706 | INJECTION CAFFEINE CITRATE 5MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0702 | INJ BETAMETHASONE AC & PHOS 3 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | J0697 | INJ STERL CEFUROXIME SODIUM 750 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0696 | INJ CEFTRIAXONE SODIUM PER 250 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0694 | INJ CEFOXITIN SODIUM 1 GM | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0692 | INJ CEFEPIME HYDROCHLORID 500 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0630 | INJ CALCITONIN SALMON TO 400 UNITS | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0600 | INJ EDETATE CALCM DISODIM TO 1000MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0599 | INJ C-1 ESTERASE INHIBITOR 10 UNITS | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0597 | INJ C1 ESTERASE INHIB BERINERT 10 U | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | Regulatory | | |
| ABH of Illinois-Medicaid | J0588 | INJECTION INCOBOTULINUMTOXIN 1 UNIT | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0587 | INJ RIMABOTULINUMTOXINB 100 UNITS | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0586 | INJECTION ABOBOTULINUMTOXINA 5 UNIT | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0584 | INJECTION BUROSUMAB-TWZA 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0561 | INJECTION PCN G BENZ 100000 UNITS | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0558 | INJ PCN G BENZ & PROCAINE 100000 U | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0517 | INJECTION BENRALIZUMAB 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0515 | INJ BENZTROPINE MESYLATE PER 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | J0500 | INJECTION DICYCLOMINE HCL UP 20 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0476 | INJ BACLOFEN 50 MCG INTRATHEC TRIAL | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0364 | INJ APOMORPH HYDROCHLORID 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | Regulatory | | |
| ABH of Illinois-Medicaid | J0360 | INJECTION HYDRALAZINE HCL UP 20 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0295 | INJ AMPCLLN SODIM/SULBACTAM-1.5 G | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0289 | INJ AMPHOTERICIN B LIPOSOME 10 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0287 | INJ AMPHOTERICN B LIPID CMPLX 10 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0257 | INJ ALPHA 1 PROTEINASE INH 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0256 | INJ ALPHA 1-PROTASE INHIB NOS 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0221 | INJ ALGLUCOSIDASE ALFA 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0179 | INJECTION BROLUCIZUMAB-DBLL 1 MG | HCPCS-DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0129 | INJ ABATACEPT 10 MG MEDICR ADM PHYS | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | H2036 | ALCOHOL &OR OTH DRUG TX PROGM-DIEM | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | H2020 | THERAPEUTIC BEHAVIORAL SRVC DIEM | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | H2014 | SKILLS TRAINING&DVLP PER 15 MINUTES | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | H2011 | CRISIS INTERVEN SERVICE PER 15 MIN | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | H2010 | COMP MEDICATION SERVICES PER 15 MIN | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | H2000 | COMP MULTIDISCIPLINARY EVALUATION | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | H0047 | ALCOHOL &OR OTH DRUG ABS SRVC NOS | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | Regulatory | | |
| ABH of Illinois-Medicaid | H0046 | MENTAL HEALTH SERVICES NOS | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | H0045 | RESPITE CARE SRVC NOT HOME PER DIEM | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | H0038 | SELF-HELP/PEER SERVICES PER 15 MIN | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | H0037 | CMTY PSYC SUPPORTIVE TX PROGM-DIEM | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | H0034 | MEDICATION TRN&SUPPORT PER 15 MIN | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | H0020 | ALCOHL&/RX SRVC;METHDONE ADMN&/SRVC | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | H0017 | BHVAL HEALTH; RES W/O ROOM&BD-DIEM | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | H0010 | ALCOHL&/RX SRVC; SUB-AC DTOX RES IP | HCPCS - ALCOHOL/DRUG ABUSE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | H0005 | ALCOHL&/RX SRVC; GRP CNSL CLINICIAN | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | H0004 | BEHAVIORAL HEALTH CNSL&TX-15 MIN | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | H0002 | BHVAL HLTH SCR DETRM ADMIS TX PROGM | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9870 | RCPT & ANLYS RMT ASYNC IMG 20/GT MINS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9869 | RCPT & ANLYS RMT ASYNC IMG 10-20 MN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | G9868 | RCPT & ANLYS REMT ASYNC IMGLT 10 MINS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9685 | PHYS OTH PROF E&M BENEF CHG COND NF | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9490 | CMS IC MDL HV PA CLN;NOT BLL 30-D P | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9489 | RMT IH VST FOR E/M EST PT;TYP 40 MN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9488 | RMT IH VST FOR E/M EST PT;TYP 25 MN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9487 | RMT IH VST FOR E/M EST PT;TYP 15 MN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9486 | RMT IH VST FOR E/M EST PT;TYP 10 MN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9485 | RMT IH VST FOR E/M NEW PT;TYP 60 MN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9484 | RMT IH VST FOR E/M NEW PT;TYP 45 MN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9483 | RMT IH VST FOR E/M NEW PT;TYP 30 MN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9482 | RMT IH VST FOR E/M NEW PT:TYP 20 MN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9481 | RMT IH VST FOR E/M NEW PT;TYP 10 MN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9157 | TRANSESOPHAGEAL DOPPLER CARDIAC MON | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9012 | OTH SPEC CASE MGMT SERVICE NEC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9011 | COORD CARE FEE RISK ADJ MAINT LVL 5 | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9010 | COORD CARE FEE RISK ADJ MAINT LVL 4 | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | G9008 | COORD CARE FEE PHYS OVRSIGHT SRVC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9007 | COORD CARE FEE SCHEDULE TEAM CONF | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9005 | COORD CARE FEE RISK ADJUSTED MAINT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9004 | COORD CARE FEE RISK ADJUSTD LW INIT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9002 | COORDINATED CARE FEE MAINT RATE | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G8510 | SCR DEPR DOC NEG A F/U PLAN NOT RQR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G8431 | SCR CLIN DEPR DOC POS & F/U PLN DOC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2083 | OFF/OT OP E&M E PTGT 56MG ESKTMN N SA | HCPCS-PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G2082 | OFF/OT OP E&M E PT 56MG ESKTMN N SA | HCPCS-PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G2015 | COMP 60 MINS HOME CARE PLAN OVRSGHT | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2014 | LIMITED 30 MINS CARE PLAN OVERSIGHT | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2013 | EXTSV 75 MINS IH VST XST PT PST-D/C | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2011 | ALC&/SBST MISUSE ST ASMT&INT 5-14 M | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2010 | RMT EVAL REC VIDEO &/ IMG SB EST PT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2009 | COMP 60 MINS IH VST XST PT POST-D/C | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2008 | MOD 45 MINS IH VISIT XST PT PST-D/C | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | G2007 | LTD 30 MINS IH VISIT XST PT PST-D/C | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2006 | BRIEF 20 MINS IH VST XST PT PST-D/C | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2005 | EXTSV 75 MINS IH VST NEW PT PST-D/C | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2004 | COMP 60 MINS IH VST NEW PT POST-D/C | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2003 | MOD 45 MINS IH VISIT NEW PT PST-D/C | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2002 | LTD 30 MINS IH VISIT NEW PT PST-D/C | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G2001 | BRF 20 MINS IH VST NEW PT PST-D/C. | HCPCS-PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G1000 | CDS MECH APPL P/W DEFINED MCR AUC | HCPCS-PROC/PROF SERVICES (TE | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0659 | DRUG TST DEFIN DR ID M ANY DR CLS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0518 | REMV REINS NON-BIODEG RX D IMPL 4/GT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0517 | REMV NON-BIODEGRAD RX DEL IMPL 4/GT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0516 | INSRT NON-BIODEGRAD RX DEL IMPL 4/GT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0514 | PRLNG PRV SVC OFC/O O/P;EA ADD 30 M | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0513 | PRLNG PREV SVC OFC/OTH O/P;1ST 30 M | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0509 | TH C CC SB PHYS 50 M CMNCT PT&PROV | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0508 | TH C CC INT PHYS 60 M CMNCT PT&PROV | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | G0506 | CMP ASMT & C PLN PT RQR CC MGMT SVC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0500 | MOD SED SVC PRV SM PHYS PER GI ENDO | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0473 | FTF BEHAV CNSL OBESITY GRP 30 MIN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0472 | HEP C ABO SC IND HI RSK&OTH COV IND | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0463 | HOS OP CLIN VISIT ASSESS & MGMT PT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0435 | INF AGT ANTIG DETECT RPD AB TST OMT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0433 | INF AB ELISA TECH HIV-1 &/OR HIV-2 | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0432 | INF AB EIA TECH HIV-1 &/OR HIV-2 | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0429 | DERMAL FILLER INJ TREATMENT LDS | HCPCS - PROC/PROF SERVICES (TE | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0427 | TELEHEALTH CONSULT ED/IP 70 MIN/GT PT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0426 | TELEHEALTH CONSULT ED/IP 50 MIN PT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0425 | TELEHEALTH CONSULT ED/IP 30 MIN PT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0423 | INTENS CARD REHAB; W/WO ECG W/O EX | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G0422 | INTENS CARD REHAB; W/WO ECG W/EXER | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G0415 | OPN TX POST PELV BONE FX &/ DISLOC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0414 | OPN TX ANT PELV BONE FX &/ DISLOC | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | G0413 | PERQ SKEL FIX POST PELV BONE FX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0412 | OPN TX ILIAC SPINE/ILIAC WING FX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0408 | FU IP CNSLT CMPLX 35 MIN/GT TELEHLTH | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0407 | FU IP CNSLT INTRMD 25 MIN TELEHLTH | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0406 | FU IP CNSLT LTD 15 MIN VIA TELEHLTH | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0397 | ALC &/SUB MISUSE ST ASMT&INT GT 30 M | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0396 | ALC&/SUB MISUSE ST ASMT&INT 15-30 M | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0384 | LEVEL 5 HOSP ED VISIT TYPE B ED; | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0383 | LEVEL 4 HOSP ED VISIT TYPE B ED; | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0382 | LEVEL 3 HOSP ED VISIT TYPE B ED; | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0381 | LEVEL 2 HOSP ED VISIT TYPE B ED; | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0380 | LEVEL 1 HOSP ED VISIT TYPE B ED; | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0340 | IMAGE GUID ROB SRS FRAC TX 2-5 SESS | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G0339 | IMAGE GUID ROBOT ACCL SRS TX 1 SESS | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G0328 | COLOREC CA SCR; FOB TST IMMUNO 1-3 | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0306 | CMPL CBC AUTO&AUTO WBC DIFF COUNT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | G0289 | SCPE KNEE REMV FB TM SURG DIFF COMP | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0288 | RECON CT ANGIO AORTA PLAN VASC SURG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0282 | E-STIM 1/GT AREAS WND CARE NOT G0281 | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0279 | DX DIGTL BRST TOMOSYNTHESIS UNI/BIL | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0278 | ILIAC&/FEM ART ANGIO TIME CARD CATH | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0277 | HPO UND PRSS FULL B CHMBR PER 30 MN | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G0269 | PLCMT OCCL DEVC POST SURG/INTRVNAL | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0268 | REMV IMP CERUMN SAME DATE FUNCT TST | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0259 | INJECTION PROC SI JNT; ARTHROGRAPY | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0257 | UNSCHD/EMRG DIALYS HOS OP NOT CERT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0255 | CPT/SNCT PER LIMB ANY NERVE | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0252 | PET IMAG DX BREST CA&/SURG PLAN | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G0247 | ROUTINE FT CARE PHYS DIAB PT W/LOPS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0246 | F/U EVAL DIABETIC PT W/LOPS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0245 | INIT PHYS E&M DIABETIC PT W/LOPS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0238 | TX PROC IMPRV RESP NOT G0237 15 MIN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | G0237 | MUSCLES FACE FACE 1 ON 1 EA 15 MIN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0219 | PET BDY; MELANOMA NON-COVR INDICAT | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G0186 | DESTRUC LES CHOROID; PHOTOCOAG FEDR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0168 | WOUND CLOS UTIL TISSUE ADHES ONLY | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0166 | EXT COUNTERPULSATION-TX SESSION | HCPCS - PROC/PROF SERVICES (TE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | G0148 | SCR SMEARS CERV/VAG MNL RESCR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0147 | SCR SMEARS CERV/VAG AUTO UND PHYS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0145 | SCR CERV/VAG AUTO&MNL RSCR PHYS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0144 | SCR CERV/VAG SCR AUTO UND PHYS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0143 | SCR CERV/VAG MNL SCR/RSCR UND PHYS | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0141 | SCR CERV/VAG MNL RSCR PHYS INTERP | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0130 | SEXA BN DNSITY STDY 1/GT ; APPNDICULR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0127 | TRIM DYSTROPHIC NAILS ANY NUMBER | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0124 | SCR CERV/VAG THIN LAY PHYS INTERP | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0123 | SCR CERV/VAG THIN LAY W/PHYS SUP | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0121 | COLOREC CNCR SCR;COLNSCPY NO HI RSK | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | G0118 | GLAUC SCR HI RISK UND DIR SUP DR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0117 | GLAUC SCR HI RISK BY OPT/OPHTHLGIST | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0109 | DM SLF-MGMT TRN SRVC GRP-30 MIN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0108 | DM OP SLF-MGMT TRN SRVC IND-30 MIN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0105 | COLOREC CANCR SCR; COLNSCPY HI RISK | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0104 | COLOREC CANCER SCREENING; FLEXSIG | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0102 | PROS CANCER SCR; DIGTL RECTAL EXAM | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0101 | CERV/VAG CANCR SCR;PELV&CLN BRST EX | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0087 | COMP CARE MGMT HOME CARE PLAN OVER | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0086 | LMTD CARE MGMT HOME CARE PLAN OVER | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0085 | EXTENSIVE CARE MGM HOME VST EXST PT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0084 | COMP CARE MGMT HOME VISIT EXIST PT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0083 | MODERATE CARE MGMT HOME VST EXST PT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0082 | LIMITED CARE MGMT HOME VST EXIST PT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0081 | BRIEF CARE MGM HOME VISIT EXIST PT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0080 | EXTENSIVE CARE MGMT HOME VST NEW PT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | G0079 | COMP CARE MGMT HOME VISIT NEW PT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0078 | MODERATE CARE MGMT HOME VST NEW PT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0077 | LIMITED CARE MGM HOME VISIT NEW PT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0076 | BRIEF CARE MGMT HOME VISIT NEW PT | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E8001 | GAIT TRAINER PED SZ UPRIGHT SUPP | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E8000 | GAIT TRAINER PED SZ POST SUPP | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2633 | WC ACSS ADD MOBIL ARM SUPP SUPINATR | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2632 | WC ADD MOBL SUP OFFSET/LAT RCKR ARM | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2631 | WC ADD MOBIL ARM SUPP ELEV PROX ARM | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2630 | WC SHLDR ELB M SUP MONOSUSP ARM HND | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2629 | WC SHLDR ELB M SUPP FRICTN ARM SUPP | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2628 | WC SHLDR ELB MOBIL SUPP RECLINING | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2627 | WC SHLDR ELB M SUPP ADJUSTBL RANCHO | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2626 | WC SHLDR ELB MOBL ARM SUPP ADJUSTBL | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2625 | SKIN PROTCT&POSITION WC CUSH W 22/GT | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2624 | SKIN PROTCT&POSITION WC CUSH WD LT 22 | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | E2623 | SKIN PROTECT WC CUSH WIDTH 22 IN/GT | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2622 | SKIN PROTECT WC CUSH WIDTH LT 22 IN | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2621 | PSTN WC BACK CUSHN PLANAR WD 22IN/GT | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2620 | PSTN WC BACK CUSHN PLANAR WD LT 22 IN | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2619 | REPL COVER WC SEAT/BACK CUSHN EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2617 | CSTM FAB WC BACK CUSHION ANY SIZE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2616 | PSTN WC BACK CUSH POSTLAT WD 22IN/GT | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2615 | PSTN WC BACK CUSHN POSTLAT WDLT 22 IN | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2614 | PSTN WC BACK CUSHN POST WD 22 IN/GT | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2613 | PSTN WC BACK CUSHN POST WDTH LT 22 IN | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2612 | GEN WC BACK CUSHN WIDTH 22 IN/GT HT | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2611 | GEN WC BACK CUSHN WIDTH LT 22 IN HT | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2609 | CUSTOM FAB WHLCHAIR SEAT CUSHN SIZE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2608 | SKN PROTCT&PSTN WC SEAT WDTH 22IN/GT | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2607 | SKN PROTCT&PSTN WC SEAT WDTH LT 22IN | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2605 | PSTN WC SEAT CUSHN WIDTH LT 22 DEPTH | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | E2604 | SKN PROTECT WC SEAT WDTH 22 IN/GT | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2603 | SKN PROTCT WC SEAT WDTHLT 22IN DPTH | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2602 | GEN WC SEAT CSHN WDTH 22 IN/GT DPTH | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2601 | GEN WC SEAT CUSHN WIDTH LT 22 DEPTH | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2599 | ACCESS SPEECH GENERATING DEVICE NOC | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | E2512 | ACSS SPCH GEN DEVICE MOUNTING SYS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2511 | SPEECH GENERATING SOFTWARE PROGRAM | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2510 | SPCH GEN DVC SYNTHSIZD MX METH MESS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2508 | SPCH GEN DEVC SYNTHSIZD REQ MESS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2506 | SPCH GEN DEVC DIGTIZDGT 40 MINS REC | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2504 | SPCH GEN DEVC DGTZDGT 20LT /EQU 40 MIN REC | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2502 | SPCH GEN DEVC DGTZDGT 8LT EQU 20 MINS REC | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2500 | SPEECH GEN DEV DIGTIZDLT /EQU 8 MINS REC | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2402 | NEG PRSS WND TX PUMP STATN/PRTBL | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2377 | PWR WC EXPANDBL CONTROLLER UPGRADE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2376 | PWR WC EXPANDABLE CONTROLLER REPL | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | E2374 | PWR WC STANDRD REMOTE JOYSTICK REPL | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2370 | P WC CMP INT DR WHL MTR&GB CMB RPL | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2369 | PWR WC CMPNNT DR WHL GR BX RPL ONLY | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2368 | PWR WC CMPNT DR WHEEL MTR REPL ONLY | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2351 | PWR WC ACSS ELEC OP SPCH GEN DEVC | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2343 | PWR WC NONSTD SEAT DEPTH 22-25 IN | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2342 | PWR WC NONSTD SEAT DEPTH 20/21 IN | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2341 | PWR WC ACSS NONSTD SEAT W 24-27 IN | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2340 | POWER WC NONSTAND SEAT WD 20-23 IN | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2331 | PWR WC ACSS ATDANT CNTRL PROPRTNAL | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2330 | PWR WC ACCSS PROX SWTCH NOPROPRTNL | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2329 | PWR WC ACSS CNTC SWTCH NOPRPRTNL | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2328 | PWR WC ACSS HEAD/EXT ELEC PRPRTNL | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2327 | PWR WC ACSS HEAD CNTRL MECH PRPRTNL | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2326 | PWR WC ACSS BREATH TUBE KIT SIP&PUF | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2325 | PWR WC ACSS SIP&PUFF NONPRPRTNAL | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | E2324 | PWR WC ACSS CHIN CUP CHIN CNTRL INT | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2323 | PWR WC ACSS SPCLTY JOYSTCK HND PRFB | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2322 | PWR WC ACSS MX MECH SWTCH NOPRPRTNL | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2321 | PWR WC ACSS HND CNTRL NO PRPRTNL | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2313 | POWER AC HARNESS UPGRD EXP CONTRLLR | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2312 | POWER WC HAND/CHIN CONTRL INTERFACE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2301 | WHEELCHAIR ACC PWR STND SYS ANY TYP | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2295 | MNL WC ACCESS PED SIZE WC SEAT FRME | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2294 | SEAT CONTRD PED WC ATTCH HARDWARE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2293 | BACK CONTRD PED WC ATTCH HARDWARE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2292 | SEAT PLANR PED WC FIX ATTCH HARDWRE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2291 | BACK PLANR PED WC FIX ATTCH HARDWRE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2231 | MNL WC ACCESS SOLID SEAT SUPP BASE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2230 | MNL WHEELCHAIR ACCESS MNL STAND SYS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2228 | MNL WC WHL BRAKE SYS&LOCK COMPL EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2227 | MNL WC GEAR RED DRIVE WHEEL EACH | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | E2210 | WC ACESS BEARINGS ANY TYPE REPL EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2209 | ARM TROUGH W/WO HAND SUPPORT EACH | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2208 | WHEELCHAIR ACCESS CYL TANK CARR EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2207 | WHLCHAIR ACCESS CRUTCH&CANE HLDR EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2206 | MANL WC AC WL ASM CMPL REPL ONLY EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2205 | MNL WC HANDRIM W/O PROJ REPL EACH | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2204 | MNL WC ACSS SEAT DEPTH 22-25 IN | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2203 | MNL WC ACSS SEAT DEPTH 20 LT 11 IN | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2202 | MNL WC ACSS SEAT WIDTH 24-27 IN | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2201 | MNL WC ACSS SEAT WDTH GT /EQU 20 IN &LT 24 | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E2000 | GASTR SUCTN PUMP HOME MODEL ELEC | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E1840 | DYN ADJUST SHLDR FLX/ABDUCT/ROT DVC | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1806 | STATIC PROGRESSV STRETCH WRIST DEVC | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1802 | DYN ADJUSTBL FORARM PRON/SUPIN DEVC | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1399 | DME MISCELLANEOUS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1391 | 02 CONC 2 DEL 85PCT /GT 02 CONC FLW RATE | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | E1352 | OXYGEN ACC FLW REG CPBL POS INSP PR | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1296 | SPECIAL WHEELCHAIR SEAT HT FROM FLR | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1295 | HEVY-DUTY WHLCHAIR; FIX ARMS LEGRST | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1290 | HEVY-DUTY WHLCHR; DTACH ARM FOOTRST | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1285 | HEVY-DUTY WHLCHR;FIX ARM DTACH FOOT | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1280 | HEVY-DUTY WHLCHR; DTACH ARMS LEGRST | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1260 | LGHTWT WHLCHAIR; DTACH ARMS FOOTRST | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1250 | LGHTWT WHLCHR;FIX ARM DTACH FOOTRST | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1238 | WC PED SZ FOLD ADJUSTBL NO SEAT SYS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1237 | WC PED SZ RIGD ADJUSTBL NO SEAT SYS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1236 | WC PED SZ FOLD ADJUSTBL W/SEAT SYS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1235 | WC PED SZ RIGD ADJUSTBL W/SEAT SYS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1234 | WC PED SZ TILT-IN-SPCE FOLD NO SEAT | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1233 | WC PED SZ TILT-IN-SPCE RIGD NO SEAT | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1232 | WC PED SZ TILT-IN-SPACE FOLD W/SEAT | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1231 | WC PED SZ TILT-IN-SPACE RIGD W/SEAT | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | E1230 | PWR OP VEH SPEC BRAND&MODEL NUMBER | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1226 | WC ACCESS MNL FULL RECLIN BACK EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1225 | WC ACCESS MNL SEMIRECLINING BACK EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1224 | WHLCHAIR W/DTACHBL ARMS ELEV LEGRST | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1223 | WHLCHAIR W/DETACHBLE ARMS FOOTRESTS | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1220 | WHEELCHAIR; SPCL SIZED/CONSTRUCTED | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1195 | HVY DUT WHLCHR;FIX ARM DTACH LEGRST | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1161 | MANUAL ADLT SZ WC INCL TILT SPACE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1150 | WHLCHAIR; DTACHBLE ARMS LEGRESTS | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1140 | WHLCHAIR; DTACHBLE ARMS FOOTRESTS | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1110 | SEMI-RECLN WHLCHR; DTACH ARM LEGRST | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1093 | WIDE HEVY-DUT WHLCHR;DTACH ARM FOOT | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1092 | WIDE HEVY-DUT WHLCHR; DTACH ARM LEG | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1090 | HI-STRGTH WHLCHAR;DTACH ARM FOOTRST | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1089 | HI-STRGTH WHLCHAIR; FIX ARM FOOTRST | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1088 | HI-STRGTH WHLCHAIR;DTACH ARM LEGRST | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | E1087 | HI-STRGTH WHLCHAIR; FIX ARMS LEGRST | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1086 | HEMI-WHLCHAIR; DTACHBL ARMS FOOTRST | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1084 | HEMI-WHLCHAIR; DTACHBLE ARMS LEGRST | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1070 | FULL RECLN WHLCHR;DTACH ARM FOOTRST | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1060 | FULL RECLN WHLCHAR;DTACH ARM LEGRST | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1050 | FULL RECLINE WC FIX ARM DETACH LEGS | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1031 | ROLLABOUT CHAIR W/CASTRS 5 IN/GT | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1030 | WHLCHAIR ACCESS VENT TRAY GIMBALED | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1029 | WHEELCHAIR ACCESS VENT TRAY FIX | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1020 | RES LIMB SUP SYS WHEELCHAIR ANY TYP | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1018 | HEAVY DUTY SHOCK ABSORBR PWR WC EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1017 | HEAVY DUTY SHOCK ABSORBR MNL WC EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1016 | SHOCK ABSORBER POWER WHEELCHAIR EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1015 | SHOCK ABSORBER MANUAL WHEELCHAIR EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1014 | RECLIN BACK ADD PED SIZE WHLCHAIR | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1011 | MOD PED SIZE WC WIDTH ADJ PACKAGE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | E1010 | WC ACCSS PWR LEG ELEV SYS PAIR | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1009 | WC ACCSS MECH LINKD LEG ELEV EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1008 | WC ACSS TILT&RECLINE PWR SHEAR RDUC | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1007 | WC ACSS TILT&RECLIN MECH SHEAR RDUC | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1006 | WC ACSS TILT&RECLINE NO SHEAR RDUC | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1005 | WC ACSS RECLINE W/PWR SHEAR RDUC | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1004 | WC ACSS RECLINE W/MECH SHEAR RDUC | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1003 | WC ACSS RECLINE ONLY NO SHEAR RDUC | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1002 | WC ACSS PWR SEATING SYS TILT ONLY | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0995 | WC AC CALF REST/PAD REPL ONLY EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0992 | MNL WHLCHAIR ACCSS SOLID SEAT INSRT | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0990 | WC ACCSS ELEV LEG REST CMPL ASSMBL | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0988 | MNL WC ACSS LEVR-ACT WHL DRIVE PAIR | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0985 | WHEELCHAIR ACCESS SEAT LIFT MECH | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0981 | WC ACSS SEAT UPHLSTER REPL ONLY EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0978 | WC ACSS PSTN/SFTY BELT/PELV STRP EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | E0974 | MNL WC ACCESS ANTI-ROLLBACK DEVC EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0973 | WC ACCSS ADJ HT DTACH ARMRST EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0971 | MNL WC ACSS ANTI-TIPPING DEVC EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0970 | NO 2 FOOTPLATES EXCEPT ELEV LEGREST | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0967 | MNL WC AC HND RIM PROJ REPL ONL EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0966 | MNL WC ACCESS HEADREST EXTENSION EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0961 | MNL WC ACCESS WHL LOCK BRAKE EXT EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0960 | WC ACSS SHLDR HRNSS/STRAPS/CHST STR | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0958 | MNL WC ACCESS 1-ARM DRIVE ATTCH EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0957 | WC ACSS MED THI SUPP HARDWARE EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0956 | WC ACSS LAT TRNK/HIP HARDWARE EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0955 | WC ACSS HEADREST CUSHND HARDWARE EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0954 | WHEELCHAIR AC FOOT BOX ANY TY EA FT | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0953 | WC AC LAT THIGH/KNEE SUPP ANY TY EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0951 | HEEL LOOP/HOLDER ANY TYPE EACH | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0948 | FX FRAME ATTCH CMPLX CERV TRAC | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | E0947 | FX FRAME ATTCH CMPLX PELV TRAC | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E0930 | FX FRAME FREESTANDING INCL WEIGHTS | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E0920 | FX FRAME ATTCH BED INCL WEIGHTS | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E0912 | TRAPEZ BAR PT WT GT 250 LBS FREE STND | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E0911 | TRAPEZ BAR PT WT GT 250 LBS BED GRAB | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E0910 | TRAPEZ BAR PT HLPR ATTCH BED W/GRAB | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E0849 | TRAC EQP CERV FREESTND FRME PNEUMAT | HCPCS - DME | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E0791 | PAR INFUS PUMP STAT SINGLE/MXCHANEL | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0786 | IMPLNT PROGRAM INFUSION PUMP-REPL | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0785 | IMPLANT INTRASPINL CATH PUMP-REPL | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0784 | EXTERNAL AMB INFUSION PUMP INSULIN | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0783 | INFUS PUMP SYSTEM IMPL PROGMMABLE | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0782 | INFUS PUMP IMPL NON-PROGMMABLE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0781 | AMB INFUS PUMP 1/MX CHANNL W/ADMIN | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0780 | AMB INFUS PUMP MECH INFUS LT 8 HR | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E0779 | AMB INFUS PUMP MECH INFUS 8 HR/GT | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | E0770 | FES TRANSQ STIM NERV&/MUSC CMPL NOS | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0766 | ELEC STM DVC CA TX ALL ACC ANY TYPE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0764 | FUNC NEUROMUSC STIM CMPT SC INJ | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0760 | OSTOGNS STIM LW INTENS US NONINVASV | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0748 | OSTOGNS STIM NONINVASV SP APPLIC | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0747 | OSTOGNS STIM NONINVASV NOT SP APPLC | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0745 | NEUROMUSC STIM ELEC SHOCK UNIT | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0740 | N-IMPL PELV FLR ELEC STIM CMPL SYS | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0730 | TENS DEVICE 4/GT LEADS MX NERVE STIM | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0720 | TENS DEVICE 2 LEAD LOCALIZED STIM | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0694 | UV MX DIR LT TX SYS 6 FT CABINET | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0693 | UV LT TX SYS PANL W/LAMP 6 FT PANEL | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0692 | UV LT TX SYS PANL W/LAMP 4 FT PANEL | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0691 | UV LIGHT TX BULB/LAMP; TX 2 SQ FT/LT | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0676 | INTERMITT LIMB COMPRESSION DEVC NOS | HCPCS - DME | NON-COV | 11/20/2020 | 11/20/2020 | Other | | |
| ABH of Illinois-Medicaid | E0675 | PNEUMAT COMPRS DEVC HI PRESS RAPID | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | E0657 | SEG PNEUMAT APPLINC W/COMPRS CHEST | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0652 | PNEUMAT COMPRS W/CALBRT GRADNT PRSS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0651 | PNEUMAT COMPRS NO CALBRT GRDNT PRSS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0650 | PNEUMAT COMPRS NONSEG HOME MODEL | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0641 | STAND FRAME/TABLE SYS MX-POS ANY SZ | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0640 | PT LIFT FIX SYS ALL CMPNTS/ACCESS | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0638 | STAND FRAME/TABLE SYS 1 POS ANY SZ | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0637 | COMB SIT STAND FRAME/TABLE SEATLIFT | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0636 | MX PSTN PT SUPP SYS LIFT PT CNTRL | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0635 | PATIENT LIFT ELECTRIC W/SEAT/SLING | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0630 | PATIENT LIFT HYRAULIC/MECH | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0629 | SEAT LIFT MECH NON-ELECTRIC ANY TYP | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0627 | SEAT LIFT MECH COMB LIFT-CHAIR MECH | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0618 | APNEA MONITOR W/O RECORDING FEATURE | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0617 | EXT DEFIB W/INTEGRATED ECG ANALY | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0616 | IMPL CARD EVNT REC MEM ACTVTR&PRGMR | HCPCS - DME | NON-COV | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | E0615 | PACEMKR MON CHCK BATTRY DIGTL/VISBL | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E0610 | PACEMKR MON CHCK BATTRY AUDBL&VISBL | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E0604 | BREAST PUMP HEVY DUTY HOSP GRADE | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0601 | CONTINUOUS POS AIRWAY PRESSURE DEVC | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0600 | RESP SUCTN PUMP HOME MODEL ELEC | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E0580 | NEBULIZR GLASS/AUTOCLVBL PLST BOTTL | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E0574 | US/ELEC AROSL GEN W/SM VOLUME NEB | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E0565 | COMPRS AIR PWR EQP NOT SLF-CONTAIND | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E0562 | HUMDIFIR HEAT USED W/POS ARWAY PRSS | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E0561 | HUMDIFIR NON-HEAT USED W/POS AIRWAY | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E0550 | HUMDIFR EXT SUPLMNTL DUR IPPB TX/O2 | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E0500 | IPPB MACH BUILT-IN NEBULZ;VALVS;PWR | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0486 | ORL DEVC/APPL RDUC UA COLLAPS CSTM | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0485 | ORL DEVC/APPL RDUC UA COLLAPS PRFAB | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0482 | COUGH STIM DEVC ALTRNAT POS&NEG | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0481 | INTRAPULM PERCUSS VENT SYS&REL ACSS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | E0467 | HOME VENTILATOR MULTI-FUNC RESP DVC | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0455 | O2 TENT EXCLD CROUP/PEDIATRIC TENTS | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0445 | OXIMETER MSR BLD O2 LEVL NON-INVASV | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0425 | STATION COMPRS GAS SYS PURCHASE; | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0373 | NONPWR ADVD PRESS REDUCING MATTRSS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0372 | PWR AIR OVRLAY MATTRSS STD LEN&WDTH | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0371 | NONPWR PRSS RDUC OVRLAY MATTRSS STD | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0329 | HOSP BED PED ELECTRIC INCL MATTRESS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0328 | HOSP BED PED MANUAL INCL MATTRESS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0304 | HOS BED XTRA HD WT CAPGT 600 MTTRSS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0303 | HOS BED HEVY DUTY WT CAP GT 350LT EQU 600 | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0302 | HOS BED WT CAPGT 600 W/O MATTRESS | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0301 | HOS BED HEVY DUTY W/WT CAP GT 350 PDS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0300 | PED CRIB HOS GRADE ENC W/WO TOP ENC | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0297 | HOS BED TOT ELEC W/O RAIL/MATTRSS | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0296 | HOS BED TOT ELEC W/O RAIL W/MATTRSS | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | E0295 | HOS BED SEMI-ELEC W/O RAIL/MATTRSS | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0294 | HOS BED SEMI-ELEC NO RAIL W/MATTRSS | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0293 | HOS BED VARIBL HT W/O RAIL/MATTRSS | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0292 | HOS BED VARIBL HT NO RAIL W/MATTRSS | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0277 | POWER PRESSURE-REDUCING AIR MATTRSS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0266 | HOS BED TOT ELEC W/RAIL W/O MATTRSS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0265 | HOS BED TOT ELEC W/RAIL W/MATTRSS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0261 | HOS BED SEMI-ELEC W/RAIL NO MATTRSS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0260 | HOS BED SEMI-ELEC W/RAIL W/MATTRSS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0256 | HOS BED VARIBL HT W/RAIL NO MATTRSS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0255 | HOS BED VARIBL HT W/RAIL W/MATTRSS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0251 | HOS BED FIX HT W/RAIL W/O MATTRSS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0250 | HOS BED FIX HT W/RAIL W/MATTRSS | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0217 | WATER CIRCULATING HEAT PAD W/PUMP | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E0198 | WATR PRSS PAD MATTRSS STD LEN&WDTH | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E0172 | SEAT LIFT MECH PLACE OVR/TOP TOILET | HCPCS - DME | NON-COV | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | E0170 | COMMODE CHAIR SEAT LIFT MECH ELEC | HCPCS - DME | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E0147 | WALKR HEVY DUTY MX BRAKE VARIBL WHL | HCPCS - DME | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D9999 | UNS ADJUNCTIVE PROCEDURE REPORT | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D9996 | TELEDNT-ASYNC;I STD&FWD DNT SUB REV | HCPCS-DENTAL-Misc Svcs | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D9995 | TELEDENTISTRY - SYNCHRONOUS; RT ENC | HCPCS-DENTAL-Misc Svcs | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D9940 | OCCLUSAL GUARD BY REPORT | HCPCS - DENTAL | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D9630 | DRUGS/MEDICAMNTS DISP OFFC HOME USE | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D9610 | TX PARENTRAL DRUG 1 ADMINISTRATION | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D9420 | HOSPITAL OR AMB SURG CENTER CALL | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D9310 | CNSLT DX DENT/PHY NOT REQ DENT/PHY | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D8999 | UNS ORTHODONTIC PROCEDURE BY REPORT | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D8694 | REPAIR FIX RETAINERS INCL REATTACH | HCPCS - DENTAL | EXPIRED | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | D8693 | REBONDING/RECEMENTING FIXED RETAINR | HCPCS - DENTAL | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D8692 | REPLACEMENT LOST OR BROKEN RETAINER | HCPCS - DENTAL | EXPIRED | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | D8691 | REPAIR OF ORTHODONTIC APPLIANCE | HCPCS - DENTAL | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D8670 | PERIODIC ORTHODONTIC TX VISIT | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D8660 | PREORTHODONTIC TREATMENT VISIT | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D8080 | COMP ORTHODONT TX ADOLES DENTITION | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D7999 | UNS ORAL SURG PROC BY REPORT | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D7730 | MANDIBLE OPEN REDUCTION | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D7720 | MAXILLA CLOSED REDUCTION | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D7710 | MAXILLA OPEN REDUCTION | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D7510 | I&D ABSCESS-INTRAORAL SOFT TISS | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D7460 | REMV BEN NONODONTGN TUMR-TO 1.25 CM | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D7451 | REMV BEN ODONTOGNIC TUMR GT 1.25 CM | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D7450 | REMV BEN ODONTOGNIC TUMR-T0 1.25 CM | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D7321 | ALVEOLOPLSTY NOT W/XTRCT 1-3 TEETH | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |

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| ABH of Illinois-Medicaid | D7320 | ALVEOLOPLASTY NO EXT 4/GT TEETH/SPAC | HCPCS- DENTAL-Alveoplasty | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D7283 | PLCMT DEVC FACL ERUPT IMPACT TOOTH | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D7280 | EXPOSURE OF AN UNERUPTED TOOTH | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D7250 | REMOVAL OF RESIDUAL TOOTH ROOTS | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D7220 | REMOVAL IMPACT TOOTH - SOFT TISSUE | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D7140 | EXTRAC ERUPTED TOOTH/EXPOSED ROOT | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D6930 | RECEMENT FIXED PARTIAL DENTURE | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D6792 | RETAINER CROWN-FULL CAST NOBLE METL | HCPCS-DENTAL-Bridge-Abuts | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D6791 | RETNR CRWN-FULL CAST PDMT BASE METL | HCPCS-DENTAL-Bridge-Abuts | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D6753 | RET CRWN - PORCELN FU TIT & TIT ALY | HCPCS-DENTAL-Bridge-Abuts | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D6721 | RETAINER CROWN-RESIN PDMT BASE METL | HCPCS-DENTAL-Bridge-Abuts | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D6251 | PONTIC RESIN W/PREDOM BASE METAL | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | D6242 | PONTIC - PORCELN FUSED NOBLE METAL | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D6240 | PONTIC-PORCELN FUSED HI NOBLE METL | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D6211 | PONTIC - CAST PREDOM BASE METAL | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5959 | PALATAL LIFT PROSTH MODIFICATION | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5937 | TRISMUS APPLIANCE NOT FOR TMD TX | HCPCS-DENTAL-Maxillofacial | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5936 | OBTURATOR/PROSTHESIS INTERIM | HCPCS-DENTAL-Maxillofacial | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5925 | FACIAL AUGMENTATION IMPLANT PROSTH | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5899 | UNS REMV PROSTHODONTIC PROC RPT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D5650 | ADD TOOTH EXISTING PARTIAL DENTURE | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5630 | REPR/REPLCE BROKEN CLASP-PER TOOTH | HCPCS-DENTAL-Denture Repair | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5612 | REPAIR RESIN PRTL DENTURE BASE MAX | HCPCS-DENTAL-Denture Repair | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5611 | REPAIR RESIN PRTL DENTURE BASE MAND | HCPCS-DENTAL-Denture Repair | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5520 | REPL MISS/BROKEN TEETH-CMPL DENTUR | HCPCS-DENTAL-Denture Repair | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | D5512 | REPAIR BKN CMPL DENTURE BASE MAX | HCPCS-DENTAL-Denture Repair | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5511 | REPAIR BKN CMPL DENTURE BASE MAND | HCPCS-DENTAL-Denture Repair | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5281 | REMV UNILAT PART DENTUR - 1 PIECE CAST METAL | HCPCS - DENTAL | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D5224 | IMMED MAND PRTL D - CAST MTL FW | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5223 | IMMED MAX PRTL D - CAST METAL FW | HCPCS-DENTAL-Denture-Partial | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5214 | MAND PRTL DENTURE - CAST METAL FW | HCPCS-DENTAL-Denture-Partial | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5213 | MAX PRTL DENTURE- CAST METAL FW | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5212 | MANDIB PARTIAL DENTURE RESIN BASE | HCPCS-DENTAL-Denture-Partial | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5211 | MAXILLARY PARTIAL DENTUR RESIN BASE | HCPCS-DENTAL-Denture-Partial | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D4342 | PRDONTAL SCAL&ROOT PLAN 1 -3 TEETH | HCPCS-DENTAL-Perio - Adjunct | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D4341 | PRDNTL SCAL&ROOT PLAN 4/GT TEETH-QUAD | HCPCS-DENTAL-Perio - Adjunct | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D4278 | FREE ST GFT EA CNTG T/EDNT T SAME S | HCPCS-DENTAL-Perio Surgical | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D4277 | FREE SFT TSS GFT 1ST T/EDNTULOUS T | HCPCS-DENTAL-Perio Surgical | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | D4273 | AUTOGEN CONNECTIVE TISS GRAFT PROC | HCPCS-DENTAL-Perio Surgical | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D4263 | BN REPL GR-RET NAT TT-1ST SITE QUAD | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D4261 | OSSEOUS SURG 1-3 CNTIG TEETH QUAD | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D4249 | CLIN CROWN LEN - HARD TISSUE | HCPCS-DENTAL-Perio Surgical | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D4211 | GINGIVECT/PLSTY 1-3CNTIG TEETH QUAD | HCPCS-DENTAL-Perio Surgical | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D3410 | APICOECTOMY - ANTERIOR | HCPCS-DENTAL-Apicoectomy | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D3353 | APEXIFICAT/RECALCIFICAT-FINAL VISIT | HCPCS-DENTAL-Apexification | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D3330 | ENDODONTIC THERAPY MOLAR TOOTH | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D3320 | ENDODONTIC THERAPY PREMOLAR TOOTH | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D3240 | PULPAL THERAPY - POST PRIMARY TOOTH | HCPCS-DENTAL-Endo-Primary | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D3230 | PULPAL THERAPY - ANT PRIMARY TOOTH | HCPCS-DENTAL-Endo-Primary | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D3220 | TX PULPOT-CORONL DENTNOCEMENTL JUNC | HCPCS-DENTAL-Pulpotomy | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D3110 | PULP CAP - DIRECT | HCPCS-DENTAL-Pulp capping | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | D2954 | PREFABR POST&CORE ADDITION CROWN | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2951 | PIN RETN - PER TOOTH ADDITION REST | HCPCS-DENTAL-Restoration Oth | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2950 | CORE BUILDUP INCL PINS WHEN REQUIRE | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2934 | PREFB ESTHET COAT STNLSS STEEL CRWN | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2931 | PRFABR STAINLESS STEEL CROWN-PERM | HCPCS-DENTAL-Restoration Oth | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2930 | PRFABR STAINLESS STEEL CROWN-PRIM | HCPCS-DENTAL-Restoration Oth | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2915 | RECEMENT CAST/PREFAB POST & CORE | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2910 | RECEMENT INLAY ONLAY/PART COV REST | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2792 | CROWN - FULL CAST NOBLE METAL | HCPCS-DENTAL-Crowns - Single | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2791 | CROWN - FULL CAST PREDOM BASE METL | HCPCS-DENTAL-Crowns - Single | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2790 | CROWN - FULL CAST HIGH NOBLE METAL | HCPCS-DENTAL-Crowns - Single | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2753 | CRWN - PORCLN FUSD TO TIT & TIT ALY | HCPCS-DENTAL-Crowns - Single | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | D2752 | CROWN - PORCELAIN FUSED NOBLE METAL | HCPCS-DENTAL-Crowns - Single | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2751 | CROWN-PORCELN FUSD PREDOM BASE METL | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2750 | CROWN - PORCELN FUSED HI NOBLE METL | HCPCS-DENTAL-Crowns - Single | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2740 | CROWN - PORCELAIN/CERAMIC | HCPCS-DENTAL-Crowns - Single | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2644 | ONLAY - PORCELN/CERAM - 4/MORE SURF | HCPCS-DENTAL-Inlay/Onlay | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2394 | RESIN COMPOS - 4/MORE SURFACES POST | HCPCS-DENTAL-Composites | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2393 | RESIN COMPOS - 3 SURFACES POSTERIOR | HCPCS-DENTAL-Composites | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2392 | RESIN COMPOS - 2 SURFACES POSTERIOR | HCPCS-DENTAL-Composites | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2391 | RESIN COMPOS - 1 SURFACE POSTERIOR | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2390 | RESIN COMPOS CROWN ANTERIOR | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D2332 | RESIN-BASED COMPOSITE 3 SURFACE ANT | HCPCS-DENTAL-Composites | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2331 | RESIN-BASED COMPOSITE 2 SURFACE ANT | HCPCS-DENTAL-Composites | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2330 | RESIN-BASED COMPOSITE ONE SURF ANT | HCPCS-DENTAL-Composites | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | D2161 | AMALGAM-FOUR/MORE SURF PRIM/PERM | HCPCS-DENTAL-Amalgam | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2160 | AMALGAM-3 SURFACES PRIMARY/PERM | HCPCS-DENTAL-Amalgam | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2150 | AMALGAM-TWO SURFACES PRIMARY/PERM | HCPCS-DENTAL-Amalgam | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2140 | AMALGAM-ONE SURFACE PRIMARY/PERM | HCPCS-DENTAL-Amalgam | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D1555 | REMOVAL OF FIXED SPACE MAINTAINER | HCPCS - DENTAL | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D1553 | RE-CEM/RE-BOND UNI SPACE MNTNR-QUAD | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D1552 | RE-CEM/RE-BOND BIL SPC MNTNR - MAND | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D1551 | RE-CEM/RE-BOND BIL SPACE MNTNR-MAX | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D1550 | RECEMENTATION OF SPACE MAINTAINER | HCPCS - DENTAL | EXPIRED | 04/01/2010 | 04/01/2010 | | | |
| ABH of Illinois-Medicaid | D1525 | SPACE MAINTAINER - REMOVABLE-BILATERAL | HCPCS-DENTAL-Space Maint. | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D1520 | SPACE MNTNR - REMOV UNI - PER QUAD | HCPCS-DENTAL-Space Maint. | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D1515 | SPACE MAINTAINER - FIXED-BILATERAL | HCPCS-DENTAL-Space Maint. | EXPIRED | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D1510 | SPACE MNTNR - FIXED UNI - PER QUAD | HCPCS-DENTAL-Space Maint. | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |

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| ABH of Illinois-Medicaid | D1351 | SEALANT - PER TOOTH | HCPCS-DENTAL-Sealants | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D1206 | TOPICAL APPLICATN FLUORIDE VARNISH | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D1120 | PROPHYLAXIS - CHILD | HCPCS-DENTAL-Prophylaxis | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D1110 | PROPHYLAXIS - ADULT | HCPCS-DENTAL-Prophylaxis | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D0999 | UNSPEC DIAGNOSTIC PROCEDURE REPORT | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D0603 | CARIES RISK ASSESS DOC FIND HI RSK | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D0602 | CARIES RISK ASSESS DOC FIND MOD RSK | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D0601 | CARIES RISK ASSESS DOC FIND LOW RSK | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D0380 | CONE BEAM CT IMAG LTD FD VWLT 1 W JAW | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D0330 | PANORAMIC RADIOGRAPHIC IMAGE | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D0277 | VERT BITEWNGS - 7-8 RADIOGRAPH IMAG | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D0274 | BITEWINGS - FOUR RADIOGRAPHC IMAGES | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D0272 | BITEWINGS - TWO RADIOGRAPHIC IMAGES | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |

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| ABH of Illinois-Medicaid | D0270 | BITEWING - SINGLE RADIOGRAPHC IMAGE | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D0230 | IO-PERIAPICAL EA ADD RADIOGRPH IMAG | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D0220 | IO-PERIAPICAL 1ST RADIOGRAPHC IMAGE | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D0150 | COMP ORAL EVALUATION - NEW/EST PT | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D0140 | LTD ORAL EVALUATION - PROBLEM FOCUS | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D0120 | PERIODIC ORAL EVALUATION EST PT | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | C2621 | PACEMKR OTH THAN SINGLE/DUAL CHAMB | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C2620 | PACEMKR 1 CHAMB NON RATE-RESPONSIVE | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C2619 | PACEMKR DUL CHAMB NON RATE-RESPONS | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C1891 | INFUS PUMP NON-PROGMMABLE PERMANENT | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C1882 | CARDIOVRT-DFIB OTH THAN 1/DUL CHAMB | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C1786 | PACEMKR 1 CHAMB RATE-RESPONSIVE | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C1785 | PACEMKR DUAL CHAMB RATE-RESPONSIVE | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C1722 | CARDIOVERT-DEFIB SINGLE CHAMB | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | C1721 | CARDIOVERT-DEFIBRILLATOR DUAL CHAMB | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | B9006 | PARNTRAL NUTRIT INFUS PUMP STATION | HCPCS - ENTERAL & PARENTERAL | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | B9004 | PARNTRAL NUTRIT INFUS PUMP PRTBLE | HCPCS - ENTERAL & PARENTERAL | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | B9002 | ENTERAL NUTR INFUSION PUMP ANY TYPE | HCPCS - ENTERAL & PARENTERAL | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | B4162 | ENTRAL F PED INHERITED DZ METAB | HCPCS - ENTERAL & PARENTERAL | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | B4161 | ENTRAL F PED HYDROLYZED/AA PROTEINS | HCPCS - ENTERAL & PARENTERAL | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | B4160 | ENTRAL F PED NUTRITN CMPL CAL DENSE | HCPCS - ENTERAL & PARENTERAL | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | B4159 | ENTRAL F PED NUTRITN CMPL SOY BASD | HCPCS - ENTERAL & PARENTERAL | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | B4158 | ENTRAL F PED NUTRITION COMPLETE | HCPCS - ENTERAL & PARENTERAL | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | B4157 | ENTRAL F CMPL INHERITED DZ METAB | HCPCS - ENTERAL & PARENTERAL | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | B4155 | ENTRAL F NUTRITN INCMPL/MOD NUTRNTS | HCPCS - ENTERAL & PARENTERAL | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | B4154 | ENTRAL F CMPL NO INHERITED DZ METAB | HCPCS - ENTERAL & PARENTERAL | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | B4153 | ENTRL F NUTRTN CMPL HYDROLYZD PROTS | HCPCS - ENTERAL & PARENTERAL | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | B4152 | ENTRAL F NUTRITION CMPL CAL DENSE | HCPCS - ENTERAL & PARENTERAL | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | B4150 | ENTRAL F NUTRITIONALLY COMPLETE | HCPCS - ENTERAL & PARENTERAL | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | B4149 | ENTRAL F MANF BLNDRIZD NAT FOODS | HCPCS - ENTERAL & PARENTERAL | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | B4100 | FOOD THICKENER ADMINED ORALLY-OUNCE | HCPCS - ENTERAL & PARENTERAL | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A9999 | MISCELLANEOUS DME SUPPLY/ACCESS NOS | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | A9901 | DME DEL SET&/DSPNS SRVC ANOTH HCPCS | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A9604 | SM-153 LEXIDRONAM TX TO 150 MCI | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A9284 | SPIROMETER NONELECTRONC INCL ACCESS | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A9279 | MON FEATURE/DEVC ALONE/INTEGRAT NOC | HCPCS - ADMIN MISC & INVEST | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A9274 | EXT AMB INSULIN DEL SYS DISPOSBL EA | HCPCS - ADMIN MISC & INVEST | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A8004 | SOFT INTERFACE FOR HELMET REPL ONLY | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A8002 | HELMET PROTECTIVE SOFT CUSTOM FAB | HCPCS - MED-SURG SUPPLIES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A7522 | TRACHEOST/LARYNGECT TUBE STNLESS ST | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A7048 | VACUUM DRN CLCT U & TUBING KIT EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A7047 | ORAL INTF USED RESP SUCTION PUMP EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A6513 | COMPRS BRN MASK FCE&/NCK PLSTC/EQUL | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A6511 | COMPRS BRN GARMNT LW TRNK LEG OPN | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A6510 | COMPRS BRN GARMNT TRNK ARM LEG OPN | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A6509 | COMPRS BRN GARMNT TRNK WAIST CSTM | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | A6508 | COMPRS BRN GARMNT FT THI LEN CSTM | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A6507 | COMPRS BRN GARMNT FT KNEE LEN CSTM | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A6506 | COMPRS BURN GARMNT GLOV AX CSTM FAB | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A6505 | COMPRS BRN GARMNT GLOV ELB CSTM FAB | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A6504 | COMPRS BRN GARMNT GLOV WRST CSTM | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A6503 | COMPRS BRN GARMNT FCE HOOD CSTM FAB | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A6502 | COMPRS BRN GARMNT CHIN STRAP CSTM | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A6501 | COMPRS BURN GARMNT BDYSUIT CSTM FAB | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A6404 | GAUZ NON-IMPREG STRL GT 48SQ NO ADHES | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A6262 | WOUND FILLER DRY FORM PER G NOS | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A6261 | WOUND FILLR GEL/PASTE PER FL OZ NOS | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A6260 | WOUND CLEANSERS ANY TYPE ANY SIZE | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A6256 | SPCLTY ABSORB DRESS GT 48 SQ W/ADHES | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A6250 | SKN SEALNT PROTCT MOISTURZR OINTMNT | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A6239 | HYDROCOLLOID DRESS GT 48 SQ W/ADHES | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A6228 | GAUZ IMPREG WATR/NL SALINE GT 16 SQ | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | A6221 | GAUZE NON-IMPREG GT 48 SQ W/ADHES | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A6218 | GAUZE NON-IMPREG NONSTERL GT 48 SQ | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A6215 | FOAM DRESSING WOUND FIL STERL PER G | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A6208 | CONTACT LAYER GT 48 SQ EACH DRESSING | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A6205 | COMPOS DRESS GT 48SQ W/ADHES BORDR EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A6198 | ALGINAT/OTH FIBR GELL PAD GT 48 SQ EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A6000 | NON-CNTC WND WARMING COVR W/DEVC | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A4606 | O2 PROBE W/OXIMETER DEVICE REPLCMT | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A4566 | SHOULDR SLING/VEST ABD RSTRN PREFAB | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A4555 | E/TRANSDUCR E-STIM U CA TX RPL ONLY | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A4467 | BELT STRAP SLV GARMENT/COV ANY TYPE | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A4269 | CONTRACEPTIVE SUPPLY SPERMICIDE EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A4268 | CONTRACEPT SUPPLY CONDOM FEMALE EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A4267 | CONTRACEPTIVE SUPPLY CONDOM MALE EA | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A4223 | INFUS SPL NO EXT INFUS PUMP CAS/BAG | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A4220 | REFILL KIT IMPLANTABLE INFUS PUMP | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | A0888 | NONCOVERED AMB MILEAGE PER MILE | HCPCS - TRANSPORTATION (INCL A | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A0432 | PARAMED INTRCPT RURL NO 3 PARTY PAY | HCPCS - TRANSPORTATION (INCL A | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A0429 | AMB SERVICE BLS EMERGENCY TRANSPORT | HCPCS - TRANSPORTATION (INCL A | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A0427 | AMB SRVC ALS EMERG TRANSPORT LEVL 1 | HCPCS - TRANSPORTATION (INCL A | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A0424 | EXTRA AMB ATTENDANT GROUND/AIR; | HCPCS - TRANSPORTATION (INCL A | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A0420 | AMB WAITING TIME 1/2 HR INCREMENTS | HCPCS - TRANSPORTATION (INCL A | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A0396 | ALS SPCLIZD SRVC DISPBL SPL;INTUBAT | HCPCS - TRANSPORTATION (INCL A | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A0394 | ALS SPCLIZED SRVC DISPBL SPL; IV RX | HCPCS - TRANSPORTATION (INCL A | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A0392 | ALS SPCLIZED SRVC DISPBL SPL; DEFIB | HCPCS - TRANSPORTATION (INCL A | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A0384 | BLS SPCLIZED SRVC DISPBL SPL; DEFIB | HCPCS - TRANSPORTATION (INCL A | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A0140 | NONEMERG TRNSPRT & AIR TRAVEL | HCPCS - TRANSPORTATION (INCL A | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A0090 | NONEMERG TRNSPRT IND W/VESTED INT | HCPCS - TRANSPORTATION (INCL A | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A0021 | AMB SRVC OTSD STATE-MILE TRANSPORT | HCPCS - TRANSPORTATION (INCL A | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 99499 | UNLISTED E&M SERVICE | E & M - OTHER E/M SERVICES | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 99494 | 1ST/SBSQ PSYC COLLAB CARE | E & M - CARE PLAN OVERSIGHT | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99493 | SBSQ PSYC COLLAB CARE MGMT | E & M - CARE PLAN OVERSIGHT | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 99492 | 1ST PSYC COLLAB CARE MGMT | E & M - CARE PLAN OVERSIGHT | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99477 | INIT DAY HOSP NEONATE CARE | E & M - NEONATAL CRITICAL CARE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99476 | PED CRIT CARE AGE 2-5 SUBSQ | E & M - PEDIATRIC CRITICAL CAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99475 | PED CRIT CARE AGE 2-5 INIT | E & M - PEDIATRIC CRITICAL CAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99472 | PED CRITICAL CARE SUBSQ | E & M - PEDIATRIC CRITICAL CAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99471 | PED CRITICAL CARE INITIAL | E & M - PEDIATRIC CRITICAL CAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99469 | NEONATE CRIT CARE SUBSQ | E & M - NEONATAL CRITICAL CARE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99468 | NEONATE CRIT CARE INITIAL | E & M - NEONATAL CRITICAL CARE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99465 | NB RESUSCITATION | E & M - NEWBORN CARE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99463 | SAME DAY NB DISCHARGE | E & M - NEWBORN CARE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99462 | SBSQ NB EM PER DAY HOSP | E & M - NEWBORN CARE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99461 | INIT NB EM PER DAY NON-FAC | E & M - NEWBORN CARE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99460 | INIT NB EM PER DAY HOSP | E & M - NEWBORN CARE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99451 | NTRPROF PH1/NTRNET/EHR 5/GT | E & M - SPECIAL E/M SERVICES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99449 | NTRPROF PH1/NTRNET/EHR 31/GT | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99448 | NTRPROF PH1/NTRNET/EHR 21-30 | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 99447 | NTRPROF PH1/NTRNET/EHR 11-20 | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99446 | NTRPROF PH1/NTRNET/EHR 5-10 | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99423 | OL DIG E/M SVC 21+ MIN | E & M-PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99422 | OL DIG E/M SVC 11-20 MIN | E & M-PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99421 | OL DIG E/M SVC 5-10 MIN | E & M-PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99407 | BEHAV CHNG SMOKING GT 10 MIN | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99406 | BEHAV CHNG SMOKING 3-10 MIN | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99397 | PER PM REEVAL EST PAT 65+ YR | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99396 | PREV VISIT EST AGE 40-64 | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99395 | PREV VISIT EST AGE 18-39 | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99394 | PREV VISIT EST AGE 12-17 | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99393 | PREV VISIT EST AGE 5-11 | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99392 | PREV VISIT EST AGE 1-4 | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99391 | PER PM REEVAL EST PAT INFANT | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99387 | INIT PM E/M NEW PAT 65+ YRS | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99386 | PREV VISIT NEW AGE 40-64 | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 99385 | PREV VISIT NEW AGE 18-39 | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99384 | PREV VISIT NEW AGE 12-17 | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99383 | PREV VISIT NEW AGE 5-11 | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99382 | INIT PM E/M NEW PAT 1-4 YRS | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99381 | INIT PM E/M NEW PAT INFANT | E & M - PREVENTIVE MEDICINE SE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99292 | CRITICAL CARE ADDL 30 MIN | E & M - CRITICAL CARE SERVICES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99291 | CRITICAL CARE FIRST HOUR | E & M - CRITICAL CARE SERVICES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99195 | PHLEBOTOMY | MEDICINE - OTHER SERVICES AND | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99192 | SPECIAL PUMP SERVICES | MEDICINE - OTHER SERVICES AND | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99191 | SPECIAL PUMP SERVICES | MEDICINE - OTHER SERVICES AND | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99190 | SPECIAL PUMP SERVICES | MEDICINE - OTHER SERVICES AND | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99184 | HYPOTHERMIA ILL NEONATE | MEDICINE - OTHER SERVICES AND | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99183 | HYPERBARIC OXYGEN THERAPY | MEDICINE - OTHER SERVICES AND | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 99173 | VISUAL ACUITY SCREEN | MEDICINE - OTHER SERVICES AND | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99172 | OCULAR FUNCTION SCREEN | MEDICINE - OTHER SERVICES AND | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99170 | ANOGENITAL EXAM CHILD W IMAG | MEDICINE - OTHER SERVICES AND | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 99157 | MOD SED OTHER PHYS/QHP EA | MEDICINE - OTHER SERVICES AND | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99156 | MOD SED OTH PHYS/QHP 5/GT YRS | MEDICINE - QUALIFYING CIRCUMST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99155 | MOD SED OTH PHYS/QHP LT 5 YRS | MEDICINE - OTHER SERVICES AND | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99153 | MOD SED SAME PHYS/QHP EA | MEDICINE - OTHER SERVICES AND | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99152 | MOD SED SAME PHYS/QHP 5/GT YRS | MEDICINE - QUALIFYING CIRCUMST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99151 | MOD SED SAME PHYS/QHP LT 5 YRS | MEDICINE - QUALIFYING CIRCUMST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99082 | UNUSUAL PHYSICIAN TRAVEL | MEDICINE - SPECIAL SERVICES, P | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99058 | OFFICE EMERGENCY CARE | MEDICINE - SPECIAL SERVICES, P | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99056 | MED SERVICE OUT OF OFFICE | MEDICINE - SPECIAL SERVICES, P | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 98942 | CHIROPRACTIC MANJ 5 REGIONS | MEDICINE - CHIROPRACTIC MANIPU | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 98941 | CHIROPRACT MANJ 3-4 REGIONS | MEDICINE - CHIROPRACTIC MANIPU | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 98940 | CHIROPRACT MANJ 1-2 REGIONS | MEDICINE - CHIROPRACTIC MANIPU | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 98929 | OSTEOPATH MANJ 9-10 REGIONS | MEDICINE - OSTEOPATHIC MANIPUL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 98928 | OSTEOPATH MANJ 7-8 REGIONS | MEDICINE - OSTEOPATHIC MANIPUL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 98927 | OSTEOPATH MANJ 5-6 REGIONS | MEDICINE - OSTEOPATHIC MANIPUL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 98926 | OSTEOPATH MANJ 3-4 REGIONS | MEDICINE - OSTEOPATHIC MANIPUL | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 98925 | OSTEOPATH MANJ 1-2 REGIONS | MEDICINE - OSTEOPATHIC MANIPUL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 97545 | WORK HARDENING | MEDICINE - PHYSICAL MEDICINE A | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 97158 | GRP ADAPT BHV TX BY PHY/QHP | MEDICINE - PHYSICAL MEDICINE A | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 97157 | MULT FAM ADAPT BHV TX GDN | MEDICINE - PHYSICAL MEDICINE A | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 97156 | FAM ADAPT BHV TX GDN PHY/QHP | MEDICINE - PHYSICAL MEDICINE A | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 97155 | ADAPT BEHAVIOR TX PHYS/QHP | MEDICINE - PHYSICAL MEDICINE A | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 97154 | GRP ADAPT BHV TX BY TECH | MEDICINE - PHYSICAL MEDICINE A | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 97153 | ADAPTIVE BEHAVIOR TX BY TECH | MEDICINE - PHYSICAL MEDICINE A | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 97152 | BHV ID SUPRT ASSMT BY 1 TECH | MEDICINE - PHYSICAL MEDICINE A | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 97151 | BHV ID ASSMT BY PHYS/QHP | MEDICINE - PHYSICAL MEDICINE A | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 96574 | DBRDMT PRMLG LES W/PDT | MEDICINE - PHOTODYNAMIC THERAP | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96573 | PDT DSTR PRMLG LES PHYS/QHP | MEDICINE - PHOTODYNAMIC THERAP | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96571 | PHOTODYNAMIC TX ADDL 15 MIN | MEDICINE - PHOTODYNAMIC THERAP | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96570 | PHOTODYNMC TX 30 MIN ADD-ON | MEDICINE - PHOTODYNAMIC THERAP | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96542 | CHEMOTHERAPY INJECTION | MEDICINE - CHEMOTHERAPY ADMINI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96522 | REFILL/MAINT PUMP/RESVR SYST | MEDICINE - CHEMOTHERAPY ADMINI | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 96521 | REFILL/MAINT PORTABLE PUMP | MEDICINE - CHEMOTHERAPY ADMINI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96450 | CHEMOTHERAPY INTO CNS | MEDICINE - CHEMOTHERAPY ADMINI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96425 | CHEMOTHERAPY INFUSION METHOD | MEDICINE - CHEMOTHERAPY ADMINI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96423 | CHEMO IA INFUSE EACH ADDL HR | MEDICINE - CHEMOTHERAPY ADMINI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96422 | CHEMO IA INFUSION UP TO 1 HR | MEDICINE - CHEMOTHERAPY ADMINI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96420 | CHEMO IA PUSH TECNIQUE | MEDICINE - CHEMOTHERAPY ADMINI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96417 | CHEMO IV INFUS EACH ADDL SEQ | MEDICINE - CHEMOTHERAPY ADMINI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96416 | CHEMO PROLONG INFUSE W/PUMP | MEDICINE - CHEMOTHERAPY ADMINI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96415 | CHEMO IV INFUSION ADDL HR | MEDICINE - CHEMOTHERAPY ADMINI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96413 | CHEMO IV INFUSION 1 HR | MEDICINE - CHEMOTHERAPY ADMINI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96411 | CHEMO IV PUSH ADDL DRUG | MEDICINE - CHEMOTHERAPY ADMINI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96409 | CHEMO IV PUSH SNGL DRUG | MEDICINE - CHEMOTHERAPY ADMINI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96406 | CHEMO INTRALESIONAL OVER 7 | MEDICINE - CHEMOTHERAPY ADMINI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96405 | CHEMO INTRALESIONAL UP TO 7 | MEDICINE - CHEMOTHERAPY ADMINI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96402 | CHEMO HORMON ANTINEOPL SQ/IM | MEDICINE - CHEMOTHERAPY ADMINI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96401 | CHEMO ANTI-NEOPL SQ/IM | MEDICINE - CHEMOTHERAPY ADMINI | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 96377 | APPLICATON ON-BODY INJECTOR | MEDICINE - INFUSION | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96376 | TX/PRO/DX INJ SAME DRUG ADON | MEDICINE - INJECTION | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96375 | TX/PRO/DX INJ NEW DRUG ADDON | MEDICINE - INJECTION | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96374 | THER/PROPH/DIAG INJ IV PUSH | MEDICINE - INJECTION | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96373 | THER/PROPH/DIAG INJ IA | MEDICINE - INJECTION | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96372 | THER/PROPH/DIAG INJ SC/IM | MEDICINE - INJECTION | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96371 | SC THER INFUSION RESET PUMP | MEDICINE - INFUSION | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96370 | SC THER INFUSION ADDL HR | MEDICINE - INFUSION | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96369 | SC THER INFUSION UP TO 1 HR | MEDICINE - INFUSION | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96368 | THER/DIAG CONCURRENT INF | MEDICINE - INFUSION | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96367 | TX/PROPH/DG ADDL SEQ IV INF | MEDICINE - INFUSION | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96366 | THER/PROPH/DIAG IV INF ADDON | MEDICINE - INFUSION | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96365 | THER/PROPH/DIAG IV INF INIT | MEDICINE - INFUSION | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96361 | HYDRATE IV INFUSION ADD-ON | MEDICINE - HYDRATION | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96360 | HYDRATION IV INFUSION INIT | MEDICINE - HYDRATION | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96170 | HLTH BHV IVNTJ FAM WO PT 1ST | MEDICINE-HEALTH & BEHAVIOR | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 96168 | HLTH BHV IVNTJ FAM EA ADDL | MEDICINE-HEALTH & BEHAVIOR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96167 | HLTH BHV IVNTJ FAM 1ST 30 | MEDICINE-HEALTH & BEHAVIOR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96165 | HLTH BHV IVNTJ GRP EA ADDL | MEDICINE-HEALTH & BEHAVIOR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96164 | HLTH BHV IVNTJ GRP 1ST 30 | MEDICINE-HEALTH & BEHAVIOR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96161 | CAREGIVER HEALTH RISK ASSMT | MEDICINE - HEALTH AND BEHAVIOR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96160 | PT-FOCUSED HLTH RISK ASSMT | MEDICINE - HEALTH AND BEHAVIOR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96159 | HLTH BHV IVNTJ INDIV EA ADDL | MEDICINE-HEALTH & BEHAVIOR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96158 | HLTH BHV IVNTJ INDIV 1ST 30 | MEDICINE-HEALTH & BEHAVIOR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96156 | HLTH BHV ASSMT/REASSESSMENT | MEDICINE-HEALTH & BEHAVIOR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96127 | BRIEF EMOTIONAL/BEHAV ASSMT | MEDICINE - HEALTH AND BEHAVIOR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96110 | DEVELOPMENTAL SCREEN W/SCORE | MEDICINE - CENTRAL NERVOUS SYS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96002 | DYNAMIC SURFACE EMG | MEDICINE - NEUROLOGY AND NEURO | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 96001 | MOTION TEST W/FT PRESS MEAS | MEDICINE - NEUROLOGY AND NEURO | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 96000 | MOTION ANALYSIS VIDEO/3D | MEDICINE - NEUROLOGY AND NEURO | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 95990 | SPIN/BRAIN PUMP REFIL & MAIN | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95984 | ALYS BRN NPGT PRGRMG ADDL 15 | MEDICINE - NEUROLOGY AND NEURO | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 95983 | ALYS BRN NPGT PRGRMG 15 MIN | MEDICINE - NEUROLOGY AND NEURO | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 95982 | IO GA N-STIM SUBSQ W/REPROG | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95981 | IO ANAL GAST N-STIM SUBSQ | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95980 | IO ANAL GAST N-STIM INIT | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95977 | ALYS CPLX CN NPGT PRGRMG | MEDICINE - NEUROLOGY AND NEURO | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 95976 | ALYS SMPL CN NPGT PRGRMG | MEDICINE - NEUROLOGY AND NEURO | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 95970 | ALYS NPGT W/O PRGRMG | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95967 | MEG EVOKED EACH ADDL | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95966 | MEG EVOKED SINGLE | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95965 | MEG SPONTANEOUS | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95958 | EEG MONITORING/FUNCTION TEST | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95957 | EEG DIGITAL ANALYSIS | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95955 | EEG DURING SURGERY | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95939 | C MOTOR EVOKED UPR&LWR LIMBS | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95938 | SOMATOSENSORY TESTING | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95937 | NEUROMUSCULAR JUNCTION TEST | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 95933 | BLINK REFLEX TEST | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95929 | C MOTOR EVOKED LWR LIMBS | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95928 | C MOTOR EVOKED UPPR LIMBS | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95927 | SOMATOSENSORY TESTING | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95926 | SOMATOSENSORY TESTING | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95925 | SOMATOSENSORY TESTING | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95923 | AUTONOMIC NRV SYST FUNJ TEST | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95922 | AUTONOMIC NRV ADRENRG INERVJ | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95921 | AUTONOMIC NRV PARASYM INERVJ | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95913 | NRV CNDJ TEST 13/GT STUDIES | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95905 | MOTOR &/ SENS NRVE CNDJ TEST | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95887 | MUSC TST DONE W/N TST NONEXT | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95886 | MUSC TEST DONE W/N TEST COMP | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95885 | MUSC TST DONE W/NERV TST LIM | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95875 | LIMB EXERCISE TEST | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95874 | GUIDE NERV DESTR NEEDLE EMG | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 95873 | GUIDE NERV DESTR ELEC STIM | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95857 | CHOLINESTERASE CHALLENGE | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95836 | ECOG IMPLTD BRN NPGT LT 30 D | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95829 | SURGERY ELECTROCORTICOGRAM | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95824 | EEG CEREBRAL DEATH ONLY | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95822 | EEG COMA OR SLEEP ONLY | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95819 | EEG AWAKE AND ASLEEP | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95816 | EEG AWAKE AND DROWSY | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95813 | EEG EXTND MNTR 61-119 MIN | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95812 | EEG 41-60 MINUTES | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95811 | POLYSOM 6/GT YRS CPAP 4/GT PARM | MEDICINE - NEUROLOGY AND NEURO | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 95810 | POLYSOM 6/GT YRS 4/GT PARAM | MEDICINE - NEUROLOGY AND NEURO | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 95808 | POLYSOM ANY AGE 1-3GT PARAM | MEDICINE - NEUROLOGY AND NEURO | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 95807 | SLEEP STUDY ATTENDED | MEDICINE - NEUROLOGY AND NEURO | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 95806 | SLEEP STUDY UNATT&RESP EFFT | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95805 | MULTIPLE SLEEP LATENCY TEST | MEDICINE - NEUROLOGY AND NEURO | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 95803 | ACTIGRAPHY TESTING | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95801 | SLP STDY UNATND W/ANAL | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95800 | SLP STDY UNATTENDED | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95783 | POLYSOM LT 6 YRS CPAP/BILVL | MEDICINE - NEUROLOGY AND NEURO | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 95782 | POLYSOM LT 6 YRS 4/GT PARAMTRS | MEDICINE - NEUROLOGY AND NEURO | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 95726 | EEG PHY/QHPGT 84 HR W/VEEG | MEDICINE-NEUROLOGY & NEURO | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 95725 | EEG PHY/QHPGT 84 HR W/O VID | MEDICINE-NEUROLOGY & NEURO | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 95724 | EEG PHY/QHPGT 60LT 84 HR W/VEEG | MEDICINE-NEUROLOGY & NEURO | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 95723 | EEG PHY/QHPGT 60LT 84 HR W/O VID | MEDICINE-NEUROLOGY & NEURO | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 95722 | EEG PHY/QHPGT 36LT 60 HR W/VEEG | MEDICINE-NEUROLOGY & NEURO | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 95721 | EEG PHY/QHPGT 36LT 60 HR W/O VID | MEDICINE-NEUROLOGY & NEURO | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 95720 | EEG PHY/QHP EA INCR W/VEEG | MEDICINE-NEUROLOGY & NEURO | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 95719 | EEG PHYS/QHP EA INCR W/O VID | MEDICINE-NEUROLOGY & NEURO | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 95718 | EEG PHYS/QHP 2-12 HR W/VEEG | MEDICINE-NEUROLOGY & NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95717 | EEG PHYS/QHP 2-12 HR W/O VID | MEDICINE-NEUROLOGY & NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95716 | VEEG EA 12-26HR CONT MNTR | MEDICINE-NEUROLOGY & NEURO | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 95715 | VEEG EA 12-26HR INTMT MNTR | MEDICINE-NEUROLOGY & NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95714 | VEEG EA 12-26 HR UNMNTR | MEDICINE-NEUROLOGY & NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95713 | VEEG 2-12 HR CONT MNTR | MEDICINE-NEUROLOGY & NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95712 | VEEG 2-12 HR INTMT MNTR | MEDICINE-NEUROLOGY & NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95711 | VEEG 2-12 HR UNMONITORED | MEDICINE-NEUROLOGY & NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95710 | EEG W/O VID EA 12-26HR CONT | MEDICINE-NEUROLOGY & NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95709 | EEG W/O VID EA 12-26HR INTMT | MEDICINE-NEUROLOGY & NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95708 | EEG WO VID EA 12-26HR UNMNTR | MEDICINE-NEUROLOGY & NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95707 | EEG W/O VID 2-12HR CONT MNTR | MEDICINE-NEUROLOGY & NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95706 | EEG WO VID 2-12HR INTMT MNTR | MEDICINE-NEUROLOGY & NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95705 | EEG W/O VID 2-12 HR UNMNTR | MEDICINE-NEUROLOGY & NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95700 | EEG CONT REC W/VID EEG TECH | MEDICINE-NEUROLOGY & NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95251 | CONT GLUC MNTR ANALYSIS I&R | MEDICINE - ENDOCRINOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95250 | CONT GLUC MNTR PHYS/QHP EQP | MEDICINE - ENDOCRINOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95249 | CONT GLUC MNTR PT PROV EQP | MEDICINE - ENDOCRINOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95180 | RAPID DESENSITIZATION | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 95170 | ANTIGEN THERAPY SERVICES | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95165 | ANTIGEN THERAPY SERVICES | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95149 | ANTIGEN THERAPY SERVICES | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95148 | ANTIGEN THERAPY SERVICES | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95147 | ANTIGEN THERAPY SERVICES | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95146 | ANTIGEN THERAPY SERVICES | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95145 | ANTIGEN THERAPY SERVICES | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95144 | ANTIGEN THERAPY SERVICES | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95125 | IMMUNOTHERAPY 2/GT INJECTIONS | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95117 | IMMUNOTHERAPY INJECTIONS | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95115 | IMMUNOTHERAPY ONE INJECTION | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94781 | CARS/BD TST INFT-12MO +30MIN | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94780 | CARS/BD TST INFT-12MO 60 MIN | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94728 | AIRWY RESIST BY OSCILLOMETRY | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94669 | MECHANICAL CHEST WALL OSCILL | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94642 | AEROSOL INHALATION TREATMENT | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 94640 | AIRWAY INHALATION TREATMENT | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94621 | CARDIOPULM EXERCISE TESTING | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94375 | RESPIRATORY FLOW VOLUME LOOP | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94200 | LUNG FUNCTION TEST (MBC/MVV) | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94150 | VITAL CAPACITY TEST | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94070 | EVALUATION OF WHEEZING | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94060 | EVALUATION OF WHEEZING | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94015 | PATIENT RECORDED SPIROMETRY | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94010 | BREATHING CAPACITY TEST | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94004 | VENT MGMT NF PER DAY | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94003 | VENT MGMT INPAT SUBQ DAY | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94002 | VENT MGMT INPAT INIT DAY | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93990 | DOPPLER FLOW TESTING | MEDICINE - NON-INVASIVE VASCUL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93986 | DUP-SCAN HEMO COMPL UNI STD | MEDICINE-NON-INVASIVE VASCUL | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 93985 | DUP-SCAN HEMO COMPL BI STD | MEDICINE-NON-INVASIVE VASCUL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93981 | PENILE VASCULAR STUDY | MEDICINE - NON-INVASIVE VASCUL | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 93980 | PENILE VASCULAR STUDY | MEDICINE - NON-INVASIVE VASCUL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93979 | VASCULAR STUDY | MEDICINE - NON-INVASIVE VASCUL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93978 | VASCULAR STUDY | MEDICINE - NON-INVASIVE VASCUL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93976 | VASCULAR STUDY | MEDICINE - NON-INVASIVE VASCUL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93975 | VASCULAR STUDY | MEDICINE - NON-INVASIVE VASCUL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93971 | EXTREMITY STUDY | MEDICINE - NON-INVASIVE VASCUL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93970 | EXTREMITY STUDY | MEDICINE - NON-INVASIVE VASCUL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93931 | UPPER EXTREMITY STUDY | MEDICINE - NON-INVASIVE VASCUL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93930 | UPPER EXTREMITY STUDY | MEDICINE - NON-INVASIVE VASCUL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93926 | LOWER EXTREMITY STUDY | MEDICINE - NON-INVASIVE VASCUL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93925 | LOWER EXTREMITY STUDY | MEDICINE - NON-INVASIVE VASCUL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93924 | LWR XTR VASC STDY BILAT | MEDICINE - NON-INVASIVE VASCUL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93923 | UPR/LXTR ART STDY 3+ LVLS | MEDICINE - NON-INVASIVE VASCUL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93922 | UPR/L XTREMITY ART 2 LEVELS | MEDICINE - NON-INVASIVE VASCUL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93892 | TCD EMBOLI DETECT W/O INJ | MEDICINE - NON-INVASIVE VASCUL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93888 | INTRACRANIAL LIMITED STUDY | MEDICINE - NON-INVASIVE VASCUL | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 93886 | INTRACRANIAL COMPLETE STUDY | MEDICINE - NON-INVASIVE VASCUL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93882 | EXTRACRANIAL UNI/LTD STUDY | MEDICINE - NON-INVASIVE VASCUL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93880 | EXTRACRANIAL BILAT STUDY | MEDICINE - NON-INVASIVE VASCUL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93793 | ANTICOAG MGMT PT WARFARIN | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93790 | AMBL BP MNTR W/SW I&R | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93788 | AMBL BP MNTR W/SW A/R | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93786 | AMBL BP MNTR W/SW REC ONLY | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93784 | AMBL BP MNTR W/SOFTWARE | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93740 | TEMPERATURE GRADIENT STUDIES | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93702 | BIS XTRACELL FLUID ANALYSIS | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 93701 | BIOIMPEDANCE CV ANALYSIS | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93668 | PERIPHERAL VASCULAR REHAB | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93662 | INTRACARDIAC ECG (ICE) | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93660 | TILT TABLE EVALUATION | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93615 | ESOPHAGEAL RECORDING | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93612 | INTRAVENTRICULAR PACING | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 93603 | RIGHT VENTRICULAR RECORDING | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93592 | PERQ TRANSCATH CLOSURE EACH | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93591 | PERQ TRANSCATH CLS AORTIC | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93590 | PERQ TRANSCATH CLS MITRAL | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93583 | PERQ TRANSCATH SEPTAL REDUXN | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 93582 | PERQ TRANSCATH CLOSURE PDA | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93581 | TRANSCATH CLOSURE OF VSD | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93580 | TRANSCATH CLOSURE OF ASD | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93503 | INSERT/PLACE HEART CATHETER | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93464 | EXERCISE W/HEMODYNAMIC MEAS | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93463 | DRUG ADMIN & HEMODYNMIC MEAS | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93298 | REM INTERROG DEV EVAL SCRMS | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93297 | REM INTERROG DEV EVAL ICPMS | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93296 | REM INTERROG EVL PM/IDS | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93295 | DEV INTERROG REMOTE 1/2/MLT | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93294 | REM INTERROG EVL PM/LDLS PM | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 93291 | INTERROG DEV EVAL SCRMS IP | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93290 | INTERROG DEV EVAL ICPMS IP | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93289 | INTERROG DEVICE EVAL HEART | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93288 | INTERROG EVL PM/LDLS PM IP | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93287 | PERI-PX DEVICE EVAL & PRGR | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93286 | PERI-PX EVAL PM/LDLS PM IP | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93285 | PRGRMG DEV EVAL SCRMS IP | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93284 | PRGRMG EVAL IMPLANTABLE DFB | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93283 | PRGRMG EVAL IMPLANTABLE DFB | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93282 | PRGRMG EVAL IMPLANTABLE DFB | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93279 | PRGRMG DEV EVAL PM/LDLS PM | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93271 | ECG/MONITORING AND ANALYSIS | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93270 | REMOTE 30 DAY ECG REV/REPORT | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93264 | REM MNTR WRLS P-ART PRS SNR | MEDICINE - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 93261 | INTERROGATE SUBQ DEFIB | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93260 | PRGRMG DEV EVAL IMPLTBL SYS | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 93042 | RHYTHM ECG REPORT | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93041 | RHYTHM ECG TRACING | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93040 | RHYTHM ECG WITH REPORT | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93025 | MICROVOLT T-WAVE ASSESS | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93010 | ELECTROCARDIOGRAM REPORT | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93005 | ELECTROCARDIOGRAM TRACING | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93000 | ELECTROCARDIOGRAM COMPLETE | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92998 | PUL ART BALLOON REPR PERCUT | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92997 | PUL ART BALLOON REPR PERCUT | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92990 | REVISION OF PULMONARY VALVE | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92987 | REVISION OF MITRAL VALVE | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92986 | REVISION OF AORTIC VALVE | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92979 | ENDOLUMINL IVUS OCT C EA | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92978 | ENDOLUMINL IVUS OCT C 1ST | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92974 | CATH PLACE CARDIO BRACHYTX | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92971 | CARDIOASSIST EXTERNAL | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 92970 | CARDIOASSIST INTERNAL | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92961 | CARDIOVERSION ELECTRIC INT | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92960 | CARDIOVERSION ELECTRIC EXT | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92953 | TEMPORARY EXTERNAL PACING | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92950 | HEART/LUNG RESUSCITATION CPR | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92627 | EVAL AUD FUNCJ EA ADDL 15 | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92626 | EVAL AUD FUNCJ 1ST HOUR | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92625 | TINNITUS ASSESSMENT | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92621 | AUDITORY FUNCTION + 15 MIN | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92620 | AUDITORY FUNCTION 60 MIN | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92617 | FEES W/LARYNGEAL SENSE I&R | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92615 | LARYNGOSCOPIC SENSORY I&R | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92613 | ENDOSCOPY SWALLOW (FEES) I&R | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92604 | REPROGRAM COCHLEAR IMPLT 7/GT | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92603 | COCHLEAR IMPLT F/UP EXAM 7/GT | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92602 | REPROGRAM COCHLEAR IMPLT LT 7 | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 92601 | COCHLEAR IMPLT F/UP EXAM LT 7 | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92596 | EAR PROTECTOR EVALUATION | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92588 | EVOKED AUDITORY TST COMPLETE | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92587 | EVOKED AUDITORY TEST LIMITED | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92584 | ELECTROCOCHLEOGRAPHY | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92583 | SELECT PICTURE AUDIOMETRY | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92582 | CONDITIONING PLAY AUDIOMETRY | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92579 | VISUAL AUDIOMETRY (VRA) | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92577 | STENGER TEST SPEECH | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92572 | STAGGERED SPONDAIC WORD TEST | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92570 | ACOUSTIC IMMITANCE TESTING | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92568 | ACOUSTIC REFL THRESHOLD TST | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92565 | STENGER TEST PURE TONE | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92563 | TONE DECAY HEARING TEST | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92562 | LOUDNESS BALANCE TEST | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92558 | EVOKED AUDITORY TEST QUAL | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 92557 | COMPREHENSIVE HEARING TEST | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92556 | SPEECH AUDIOMETRY COMPLETE | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92555 | SPEECH THRESHOLD AUDIOMETRY | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92553 | AUDIOMETRY AIR & BONE | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92552 | PURE TONE AUDIOMETRY AIR | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92551 | PURE TONE HEARING TEST AIR | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92550 | TYMPANOMETRY & REFLEX THRESH | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92549 | CDP-SOT 6 COND W/I&R MCT&ADT | MEDICINE-SPECIAL OTORHINOLAR | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 92547 | SUPPLEMENTAL ELECTRICAL TEST | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92546 | SINUSOIDAL ROTATIONAL TEST | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92545 | OSCILLATING TRACKING TEST | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92544 | OPTOKINETIC NYSTAGMUS TEST | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92542 | POSITIONAL NYSTAGMUS TEST | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92541 | SPONTANEOUS NYSTAGMUS TEST | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92540 | BASIC VESTIBULAR EVALUATION | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92534 | OPTOKINETIC NYSTAGMUS TEST | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 92533 | CALORIC VESTIBULAR TEST | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92532 | POSITIONAL NYSTAGMUS TEST | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92531 | SPONTANEOUS NYSTAGMUS STUDY | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92516 | FACIAL NERVE FUNCTION TEST | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92512 | NASAL FUNCTION STUDIES | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92511 | NASOPHARYNGOSCOPY | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92504 | EAR MICROSCOPY EXAMINATION | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92502 | EAR AND THROAT EXAMINATION | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92341 | FIT SPECTACLES BIFOCAL | MEDICINE - OPHTHALMOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 92340 | FIT SPECTACLES MONOFOCAL | MEDICINE - OPHTHALMOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 92274 | MULTIFOCAL ERG W/I&R | MEDICINE - OPHTHALMOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92273 | FULL FIELD ERG W/I&R | MEDICINE - OPHTHALMOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92015 | DETERMINE REFRACTIVE STATE | MEDICINE - OPHTHALMOLOGY | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 91200 | LIVER ELASTOGRAPHY | MEDICINE - GASTROENTEROLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 91133 | ELECTROGASTROGRAPHY W/TEST | MEDICINE - GASTROENTEROLOGY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 91132 | ELECTROGASTROGRAPHY | MEDICINE - GASTROENTEROLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 91065 | BREATH HYDROGEN/METHANE TEST | MEDICINE - GASTROENTEROLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 91040 | ESOPH BALLOON DISTENSION TST | MEDICINE - GASTROENTEROLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 91038 | ESOPH IMPED FUNCT TEST GT 1HR | MEDICINE - GASTROENTEROLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 91037 | ESOPH IMPED FUNCTION TEST | MEDICINE - GASTROENTEROLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 91035 | G-ESOPH REFLX TST W/ELECTROD | MEDICINE - GASTROENTEROLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 91034 | GASTROESOPHAGEAL REFLUX TEST | MEDICINE - GASTROENTEROLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 91030 | ACID PERFUSION OF ESOPHAGUS | MEDICINE - GASTROENTEROLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 91022 | DUODENAL MOTILITY STUDY | MEDICINE - GASTROENTEROLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 91020 | GASTRIC MOTILITY STUDIES | MEDICINE - GASTROENTEROLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 91013 | ESOPHGL MOTIL W/STIM/PERFUS | MEDICINE - GASTROENTEROLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 91010 | ESOPHAGUS MOTILITY STUDY | MEDICINE - GASTROENTEROLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90997 | HEMOPERFUSION | MEDICINE - DIALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90970 | ESRD SVC PR DAY PT 20+ | MEDICINE - DIALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90969 | ESRD SVC PR DAY PT 12-19 | MEDICINE - DIALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90968 | ESRD SVC PR DAY PT 2-11 | MEDICINE - DIALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 90967 | ESRD SVC PR DAY PT LT 2 | MEDICINE - DIALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90966 | ESRD HOME PT SERV P MO 20+ | MEDICINE - DIALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90965 | ESRD HOME PT SERV P MO 12-19 | MEDICINE - DIALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90964 | ESRD HOME PT SERV P MO 2-11 | MEDICINE - DIALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90963 | ESRD HOME PT SERV P MO LT 2YRS | MEDICINE - DIALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90953 | ESRD SERV 1 VISIT P MO LT 2YRS | MEDICINE - DIALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90952 | ESRD SERV 2-3 VSTS P MO LT 2YR | MEDICINE - DIALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90951 | ESRD SERV 4 VISITS P MO LT 2YR | MEDICINE - DIALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90940 | HEMODIALYSIS ACCESS STUDY | MEDICINE - DIALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90937 | HEMODIALYSIS REPEATED EVAL | MEDICINE - DIALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90870 | ELECTROCONVULSIVE THERAPY | MEDICINE - PSYCHIATRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 90865 | NARCOSYNTHESIS | MEDICINE - PSYCHIATRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90853 | GROUP PSYCHOTHERAPY | MEDICINE - PSYCHIATRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90849 | MULTIPLE FAMILY GROUP PSYTX | MEDICINE - PSYCHIATRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90847 | FAMILY PSYTX W/PT 50 MIN | MEDICINE - PSYCHIATRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90845 | PSYCHOANALYSIS | MEDICINE - PSYCHIATRY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 90838 | PSYTX W PT W E/M 60 MIN | MEDICINE - PSYCHIATRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90837 | PSYTX W PT 60 MINUTES | MEDICINE - PSYCHIATRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90836 | PSYTX W PT W E/M 45 MIN | MEDICINE - PSYCHIATRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90834 | PSYTX W PT 45 MINUTES | MEDICINE - PSYCHIATRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90833 | PSYTX W PT W E/M 30 MIN | MEDICINE - PSYCHIATRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90832 | PSYTX W PT 30 MINUTES | MEDICINE - PSYCHIATRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90756 | CCIIV4 VACC ABX FREE IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90750 | HZV VACC RECOMBINANT IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90747 | HEPB VACC 4 DOSE IMMUNSUP IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90746 | HEPB VACCINE 3 DOSE ADULT IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90744 | HEPB VACC 3 DOSE PED/ADOL IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90743 | HEPB VACC 2 DOSE ADOLESC IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90740 | HEPB VACC 3 DOSE IMMUNSUP IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90736 | HZV VACCINE LIVE SUBQ | MEDICINE - VACCINES, TOXOIDS | YES | 11/20/2020 | 12/31/2078 | | Prior Authorization is required for code 90736 if member is less than 60 years old, otherwise authorization is not required. | |
| ABH of Illinois-Medicaid | 90734 | MENACWYD/MENACWYCRM VACC IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90732 | PPSV23 VACC 2 YRS+ SUBQ/IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 90723 | DTAP-HEP B-IPV VACCINE IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90717 | YELLOW FEVER VACCINE SUBQ | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90716 | VAR VACCINE LIVE SUBQ | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90715 | TDAP VACCINE 7 YRS/GT IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90714 | TD VACC NO PRESV 7 YRS+ IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90713 | POLIOVIRUS IPV SC/IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90710 | MMRV VACCINE SC | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90707 | MMR VACCINE SC | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90702 | DT VACCINE UNDER 7 YRS IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90700 | DTAP VACCINE LT 7 YRS IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90698 | DTAP-IPV/HIB VACCINE IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90697 | DTAP-IPV-HIB-HEPB VACCINE IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90696 | DTAP-IPV VACCINE 4-6 YRS IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90694 | VACC AIIV4 NO PRSRV 0.5ML IM | MEDICINE-VACCINE/TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90691 | TYPHOID VACCINE IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90690 | TYPHOID VACCINE ORAL | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 90688 | IIV4 VACCINE SPLT 0.5 ML IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90687 | IIV4 VACCINE SPLT 0.25 ML IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90686 | IIV4 VACC NO PRSV 0.5 ML IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90685 | IIV4 VACC NO PRSV 0.25 ML IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90682 | RIV4 VACC RECOMBINANT DNA IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90681 | RV1 VACC 2 DOSE LIVE ORAL | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90680 | RV5 VACC 3 DOSE LIVE ORAL | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90675 | RABIES VACCINE IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90674 | CCIIV4 VAC NO PRSV 0.5 ML IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90672 | LAIV4 VACCINE INTRANASAL | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90670 | PCV13 VACCINE IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90662 | IIV NO PRSV INCREASED AG IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90653 | IIV ADJUVANT VACCINE IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90651 | 9VHPV VACCINE 2/3 DOSE IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90648 | HIB PRP-T VACCINE 4 DOSE IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90647 | HIB PRP-OMP VACC 3 DOSE IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 90636 | HEP A/HEP B VACC ADULT IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90633 | HEPA VACC PED/ADOL 2 DOSE | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90632 | HEP A VACCINE ADULT IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90621 | MENB-FHBP VACC 2/3 DOSE IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90619 | MENACWY-TT VACCINE IM | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90585 | BCG VACCINE PERCUT | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90461 | IM ADMIN EACH ADDL COMPONENT | MEDICINE - VACCINES, TOXOIDS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90460 | IM ADMIN 1ST/ONLY COMPONENT | MEDICINE REST HOME | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90393 | VACCINA IG IM | MEDICINE - IMMUNE GLOBULINS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90386 | RH IG IV | MEDICINE - IMMUNE GLOBULINS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90385 | RH IG MINIDOSE IM | MEDICINE - IMMUNE GLOBULINS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90384 | RH IG FULL-DOSE IM | MEDICINE - IMMUNE GLOBULINS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90376 | RABIES IG HEAT TREATED | MEDICINE - IMMUNE GLOBULINS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90375 | RABIES IG IM/SC | MEDICINE - IMMUNE GLOBULINS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90371 | HEP B IG IM | MEDICINE - IMMUNE GLOBULINS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 89321 | SEMEN ANAL SPERM DETECTION | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 89310 | SEMEN ANALYSIS W/COUNT | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 89300 | SEMEN ANALYSIS W/HUHNER | PATH & LAB - OTHER PROCEDURES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 89190 | NASAL SMEAR FOR EOSINOPHILS | PATH & LAB - OTHER PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 89160 | EXAM FECES FOR MEAT FIBERS | PATH & LAB - OTHER PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 89125 | SPECIMEN FAT STAIN | PATH & LAB - OTHER PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 89060 | EXAM SYNOVIAL FLUID CRYSTALS | PATH & LAB - OTHER PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 89055 | LEUKOCYTE ASSESSMENT FECAL | PATH & LAB - OTHER PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 89051 | BODY FLUID CELL COUNT | PATH & LAB - OTHER PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 89050 | BODY FLUID CELL COUNT | PATH & LAB - OTHER PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 89049 | CHCT FOR MAL HYPERTHERMIA | PATH & LAB - TRANSCUTANEOUS PR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88741 | TRANSCUTANEOUS METHB | PATH & LAB - TRANSCUTANEOUS PR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88740 | TRANSCUTANEOUS CARBOXYHB | PATH & LAB - TRANSCUTANEOUS PR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88738 | HGB QUANT TRANSCUTANEOUS | PATH & LAB - TRANSCUTANEOUS PR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88720 | BILIRUBIN TOTAL TRANSCUT | PATH & LAB - TRANSCUTANEOUS PR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88381 | MICRODISSECTION MANUAL | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88380 | MICRODISSECTION LASER | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 88374 | M/PHMTRC ALYS ISHQUANT/SEMIQ | PATH & LAB - IMMUNOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 88373 | M/PHMTRC ALYS ISHQUANT/SEMIQ | PATH & LAB - IMMUNOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 88372 | PROTEIN ANALYSIS W/PROBE | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88371 | PROTEIN WESTERN BLOT TISSUE | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88369 | M/PHMTRC ALYSISHQUANT/SEMIQ | PATH & LAB - IMMUNOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 88368 | INSITU HYBRIDIZATION MANUAL | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88367 | INSITU HYBRIDIZATION AUTO | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88366 | INSITU HYBRIDIZATION (FISH) | PATH & LAB - IMMUNOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 88365 | INSITU HYBRIDIZATION (FISH) | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88363 | XM ARCHIVE TISSUE MOLEC ANAL | PATH & LAB - SURGICAL PATHOLOG | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 88362 | NERVE TEASING PREPARATIONS | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88361 | TUMOR IMMUNOHISTOCHEM/COMPUT | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88360 | TUMOR IMMUNOHISTOCHEM/MANUAL | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88358 | ANALYSIS TUMOR | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88356 | ANALYSIS NERVE | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88319 | ENZYME HISTOCHEMISTRY | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 88314 | HISTOCHEMICAL STAINS ADD-ON | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88313 | SPECIAL STAINS GROUP 2 | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88312 | SPECIAL STAINS GROUP 1 | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88311 | DECALCIFY TISSUE | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88309 | TISSUE EXAM BY PATHOLOGIST | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88307 | TISSUE EXAM BY PATHOLOGIST | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88305 | TISSUE EXAM BY PATHOLOGIST | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88304 | TISSUE EXAM BY PATHOLOGIST | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88302 | TISSUE EXAM BY PATHOLOGIST | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88300 | SURGICAL PATH GROSS | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88283 | CHROMOSOME BANDING STUDY | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 88272 | CYTOGENETICS 3-5 | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 88267 | CHROMOSOME ANALYS PLACENTA | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 88264 | CHROMOSOME ANALYSIS 20-25 | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 88263 | CHROMOSOME ANALYSIS 45 | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 88261 | CHROMOSOME ANALYSIS 5 | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 88249 | CHROMOSOME ANALYSIS 100 | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 88248 | CHROMOSOME ANALYSIS 50-100 | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 88245 | CHROMOSOME ANALYSIS 20-25 | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 88239 | TISSUE CULTURE TUMOR | PATH & LAB - CYTOGENETIC STUDI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88237 | TISSUE CULTURE BONE MARROW | PATH & LAB - CYTOGENETIC STUDI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88235 | TISSUE CULTURE PLACENTA | PATH & LAB - CYTOGENETIC STUDI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88233 | TISSUE CULTURE SKIN/BIOPSY | PATH & LAB - CYTOGENETIC STUDI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88230 | TISSUE CULTURE LYMPHOCYTE | PATH & LAB - CYTOGENETIC STUDI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88189 | FLOWCYTOMETRY/READ 16 & GT | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88188 | FLOWCYTOMETRY/READ 9-15 | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88187 | FLOWCYTOMETRY/READ 2-8 | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88185 | FLOWCYTOMETRY/TC ADD-ON | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88184 | FLOWCYTOMETRY/ TC 1 MARKER | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88182 | CELL MARKER STUDY | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88177 | CYTP FNA EVAL EA ADDL | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88175 | CYTOPATH C/V AUTO FLUID REDO | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 88174 | CYTOPATH C/V AUTO IN FLUID | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88173 | CYTOPATH EVAL FNA REPORT | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88172 | CYTP DX EVAL FNA 1ST EA SITE | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88167 | CYTOPATH TBS C/V SELECT | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88166 | CYTOPATH TBS C/V AUTO REDO | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88165 | CYTOPATH TBS C/V REDO | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88164 | CYTOPATH TBS C/V MANUAL | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88162 | CYTOPATH SMEAR OTHER SOURCE | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88161 | CYTOPATH SMEAR OTHER SOURCE | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88160 | CYTOPATH SMEAR OTHER SOURCE | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88155 | CYTOPATH C/V INDEX ADD-ON | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88153 | CYTOPATH C/V REDO | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88152 | CYTOPATH C/V AUTO REDO | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88150 | CYTOPATH C/V MANUAL | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88148 | CYTOPATH C/V AUTO RESCREEN | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88147 | CYTOPATH C/V AUTOMATED | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 88143 | CYTOPATH C/V THIN LAYER REDO | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88142 | CYTOPATH C/V THIN LAYER | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88141 | CYTOPATH C/V INTERPRET | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88140 | SEX CHROMATIN IDENTIFICATION | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88130 | SEX CHROMATIN IDENTIFICATION | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88125 | FORENSIC CYTOPATHOLOGY | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88121 | CYTP URINE 3-5 PROBES CMPTR | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88120 | CYTP URNE 3-5 PROBES EA SPEC | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88112 | CYTOPATH CELL ENHANCE TECH | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88108 | CYTOPATH CONCENTRATE TECH | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88106 | CYTOPATH FL NONGYN FILTER | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88104 | CYTOPATH FL NONGYN SMEARS | PATH & LAB - CYTOPATHOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87904 | PHENOTYPE DNA HIV W/CLT ADD | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87903 | PHENOTYPE DNA HIV W/CULTURE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87900 | PHENOTYPE INFECT AGENT DRUG | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87899 | AGENT NOS ASSAY W/OPTIC | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 87880 | STREP A ASSAY W/OPTIC | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87850 | N. GONORRHOEAE ASSAY W/OPTIC | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87809 | ADENOVIRUS ASSAY W/OPTIC | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87808 | TRICHOMONAS ASSAY W/OPTIC | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87807 | RSV ASSAY W/OPTIC | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87806 | HIV AG W/HIV1&2 ANTB W/OPTIC | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87804 | INFLUENZA ASSAY W/OPTIC | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87803 | CLOSTRIDIUM TOXIN A W/OPTIC | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87802 | STREP B ASSAY W/OPTIC | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87801 | DETECT AGNT MULT DNA AMPLI | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87800 | DETECT AGNT MULT DNA DIREC | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87799 | DETECT AGENT NOS DNA QUANT | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87798 | DETECT AGENT NOS DNA AMP | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87797 | DETECT AGENT NOS DNA DIR | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87662 | ZIKA VIRUS DNA/RNA AMP PROBE | PATH & LAB - MICROBIOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 87661 | TRICHOMONAS VAGINALIS AMPLIF | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 87660 | TRICHOMONAS VAGIN DIR PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87653 | STREP B DNA AMP PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87652 | STREP A DNA QUANT | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87651 | STREP A DNA AMP PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87650 | STREP A DNA DIR PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87641 | MR-STAPH DNA AMP PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87640 | STAPH A DNA AMP PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87635 | SARS-COV-2 COVID-19 AMP PRB | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87631 | RESP VIRUS 3-5 TARGETS | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87625 | HPV TYPES 16 & 18 ONLY | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87623 | HPV LOW-RISK TYPES | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87592 | N.GONORRHOEAE DNA QUANT | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87591 | N.GONORRHOEAE DNA AMP PROB | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87590 | N.GONORRHOEAE DNA DIR PROB | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87582 | M.PNEUMON DNA QUANT | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87581 | M.PNEUMON DNA AMP PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 87580 | M.PNEUMON DNA DIR PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87563 | M. GENITALIUM AMP PROBE | PATH & LAB-MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87562 | M.AVIUM-INTRA DNA QUANT | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87561 | M.AVIUM-INTRA DNA AMP PROB | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87560 | M.AVIUM-INTRA DNA DIR PROB | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87557 | M.TUBERCULO DNA QUANT | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87556 | M.TUBERCULO DNA AMP PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87555 | M.TUBERCULO DNA DIR PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87552 | MYCOBACTERIA DNA QUANT | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87551 | MYCOBACTERIA DNA AMP PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87550 | MYCOBACTERIA DNA DIR PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87542 | LEGION PNEUMO DNA QUANT | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87541 | LEGION PNEUMO DNA AMP PROB | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87540 | LEGION PNEUMO DNA DIR PROB | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87537 | HIV-2 DNA DIR PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87534 | HIV-1 DNA DIR PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 87533 | HHV-6 DNA QUANT | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87532 | HHV-6 DNA AMP PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87531 | HHV-6 DNA DIR PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87530 | HSV DNA QUANT | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87529 | HSV DNA AMP PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87528 | HSV DNA DIR PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87527 | HEPATITIS G DNA QUANT | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87526 | HEPATITIS G DNA AMP PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87525 | HEPATITIS G DNA DIR PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87520 | HEPATITIS C RNA DIR PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87517 | HEPATITIS B DNA QUANT | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87516 | HEPATITIS B DNA AMP PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87512 | GARDNER VAG DNA QUANT | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87511 | GARDNER VAG DNA AMP PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87510 | GARDNER VAG DNA DIR PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87506 | IADNA-DNA/RNA PROBE TQ 6-11 | PATH & LAB - MICROBIOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 87505 | NFCT AGENT DETECTION GI | PATH & LAB - MICROBIOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 87503 | INFLUENZA DNA AMP PROB ADDL | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87502 | INFLUENZA DNA AMP PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87501 | INFLUENZA DNA AMP PROB 1+ | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87500 | VANOMYCIN DNA AMP PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87497 | CYTOMEG DNA QUANT | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87496 | CYTOMEG DNA AMP PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87495 | CYTOMEG DNA DIR PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87493 | C DIFF AMPLIFIED PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87492 | CHYLMD TRACH DNA QUANT | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87491 | CHYLMD TRACH DNA AMP PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87490 | CHYLMD TRACH DNA DIR PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87487 | CHYLMD PNEUM DNA QUANT | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87486 | CHYLMD PNEUM DNA AMP PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87485 | CHYLMD PNEUM DNA DIR PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87483 | CNS DNA AMP PROBE TYPE 12-25 | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 87482 | CANDIDA DNA QUANT | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87481 | CANDIDA DNA AMP PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87480 | CANDIDA DNA DIR PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87476 | LYME DIS DNA AMP PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87475 | LYME DIS DNA DIR PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87472 | BARTONELLA DNA QUANT | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87471 | BARTONELLA DNA AMP PROBE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87451 | POLYVALENT MULT ORG EA AG IA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87449 | NOS EACH ORGANISM AG IA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87430 | STREP A AG IA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87427 | SHIGA-LIKE TOXIN AG IA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87425 | ROTAVIRUS AG IA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87420 | RESP SYNCYTIAL VIRUS AG IA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87400 | INFLUENZA A/B EACH AG IA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87391 | HIV-2 AG IA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87390 | HIV-1 AG IA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 87389 | HIV-1 AG W/HIV-1 & -2 AB AG IA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87385 | HISTOPLASMA CAPSUL AG IA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87380 | HEPATITIS DELTA AGENT AG IA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87350 | HEPATITIS BE AG IA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87341 | HEPATITIS B SURFACE AG IA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87340 | HEPATITIS B SURFACE AG IA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87339 | H PYLORI AG IA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87338 | HPYLORI STOOL AG IA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87337 | ENTAMOEB HIST GROUP AG IA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87336 | ENTAMOEB HIST DISPR AG IA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87335 | E COLI 0157 AG IA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87332 | CYTOMEGALOVIRUS AG IA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87329 | GIARDIA AG IA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87328 | CRYPTOSPORIDIUM AG IA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87327 | CRYPTOCOCCUS NEOFORM AG IA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87324 | CLOSTRIDIUM AG IA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 87320 | CHYLMD TRACH AG IA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87305 | ASPERGILLUS AG IA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87301 | ADENOVIRUS AG IA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87300 | AG DETECTION POLYVAL IF | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87299 | ANTIBODY DETECTION NOS IF | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87290 | VARICELLA ZOSTER AG IF | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87285 | TREPONEMA PALLIDUM AG IF | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87283 | RUBEOLA AG IF | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87281 | PNEUMOCYSTIS CARINII AG IF | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87280 | RESPIRATORY SYNCYTIAL AG IF | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87279 | PARAINFLUENZA AG IF | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87278 | LEGION PNEUMOPHILIA AG IF | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87276 | INFLUENZA A AG IF | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87275 | INFLUENZA B AG IF | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87274 | HERPES SIMPLEX 1 AG IF | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87273 | HERPES SIMPLEX 2 AG IF | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 87272 | CRYPTOSPORIDIUM AG IF | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87271 | CYTOMEGALOVIRUS DFA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87270 | CHLAMYDIA TRACHOMATIS AG IF | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87269 | GIARDIA AG IF | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87267 | ENTEROVIRUS ANTIBODY DFA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87265 | PERTUSSIS AG IF | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87260 | ADENOVIRUS AG IF | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87255 | GENET VIRUS ISOLATE HSV | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87254 | VIRUS INOCULATION SHELL VIA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87253 | VIRUS INOCULATE TISSUE ADDL | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87252 | VIRUS INOCULATION TISSUE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87250 | VIRUS INOCULATE EGGS/ANIMAL | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87220 | TISSUE EXAM FOR FUNGI | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87210 | SMEAR WET MOUNT SALINE/INK | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87209 | SMEAR COMPLEX STAIN | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87207 | SMEAR SPECIAL STAIN | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 87206 | SMEAR FLUORESCENT/ACID STAI | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87205 | SMEAR GRAM STAIN | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87177 | OVA AND PARASITES SMEARS | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87176 | TISSUE HOMOGENIZATION CULTR | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87172 | PINWORM EXAM | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87169 | MACROSCOPIC EXAM PARASITE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87168 | MACROSCOPIC EXAM ARTHROPOD | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87158 | CULTURE TYPING ADDED METHOD | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87147 | CULTURE TYPE IMMUNOLOGIC | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87143 | CULTURE TYPING GLC/HPLC | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87140 | CULTURE TYPE IMMUNOFLUORESC | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87116 | MYCOBACTERIA CULTURE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87110 | CHLAMYDIA CULTURE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87109 | MYCOPLASMA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87103 | BLOOD FUNGUS CULTURE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87102 | FUNGUS ISOLATION CULTURE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 87101 | SKIN FUNGI CULTURE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87088 | URINE BACTERIA CULTURE | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87086 | URINE CULTURE/COLONY COUNT | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87084 | CULTURE OF SPECIMEN BY KIT | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87081 | CULTURE SCREEN ONLY | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87075 | CULTR BACTERIA EXCEPT BLOOD | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87070 | CULTURE OTHR SPECIMN AEROBIC | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87046 | STOOL CULTR AEROBIC BACT EA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87045 | FECES CULTURE AEROBIC BACT | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87040 | BLOOD CULTURE FOR BACTERIA | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87015 | SPECIMEN INFECT AGNT CONCNTJ | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87003 | SMALL ANIMAL INOCULATION | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86985 | SPLIT BLOOD OR PRODUCTS | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86978 | RBC PRETREATMENT SERUM | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86977 | RBC SERUM PRETX INCUBJ/INHIB | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86976 | RBC SERUM PRETX ID DILUTION | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 86975 | RBC SERUM PRETX INCUBJ DRUGS | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86972 | RBC PRETX INCUBATJ W/DENSITY | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86971 | RBC PRETX INCUBATJ W/ENZYMES | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86970 | RBC PRETX INCUBATJ W/CHEMICL | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86965 | POOLING BLOOD PLATELETS | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86950 | LEUKACYTE TRANSFUSION | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86945 | BLOOD PRODUCT/IRRADIATION | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86941 | HEMOLYSINS/AGGLUTININS | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86940 | HEMOLYSINS/AGGLUTININS AUTO | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86922 | COMPATIBILITY TEST ANTIGLOB | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86921 | COMPATIBILITY TEST INCUBATE | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86920 | COMPATIBILITY TEST SPIN | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86911 | BLOOD TYPING ANTIGEN SYSTEM | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86910 | BLOOD TYPING PATERNITY TEST | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86906 | BLD TYPING SEROLOGIC RH PHNT | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86905 | BLOOD TYPING RBC ANTIGENS | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 86904 | BLOOD TYPING PATIENT SERUM | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86902 | BLOOD TYPE ANTIGEN DONOR EA | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86901 | BLOOD TYPING SEROLOGIC RH (D) | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86900 | BLOOD TYPING SEROLOGIC ABO | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86891 | AUTOLOGOUS BLOOD OP SALVAGE | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86890 | AUTOLOGOUS BLOOD PROCESS | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86886 | COOMBS TEST INDIRECT TITER | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86885 | COOMBS TEST INDIRECT QUAL | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86880 | COOMBS TEST DIRECT | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86870 | RBC ANTIBODY IDENTIFICATION | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86860 | RBC ANTIBODY ELUTION | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86850 | RBC ANTIBODY SCREEN | PATH & LAB - TRANSFUSION MEDIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86849 | IMMUNOLOGY PROCEDURE | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 86826 | HLA X-MATCH NONCYTOTOXC ADDL | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86825 | HLA X-MATH NON-CYTOTOXIC | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86821 | LYMPHOCYTE CULTURE MIXED | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 86817 | HLA TYPING DR/DQ | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86816 | HLA TYPING DR/DQ | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86813 | HLA TYPING A B OR C | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86812 | HLA TYPING A B OR C | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86808 | CYTOTOXIC ANTIBODY SCREENING | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86807 | CYTOTOXIC ANTIBODY SCREENING | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86806 | LYMPHOCYTOTOXICITY ASSAY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86805 | LYMPHOCYTOTOXICITY ASSAY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86804 | HEP C AB TEST CONFIRM | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86803 | HEPATITIS C AB TEST | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86800 | THYROGLOBULIN ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86793 | YERSINIA ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86790 | VIRUS ANTIBODY NOS | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86789 | WEST NILE VIRUS ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86788 | WEST NILE VIRUS AB IGM | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86787 | VARICELLA-ZOSTER ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 86784 | TRICHINELLA ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86780 | TREPONEMA PALLIDUM | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86778 | TOXOPLASMA ANTIBODY IGM | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86777 | TOXOPLASMA ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86774 | TETANUS ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86771 | SHIGELLA ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86769 | SARS-COV-2 COVID-19 ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86768 | SALMONELLA ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86765 | RUBEOLA ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86762 | RUBELLA ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86759 | ROTAVIRUS ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86757 | RICKETTSIA ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86756 | RESPIRATORY VIRUS ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86753 | PROTOZOA ANTIBODY NOS | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86750 | MALARIA ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86747 | PARVOVIRUS ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 86744 | NOCARDIA ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86741 | NEISSERIA MENINGITIDIS | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86738 | MYCOPLASMA ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86735 | MUMPS ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86732 | MUCORMYCOSIS ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86727 | LYMPH CHORIOMENINGITIS AB | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86723 | LISTERIA MONOCYTOGENES | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86720 | LEPTOSPIRA ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86717 | LEISHMANIA ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86713 | LEGIONELLA ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86710 | INFLUENZA VIRUS ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86709 | HEPATITIS A IGM ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86708 | HEPATITIS A ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86707 | HEPATITIS BE ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86706 | HEP B SURFACE ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86705 | HEP B CORE ANTIBODY IGM | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 86704 | HEP B CORE ANTIBODY TOTAL | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86703 | HIV-1/HIV-2 1 RESULT ANTBDY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86702 | HIV-2 ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86701 | HIV-1ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86698 | HISTOPLASMA ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86696 | HERPES SIMPLEX TYPE 2 TEST | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86695 | HERPES SIMPLEX TYPE 1 TEST | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86694 | HERPES SIMPLEX NES ANTBDY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86692 | HEPATITIS DELTA AGENT ANTBDY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86689 | HTLV/HIV CONFIRMJ ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86688 | HTLV-II ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86687 | HTLV-I ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86684 | HEMOPHILUS INFLUENZA ANTIBDY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86682 | HELMINTH ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86677 | HELICOBACTER PYLORI ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86674 | GIARDIA LAMBLIA ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 86671 | FUNGUS NES ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86668 | FRANCISELLA TULARENSIS | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86666 | EHRLICHIA ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86665 | EPSTEIN-BARR CAPSID VCA | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86664 | EPSTEIN-BARR NUCLEAR ANTIGEN | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86663 | EPSTEIN-BARR ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86658 | ENTEROVIRUS ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86654 | ENCEPHALTIS WEST EQNE ANTBDY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86653 | ENCEPHALTIS ST LOUIS ANTBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86652 | ENCEPHALTIS EAST EQNE ANBDY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86651 | ENCEPHALITIS CALIFORN ANTBDY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86648 | DIPHTHERIA ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86645 | CMV ANTIBODY IGM | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86644 | CMV ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86641 | CRYPTOCOCCUS ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86638 | Q FEVER ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 86635 | COCCIDIOIDES ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86632 | CHLAMYDIA IGM ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86631 | CHLAMYDIA ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86628 | CANDIDA ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86625 | CAMPYLOBACTER ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86622 | BRUCELLA ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86619 | BORRELIA ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86618 | LYME DISEASE ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86617 | LYME DISEASE ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86615 | BORDETELLA ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86612 | BLASTOMYCES ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86611 | BARTONELLA ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86609 | BACTERIUM ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86606 | ASPERGILLUS ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86603 | ADENOVIRUS ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86602 | ANTINOMYCES ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 86593 | SYPHILIS TEST NON-TREP QUANT | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86592 | SYPHILIS TEST NON-TREP QUAL | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86590 | STREPTOKINASE ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86580 | TB INTRADERMAL TEST | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86510 | HISTOPLASMOSIS SKIN TEST | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86485 | SKIN TEST CANDIDA | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86481 | TB AG RESPONSE T-CELL SUSP | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86480 | TB TEST CELL IMMUN MEASURE | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86431 | RHEUMATOID FACTOR QUANT | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86430 | RHEUMATOID FACTOR TEST QUAL | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86406 | PARTICLE AGGLUT ANTBDY TITR | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86403 | PARTICLE AGGLUT ANTBDY SCRN | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86384 | NITROBLUE TETRAZOLIUM DYE | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86382 | NEUTRALIZATION TEST VIRAL | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86376 | MICROSOMAL ANTIBODY EACH | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86367 | STEM CELLS TOTAL COUNT | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 86361 | T CELL ABSOLUTE COUNT | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86360 | T CELL ABSOLUTE COUNT/RATIO | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86359 | T CELLS TOTAL COUNT | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86357 | NK CELLS TOTAL COUNT | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86356 | MONONUCLEAR CELL ANTIGEN | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86355 | B CELLS TOTAL COUNT | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86353 | LYMPHOCYTE TRANSFORMATION | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86352 | CELL FUNCTION ASSAY W/STIM | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86344 | LEUKOCYTE PHAGOCYTOSIS | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86343 | LEUKOCYTE HISTAMINE RELEASE | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86341 | ISLET CELL ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86340 | INTRINSIC FACTOR ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86336 | INHIBIN A | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86335 | IMMUNFIX E-PHORSIS/URINE/CSF | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86334 | IMMUNOFIX E-PHORESIS SERUM | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86332 | IMMUNE COMPLEX ASSAY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 86331 | IMMUNODIFFUSION OUCHTERLONY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86328 | IA NFCT AB SARSCOV2 COVID19 | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86327 | IMMUNOELECTROPHORESIS ASSAY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86325 | OTHER IMMUNOELECTROPHORESIS | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86320 | SERUM IMMUNOELECTROPHORESIS | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86318 | IA INFECTIOUS AGENT ANTIBODY | PATH & LAB-MULTIANALYTE ASSAYS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86316 | IMMUNOASSAY TUMOR OTHER | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86310 | HETEROPHILE ANTIBODY ABSRBJ | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86309 | HETEROPHILE ANTIBODY TITER | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86308 | HETEROPHILE ANTIBODY SCREEN | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86305 | HUMAN EPIDIDYMIS PROTEIN 4 | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86304 | IMMUNOASSAY TUMOR CA 125 | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86301 | IMMUNOASSAY TUMOR CA 19-9 | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86300 | IMMUNOASSAY TUMOR CA 15-3 | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86294 | IMMUNOASSAY TUMOR QUAL | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86280 | HEMAGGLUTINATION INHIBITION | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 86277 | GROWTH HORMONE ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86256 | FLUORESCENT ANTIBODY TITER | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86255 | FLUORESCENT ANTIBODY SCREEN | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86235 | NUCLEAR ANTIGEN ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86226 | DNA ANTIBODY SINGLE STRAND | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86225 | DNA ANTIBODY NATIVE | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86215 | DEOXYRIBONUCLEASE ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86200 | CCP ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86162 | COMPLEMENT TOTAL (CH50) | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86161 | COMPLEMENT/FUNCTION ACTIVITY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86160 | COMPLEMENT ANTIGEN | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86156 | COLD AGGLUTININ SCREEN | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86155 | CHEMOTAXIS ASSAY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86148 | ANTI-PHOSPHOLIPID ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86147 | CARDIOLIPIN ANTIBODY EA IG | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86146 | BETA-2 GLYCOPROTEIN ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 86141 | C-REACTIVE PROTEIN HS | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86079 | PHYS BLOOD BANK SERV AUTHRJ | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86078 | PHYS BLOOD BANK SERV REACTJ | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86077 | PHYS BLOOD BANK SERV XMATCH | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86063 | ANTISTREPTOLYSIN O SCREEN | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86060 | ANTISTREPTOLYSIN O TITER | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86039 | ANTINUCLEAR ANTIBODIES (ANA) | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86038 | ANTINUCLEAR ANTIBODIES | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86023 | IMMUNOGLOBULIN ASSAY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86022 | PLATELET ANTIBODIES | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86021 | WBC ANTIBODY IDENTIFICATION | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86008 | ALLG SPEC IGE RECOMB EA | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86005 | ALLG SPEC IGE MULTIALLG SCR | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86003 | ALLG SPEC IGE CRUDE XTRC EA | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86001 | ALLERGEN SPECIFIC IGG | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86000 | AGGLUTININS FEBRILE ANTIGEN | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 85810 | BLOOD VISCOSITY EXAMINATION | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85732 | THROMBOPLASTIN TIME PARTIAL | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85730 | THROMBOPLASTIN TIME PARTIAL | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85705 | THROMBOPLASTIN INHIBITION | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85675 | THROMBIN TIME TITER | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85670 | THROMBIN TIME PLASMA | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85660 | RBC SICKLE CELL TEST | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85652 | RBC SED RATE AUTOMATED | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85651 | RBC SED RATE NONAUTOMATED | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85635 | REPTILASE TEST | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85613 | RUSSELL VIPER VENOM DILUTED | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85612 | VIPER VENOM PROTHROMBIN TIME | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85611 | PROTHROMBIN TEST | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85610 | PROTHROMBIN TIME | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85598 | HEXAGNAL PHOSPH PLTLT NEUTRL | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85597 | PHOSPHOLIPID PLTLT NEUTRALIZ | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 85576 | BLOOD PLATELET AGGREGATION | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85557 | RBC OSMOTIC FRAGILITY | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85555 | RBC OSMOTIC FRAGILITY | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85547 | RBC MECHANICAL FRAGILITY | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85540 | WBC ALKALINE PHOSPHATASE | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85536 | IRON STAIN PERIPHERAL BLOOD | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85530 | HEPARIN-PROTAMINE TOLERANCE | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85461 | HEMOGLOBIN FETAL | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85460 | HEMOGLOBIN FETAL | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85445 | HEINZ BODIES INDUCED | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85441 | HEINZ BODIES DIRECT | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85421 | FIBRINOLYTIC PLASMINOGEN | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85420 | FIBRINOLYTIC PLASMINOGEN | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85415 | FIBRINOLYTIC PLASMINOGEN | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85410 | FIBRINOLYTIC ANTIPLASMIN | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85400 | FIBRINOLYTIC PLASMIN | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 85397 | CLOTTING FUNCT ACTIVITY | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85396 | CLOTTING ASSAY WHOLE BLOOD | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85390 | FIBRINOLYSINS SCREEN I&R | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85385 | FIBRINOGEN ANTIGEN | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85384 | FIBRINOGEN ACTIVITY | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85380 | FIBRIN DEGRADJ D-DIMER | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85379 | FIBRIN DEGRADATION QUANT | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85378 | FIBRIN DEGRADE SEMIQUANT | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85370 | FIBRINOGEN TEST | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85366 | FIBRINOGEN TEST | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85362 | FIBRIN DEGRADATION PRODUCTS | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85360 | EUGLOBULIN LYSIS | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85348 | COAGULATION TIME OTR METHOD | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85347 | COAGULATION TIME ACTIVATED | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85345 | COAGULATION TIME LEE & WHITE | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85335 | FACTOR INHIBITOR TEST | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 85307 | ASSAY ACTIVATED PROTEIN C | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85306 | CLOT INHIBIT PROT S FREE | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85305 | CLOT INHIBIT PROT S TOTAL | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85303 | CLOT INHIBIT PROT C ACTIVITY | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85302 | CLOT INHIBIT PROT C ANTIGEN | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85301 | ANTITHROMBIN III ANTIGEN | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85300 | ANTITHROMBIN III ACTIVITY | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85293 | CLOT FACTOR WGHT KININOGEN | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85292 | CLOT FACTOR FLETCHER FACT | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85291 | CLOT FACTOR XIII FIBRIN SCRN | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85290 | CLOT FACTOR XIII FIBRIN STAB | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85280 | CLOT FACTOR XII HAGEMAN | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85270 | CLOT FACTOR XI PTA | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85260 | CLOT FACTOR X STUART-POWER | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85250 | CLOT FACTOR IX PTC/CHRSTMAS | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85247 | CLOT FACTOR VIII MULTIMETRIC | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 85246 | CLOT FACTOR VIII VW ANTIGEN | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85245 | CLOT FACTOR VIII VW RISTOCTN | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85244 | CLOT FACTOR VIII RELTD ANTGN | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85240 | CLOT FACTOR VIII AHG 1 STAGE | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85230 | CLOT FACTOR VII PROCONVERTIN | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85220 | BLOOC CLOT FACTOR V TEST | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85210 | CLOT FACTOR II PROTHROM SPEC | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85175 | BLOOD CLOT LYSIS TIME | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85170 | BLOOD CLOT RETRACTION | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85097 | BONE MARROW INTERPRETATION | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85060 | BLOOD SMEAR INTERPRETATION | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85055 | RETICULATED PLATELET ASSAY | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85049 | AUTOMATED PLATELET COUNT | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85048 | AUTOMATED LEUKOCYTE COUNT | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85046 | RETICYTE/HGB CONCENTRATE | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85045 | AUTOMATED RETICULOCYTE COUNT | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 85044 | MANUAL RETICULOCYTE COUNT | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85041 | AUTOMATED RBC COUNT | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85032 | MANUAL CELL COUNT EACH | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85027 | COMPLETE CBC AUTOMATED | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85025 | COMPLETE CBC W/AUTO DIFF WBC | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85018 | HEMOGLOBIN | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85014 | HEMATOCRIT | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85013 | SPUN MICROHEMATOCRIT | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85009 | MANUAL DIFF WBC COUNT B-COAT | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85008 | BL SMEAR W/O DIFF WBC COUNT | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85007 | BL SMEAR W/DIFF WBC COUNT | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85004 | AUTOMATED DIFF WBC COUNT | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85002 | BLEEDING TIME TEST | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84704 | HCG FREE BETACHAIN TEST | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84703 | CHORIONIC GONADOTROPIN ASSAY | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84702 | CHORIONIC GONADOTROPIN TEST | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 84681 | ASSAY OF C-PEPTIDE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84630 | ASSAY OF ZINC | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84620 | XYLOSE TOLERANCE TEST | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84600 | ASSAY OF VOLATILES | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84597 | ASSAY OF VITAMIN K | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84591 | ASSAY OF NOS VITAMIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84590 | ASSAY OF VITAMIN A | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84588 | ASSAY OF VASOPRESSIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84586 | ASSAY OF VIP | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84585 | ASSAY OF URINE VMA | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84583 | ASSAY OF URINE UROBILINOGEN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84580 | ASSAY OF URINE UROBILINOGEN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84578 | TEST URINE UROBILINOGEN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84577 | ASSAY OF FECES/UROBILINOGEN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84560 | ASSAY OF URINE/URIC ACID | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84550 | ASSAY OF BLOOD/URIC ACID | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 84545 | UREA-N CLEARANCE TEST | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84540 | ASSAY OF URINE/UREA-N | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84525 | UREA NITROGEN SEMI-QUANT | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84520 | ASSAY OF UREA NITROGEN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84512 | ASSAY OF TROPONIN QUAL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84510 | ASSAY OF TYROSINE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84490 | ASSAY OF FECES FOR TRYPSIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84488 | TEST FECES FOR TRYPSIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84485 | ASSAY DUODENAL FLUID TRYPSIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84484 | ASSAY OF TROPONIN QUANT | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84482 | T3 REVERSE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84481 | FREE ASSAY (FT-3) | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84480 | ASSAY TRIIODOTHYRONINE (T3) | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84479 | ASSAY OF THYROID (T3 OR T4) | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84478 | ASSAY OF TRIGLYCERIDES | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84466 | ASSAY OF TRANSFERRIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 84460 | ALANINE AMINO (ALT) (SGPT) | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84450 | TRANSFERASE (AST) (SGOT) | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84449 | ASSAY OF TRANSCORTIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84446 | ASSAY OF VITAMIN E | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84445 | ASSAY OF TSI GLOBULIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84443 | ASSAY THYROID STIM HORMONE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84442 | ASSAY OF THYROID ACTIVITY | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84439 | ASSAY OF FREE THYROXINE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84437 | ASSAY OF NEONATAL THYROXINE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84436 | ASSAY OF TOTAL THYROXINE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84432 | ASSAY OF THYROGLOBULIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84430 | ASSAY OF THIOCYANATE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84425 | ASSAY OF VITAMIN B-1 | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84410 | TESTOSTERONE BIOAVAILABLE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84403 | ASSAY OF TOTAL TESTOSTERONE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84402 | ASSAY OF FREE TESTOSTERONE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 84392 | ASSAY OF URINE SULFATE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84379 | SUGARS MULTIPLE QUANT | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84378 | SUGARS SINGLE QUANT | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84377 | SUGARS MULTIPLE QUAL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84376 | SUGARS SINGLE QUAL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84375 | CHROMATOGRAM ASSAY SUGARS | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84315 | BODY FLUID SPECIFIC GRAVITY | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84311 | SPECTROPHOTOMETRY | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84307 | ASSAY OF SOMATOSTATIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84305 | ASSAY OF SOMATOMEDIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84302 | ASSAY OF SWEAT SODIUM | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84300 | ASSAY OF URINE SODIUM | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84295 | ASSAY OF SERUM SODIUM | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84285 | ASSAY OF SILICA | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84275 | ASSAY OF SIALIC ACID | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84270 | ASSAY OF SEX HORMONE GLOBUL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 84260 | ASSAY OF SEROTONIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84255 | ASSAY OF SELENIUM | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84252 | ASSAY OF VITAMIN B-2 | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84244 | ASSAY OF RENIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84238 | ASSAY NONENDOCRINE RECEPTOR | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84235 | ASSAY OF ENDOCRINE HORMONE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84234 | ASSAY OF PROGESTERONE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84233 | ASSAY OF ESTROGEN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84228 | ASSAY OF QUININE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84220 | ASSAY OF PYRUVATE KINASE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84210 | ASSAY OF PYRUVATE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84207 | ASSAY OF VITAMIN B-6 | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84206 | ASSAY OF PROINSULIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84203 | TEST RBC PROTOPORPHYRIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84202 | ASSAY RBC PROTOPORPHYRIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84182 | PROTEIN WESTERN BLOT TEST | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 84181 | WESTERN BLOT TEST | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84166 | PROTEIN E-PHORESIS/URINE/CSF | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84165 | PROTEIN E-PHORESIS SERUM | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84163 | PAPPA SERUM | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84160 | ASSAY OF PROTEIN ANY SOURCE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84157 | ASSAY OF PROTEIN OTHER | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84156 | ASSAY OF PROTEIN URINE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84155 | ASSAY OF PROTEIN SERUM | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84154 | ASSAY OF PSA FREE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84153 | ASSAY OF PSA TOTAL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84152 | ASSAY OF PSA COMPLEXED | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84150 | ASSAY OF PROSTAGLANDIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84146 | ASSAY OF PROLACTIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84144 | ASSAY OF PROGESTERONE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84143 | ASSAY OF 17-HYDROXYPREGNENO | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84140 | ASSAY OF PREGNENOLONE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 84138 | ASSAY OF PREGNANETRIOL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84135 | ASSAY OF PREGNANEDIOL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84134 | ASSAY OF PREALBUMIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84133 | ASSAY OF URINE POTASSIUM | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84132 | ASSAY OF SERUM POTASSIUM | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84126 | ASSAY OF FECES PORPHYRINS | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84120 | ASSAY OF URINE PORPHYRINS | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84119 | TEST URINE FOR PORPHYRINS | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84112 | EVAL AMNIOTIC FLUID PROTEIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84110 | ASSAY OF PORPHOBILINOGEN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84106 | TEST FOR PORPHOBILINOGEN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84105 | ASSAY OF URINE PHOSPHORUS | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84100 | ASSAY OF PHOSPHORUS | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84087 | ASSAY PHOSPHOHEXOSE ENZYMES | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84085 | ASSAY OF RBC PG6D ENZYME | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84081 | ASSAY PHOSPHATIDYLGLYCEROL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 84080 | ASSAY ALKALINE PHOSPHATASES | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84078 | ASSAY ALKALINE PHOSPHATASE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84075 | ASSAY ALKALINE PHOSPHATASE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84066 | ASSAY PROSTATE PHOSPHATASE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84060 | ASSAY ACID PHOSPHATASE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84035 | ASSAY OF PHENYLKETONES | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84030 | ASSAY OF BLOOD PKU | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83993 | ASSAY FOR CALPROTECTIN FECAL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83992 | ASSAY FOR PHENCYCLIDINE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83986 | ASSAY PH BODY FLUID NOS | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83970 | ASSAY OF PARATHORMONE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83951 | ONCOPROTEIN DCP | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83945 | ASSAY OF OXALATE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83937 | ASSAY OF OSTEOCALCIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83935 | ASSAY OF URINE OSMOLALITY | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83930 | ASSAY OF BLOOD OSMOLALITY | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 83921 | ORGANIC ACID SINGLE QUANT | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83919 | ORGANIC ACIDS QUAL EACH | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83918 | ORGANIC ACIDS TOTAL QUANT | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83916 | OLIGOCLONAL BANDS | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83915 | ASSAY OF NUCLEOTIDASE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83885 | ASSAY OF NICKEL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83883 | ASSAY NEPHELOMETRY NOT SPEC | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83880 | ASSAY OF NATRIURETIC PEPTIDE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83876 | ASSAY MYELOPEROXIDASE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83874 | ASSAY OF MYOGLOBIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83873 | ASSAY OF CSF PROTEIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83872 | ASSAY SYNOVIAL FLUID MUCIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83864 | MUCOPOLYSACCHARIDES | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83857 | ASSAY OF METHEMALBUMIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83835 | ASSAY OF METANEPHRINES | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83825 | ASSAY OF MERCURY | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 83789 | MASS SPECTROMETRY QUAL/QUAN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83785 | ASSAY OF MANGANESE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83775 | ASSAY MALATE DEHYDROGENASE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83735 | ASSAY OF MAGNESIUM | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83727 | ASSAY OF LRH HORMONE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83722 | LIPOPRTN DIR MEAS SD LDL CHL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83721 | ASSAY OF BLOOD LIPOPROTEIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83719 | ASSAY OF BLOOD LIPOPROTEIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83718 | ASSAY OF LIPOPROTEIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83704 | LIPOPROTEIN BLD QUAN PART | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83701 | LIPOPROTEIN BLD HR FRACTION | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83700 | LIPOPRO BLD ELECTROPHORETIC | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83698 | ASSAY LIPOPROTEIN PLA2 | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83695 | ASSAY OF LIPOPROTEIN(A) | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83690 | ASSAY OF LIPASE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83670 | ASSAY OF LAP ENZYME | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 83664 | LAMELLAR BDY FETAL LUNG | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83663 | FLUORO POLARIZE FETAL LUNG | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83662 | FOAM STABILITY FETAL LUNG | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83661 | L/S RATIO FETAL LUNG | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83655 | ASSAY OF LEAD | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83633 | TEST URINE FOR LACTOSE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83632 | PLACENTAL LACTOGEN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83631 | LACTOFERRIN FECAL (QUANT) | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83630 | LACTOFERRIN FECAL (QUAL) | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83625 | ASSAY OF LDH ENZYMES | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83615 | LACTATE (LD) (LDH) ENZYME | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83605 | ASSAY OF LACTIC ACID | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83593 | FRACTIONATION KETOSTEROIDS | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83586 | ASSAY 17- KETOSTEROIDS | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83582 | ASSAY OF KETOGENIC STEROIDS | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83570 | ASSAY OF IDH ENZYME | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 83550 | IRON BINDING TEST | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83540 | ASSAY OF IRON | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83528 | ASSAY OF INTRINSIC FACTOR | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83527 | ASSAY OF INSULIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83525 | ASSAY OF INSULIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83520 | IMMUNOASSAY QUANT NOS NONAB | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83519 | RIA NONANTIBODY | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83518 | IMMUNOASSAY DIPSTICK | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83516 | IMMUNOASSAY NONANTIBODY | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83505 | ASSAY TOTAL HYDROXYPROLINE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83500 | ASSAY FREE HYDROXYPROLINE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83497 | ASSAY OF 5-HIAA | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83150 | ASSAY OF HOMOVANILLIC ACID | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83090 | ASSAY OF HOMOCYSTINE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83088 | ASSAY OF HISTAMINE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83070 | ASSAY OF HEMOSIDERIN QUAL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 83026 | HEMOGLOBIN COPPER SULFATE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83021 | HEMOGLOBIN CHROMOTOGRAPHY | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83020 | HEMOGLOBIN ELECTROPHORESIS | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83014 | H PYLORI DRUG ADMIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83013 | H PYLORI (C-13) BREATH | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83012 | ASSAY OF HAPTOGLOBINS | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83010 | ASSAY OF HAPTOGLOBIN QUANT | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83009 | H PYLORI (C-13) BLOOD | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83006 | GROWTH STIMULATION GENE 2 | PATH & LAB - MICROBIOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 83003 | ASSAY GROWTH HORMONE (HGH) | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83002 | ASSAY OF GONADOTROPIN (LH) | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83001 | ASSAY OF GONADOTROPIN (FSH) | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82985 | ASSAY OF GLYCATED PROTEIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82979 | ASSAY RBC GLUTATHIONE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82978 | ASSAY OF GLUTATHIONE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82977 | ASSAY OF GGT | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 82965 | ASSAY OF GDH ENZYME | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82963 | ASSAY OF GLUCOSIDASE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82962 | GLUCOSE BLOOD TEST | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82960 | TEST FOR G6PD ENZYME | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82955 | ASSAY OF G6PD ENZYME | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82952 | GTT-ADDED SAMPLES | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82951 | GLUCOSE TOLERANCE TEST (GTT) | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82950 | GLUCOSE TEST | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82948 | REAGENT STRIP/BLOOD GLUCOSE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82947 | ASSAY GLUCOSE BLOOD QUANT | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82946 | GLUCAGON TOLERANCE TEST | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82945 | GLUCOSE OTHER FLUID | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82943 | ASSAY OF GLUCAGON | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82941 | ASSAY OF GASTRIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82938 | GASTRIN TEST | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82930 | GASTRIC ANALY W/PH EA SPEC | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 82820 | HEMOGLOBIN-OXYGEN AFFINITY | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82810 | BLOOD GASES O2 SAT ONLY | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82805 | BLOOD GASES W/O2 SATURATION | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82803 | BLOOD GASES ANY COMBINATION | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82800 | BLOOD PH | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82787 | IGG 1 2 3 OR 4 EACH | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82785 | ASSAY OF IGE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82784 | ASSAY IGA/IGD/IGG/IGM EACH | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82777 | GALECTIN-3 | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82776 | GALACTOSE TRANSFERASE TEST | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82775 | ASSAY GALACTOSE TRANSFERASE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82760 | ASSAY OF GALACTOSE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82759 | ASSAY OF RBC GALACTOKINASE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82757 | ASSAY OF SEMEN FRUCTOSE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82747 | ASSAY OF FOLIC ACID RBC | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82746 | ASSAY OF FOLIC ACID SERUM | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 82735 | ASSAY OF FLUORIDE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82731 | ASSAY OF FETAL FIBRONECTIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82728 | ASSAY OF FERRITIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82726 | LONG CHAIN FATTY ACIDS | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82725 | ASSAY OF BLOOD FATTY ACIDS | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82715 | ASSAY OF FECAL FAT | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82710 | FATS/LIPIDS FECES QUANT | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82705 | FATS/LIPIDS FECES QUAL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82696 | ASSAY OF ETIOCHOLANOLONE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82693 | ASSAY OF ETHYLENE GLYCOL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82679 | ASSAY OF ESTRONE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82677 | ASSAY OF ESTRIOL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82672 | ASSAY OF ESTROGEN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82671 | ASSAY OF ESTROGENS | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82668 | ASSAY OF ERYTHROPOIETIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82664 | ELECTROPHORETIC TEST | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 82658 | ENZYME CELL ACTIVITY RA | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82657 | ENZYME CELL ACTIVITY | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82652 | VIT D 1 25-DIHYDROXY | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82642 | DIHYDROTESTOSTERONE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82638 | ASSAY OF DIBUCAINE NUMBER | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82634 | DEOXYCORTISOL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82633 | DESOXYCORTICOSTERONE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82627 | DEHYDROEPIANDROSTERONE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82615 | TEST FOR URINE CYSTINES | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82608 | B-12 BINDING CAPACITY | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82607 | VITAMIN B-12 | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82600 | ASSAY OF CYANIDE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82595 | ASSAY OF CRYOGLOBULIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82585 | ASSAY OF CRYOFIBRINOGEN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82575 | CREATININE CLEARANCE TEST | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82570 | ASSAY OF URINE CREATININE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 82565 | ASSAY OF CREATININE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82554 | CREATINE ISOFORMS | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82553 | CREATINE MB FRACTION | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82552 | ASSAY OF CPK IN BLOOD | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82550 | ASSAY OF CK (CPK) | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82542 | COL CHROMOTOGRAPHY QUAL/QUAN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82540 | ASSAY OF CREATINE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82533 | TOTAL CORTISOL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82530 | CORTISOL FREE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82528 | ASSAY OF CORTICOSTERONE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82525 | ASSAY OF COPPER | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82507 | ASSAY OF CITRATE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82495 | ASSAY OF CHROMIUM | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82485 | ASSAY CHONDROITIN SULFATE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82482 | ASSAY RBC CHOLINESTERASE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82480 | ASSAY SERUM CHOLINESTERASE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 82465 | ASSAY BLD/SERUM CHOLESTEROL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82441 | TEST FOR CHLOROHYDROCARBONS | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82438 | ASSAY OTHER FLUID CHLORIDES | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82436 | ASSAY OF URINE CHLORIDE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82435 | ASSAY OF BLOOD CHLORIDE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82415 | ASSAY OF CHLORAMPHENICOL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82390 | ASSAY OF CERULOPLASMIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82387 | ASSAY OF CATHEPSIN-D | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82384 | ASSAY THREE CATECHOLAMINES | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82383 | ASSAY BLOOD CATECHOLAMINES | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82382 | ASSAY URINE CATECHOLAMINES | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82380 | ASSAY OF CAROTENE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82379 | ASSAY OF CARNITINE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82378 | CARCINOEMBRYONIC ANTIGEN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82376 | ASSAY CARBOXYHB QUAL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82375 | ASSAY CARBOXYHB QUANT | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 82374 | ASSAY BLOOD CARBON DIOXIDE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82373 | ASSAY C-D TRANSFER MEASURE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82370 | X-RAY ASSAY CALCULUS | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82365 | CALCULUS SPECTROSCOPY | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82360 | CALCULUS ASSAY QUANT | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82355 | CALCULUS ANALYSIS QUAL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82340 | ASSAY OF CALCIUM IN URINE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82331 | CALCIUM INFUSION TEST | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82330 | ASSAY OF CALCIUM | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82310 | ASSAY OF CALCIUM | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82308 | ASSAY OF CALCITONIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82306 | VITAMIN D 25 HYDROXY | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82300 | ASSAY OF CADMIUM | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82286 | ASSAY OF BRADYKININ | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82274 | ASSAY TEST FOR BLOOD FECAL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82272 | OCCULT BLD FECES 1-3 TESTS | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 82271 | OCCULT BLOOD OTHER SOURCES | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82270 | OCCULT BLOOD FECES | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82261 | ASSAY OF BIOTINIDASE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82252 | FECAL BILIRUBIN TEST | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82248 | BILIRUBIN DIRECT | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82247 | BILIRUBIN TOTAL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82239 | BILE ACIDS TOTAL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82232 | ASSAY OF BETA-2 PROTEIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82190 | ATOMIC ABSORPTION | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82180 | ASSAY OF ASCORBIC ACID | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82175 | ASSAY OF ARSENIC | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82172 | ASSAY OF APOLIPOPROTEIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82164 | ANGIOTENSIN I ENZYME TEST | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82163 | ASSAY OF ANGIOTENSIN II | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82160 | ASSAY OF ANDROSTERONE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82157 | ASSAY OF ANDROSTENEDIONE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 82150 | ASSAY OF AMYLASE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82143 | AMNIOTIC FLUID SCAN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82140 | ASSAY OF AMMONIA | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82139 | AMINO ACIDS QUAN 6 OR MORE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82136 | AMINO ACIDS QUANT 2-5 | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82135 | ASSAY AMINOLEVULINIC ACID | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82131 | AMINO ACIDS SINGLE QUANT | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82128 | AMINO ACIDS MULT QUAL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82127 | AMINO ACID SINGLE QUAL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82120 | AMINES VAGINAL FLUID QUAL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82108 | ASSAY OF ALUMINUM | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82107 | ALPHA-FETOPROTEIN L3 | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82106 | ALPHA-FETOPROTEIN AMNIOTIC | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82104 | ALPHA-1-ANTITRYPSIN PHENO | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82103 | ALPHA-1-ANTITRYPSIN TOTAL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82088 | ASSAY OF ALDOSTERONE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 82085 | ASSAY OF ALDOLASE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82075 | ASSAY OF BREATH ETHANOL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82045 | ALBUMIN ISCHEMIA MODIFIED | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82044 | UR ALBUMIN SEMIQUANTITATIVE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82043 | UR ALBUMIN QUANTITATIVE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82042 | OTHER SOURCE ALBUMIN QUAN EA | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82040 | ASSAY OF SERUM ALBUMIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82030 | ASSAY OF ADP & AMP | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82024 | ASSAY OF ACTH | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82017 | ACYLCARNITINES QUANT | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82016 | ACYLCARNITINES QUAL | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82013 | ACETYLCHOLINESTERASE ASSAY | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81542 | ONC PROSTATE MRNA 22 CNT GEN | PATH & LAB-MULTIANALYTE ASSAYS | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81522 | ONC BREAST MRNA 12 GENES | PATH & LAB-MULTIANALYTE ASSAYS | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81521 | ONC BREAST MRNA 70 GENES | PATH & LAB - MICROBIOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81520 | ONC BREAST MRNA 58 GENES | PATH & LAB - MICROBIOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 81519 | ONCOLOGY BREAST MRNA | PATH & LAB - MICROBIOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81518 | ONC BRST MRNA 11 GENES | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81448 | HRDTRY PERPH NEURPHY PANEL | PATH & LAB - MICROBIOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81427 | GENOME RE-EVALUATION | PATH & LAB - MICROBIOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81426 | GENOME SEQUENCE ANALYSIS | PATH & LAB - MICROBIOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81417 | EXOME RE-EVALUATION | PATH & LAB - MICROBIOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81416 | EXOME SEQUENCE ANALYSIS | PATH & LAB - MICROBIOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81383 | HLA II TYPING 1 ALLELE HR | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81382 | HLA II TYPING 1 LOC HR | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81381 | HLA I TYPING 1 ALLELE HR | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81380 | HLA I TYPING 1 LOCUS HR | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81379 | HLA I TYPING COMPLETE HR | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81378 | HLA I & II TYPING HR | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81377 | HLA II TYPE 1 AG EQUIV LR | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81376 | HLA II TYPING 1 LOCUS LR | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81375 | HLA II TYPING AG EQUIV LR | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 81374 | HLA I TYPING 1 ANTIGEN LR | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81373 | HLA I TYPING 1 LOCUS LR | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81372 | HLA I TYPING COMPLETE LR | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81371 | HLA I & II TYPE VERIFY LR | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81370 | HLA I & II TYPING LR | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81363 | HBB GENE DUP/DEL VARIANTS | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81362 | HBB GENE KNOWN FAM VARIANT | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81346 | TYMS GENE COM VARIANTS | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81345 | TERT GENE TARGETED SEQ ALYS | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81344 | TBP GENE DETC ABNOR ALLELES | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81343 | PPP2R2B GEN DETC ABNOR ALLEL | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81341 | TRB GENE REARRANGE DIRPROBE | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81337 | SMN1 GEN NOWN FAMIL SEQ VRNT | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81336 | SMN1 GENE FULL GENE SEQUENCE | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81334 | RUNX1 GENE TARGETED SEQ ALYS | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81333 | TGFBI GENE COMMON VARIANTS | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 81320 | PLCG2 GENE COMMON VARIANTS | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81318 | PMS2 KNOWN FAMILIAL VARIANTS | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81316 | PML/RARALPHA 1 BREAKPOINT | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81315 | PML/RARALPHA COM BREAKPOINTS | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81313 | PCA3/KLK3 ANTIGEN | PATH & LAB - MICROBIOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81312 | PABPN1 GENE DETC ABNOR ALLEL | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81310 | NPM1 GENE | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81309 | PIK3CA GENE TRGT SEQ ALYS | PATH & LAB-MOLECULAR PATHOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81308 | PALB2 GENE KNOWN FAMIL VRNT | PATH & LAB-MOLECULAR PATHOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81307 | PALB2 GENE FULL GENE SEQ | PATH & LAB-MOLECULAR PATHOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81306 | NUDT15 GENE COMMON VARIANTS | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81305 | MYD88 GENE P.LEU265PRO VRNT | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81303 | MECP2 GENE KNOWN VARIANT | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81299 | MSH6 GENE KNOWN VARIANTS | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81296 | MSH2 GENE KNOWN VARIANTS | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81289 | FXN GENE KNOWN FAMIL VARIANT | PATH & LAB - MICROBIOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 81287 | MGMT GENE PRMTR MTHYLTN ALYS | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81286 | FXN GENE FULL GENE SEQUENCE | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81285 | FXN GENE CHARAC ALLELES | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81284 | FXN GENE DETC ABNOR ALLELES | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81277 | CYTOGENOMIC NEO MICRORA ALYS | PATH & LAB-MOLECULAR PATHOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81274 | HTT GENE CHARAC ALLELES | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81271 | HTT GENE DETC ABNOR ALLELES | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81268 | CHIMERISM ANAL W/CELL SELECT | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81266 | STR MARKERS SPEC ANAL ADDL | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81264 | IGK REARRANGEABN CLONAL POP | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81263 | IGH VARI REGIONAL MUTATION | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81262 | IGH GENE REARRANG DIR PROBE | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81261 | IGH GENE REARRANGE AMP METH | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81258 | HBA1/HBA2 GENE FAM VRNT | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81250 | G6PC GENE | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81249 | G6PD FULL GENE SEQUENCE | PATH & LAB - MICROBIOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 81248 | G6PD KNOWN FAMILIAL VARIANT | PATH & LAB - MICROBIOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81247 | G6PD GENE ALYS CMN VARIANT | PATH & LAB - MICROBIOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81246 | FLT3 GENE ANALYSIS | PATH & LAB - MICROBIOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81239 | DMPK GENE CHARAC ALLELES | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81237 | EZH2 GENE COMMON VARIANTS | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81233 | BTK GENE COMMON VARIANTS | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81224 | CFTR GENE INTRON POLY T | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81222 | CFTR GENE DUP/DELET VARIANTS | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81221 | CFTR GENE KNOWN FAM VARIANTS | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81220 | CFTR GENE COM VARIANTS | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81217 | BRCA2 GENE KNOWN FAMIL VRNT | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81216 | BRCA2 GENE FULL SEQ ALYS | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81215 | BRCA1 GENE KNOWN FAMIL VRNT | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81212 | BRCA1&2 185&5385&6174 VRNT | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81210 | BRAF GENE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81209 | BLM GENE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 81208 | BCR/ABL1 GENE OTHER BP | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81207 | BCR/ABL1 GENE MINOR BP | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81206 | BCR/ABL1 GENE MAJOR BP | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81205 | BCKDHB GENE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81204 | AR GENE CHARAC ALLELES | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81200 | ASPA GENE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81190 | CSTB GENE KNOWN FAMIL VRNT | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81188 | CSTB GENE DETC ABNOR ALLELE | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81187 | CNBP GENE DETC ABNOR ALLELE | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81186 | CACNA1A GEN KNOWN FAMIL VRNT | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81185 | CACNA1A GENE FULL GENE SEQ | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81184 | CACNA1A GEN DETC ABNOR ALLEL | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81183 | ATXN10 GENE DETC ABNOR ALLEL | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81182 | ATXN8OS GEN DETC ABNOR ALLEL | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81181 | ATXN7 GENE DETC ABNOR ALLELE | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81180 | ATXN3 GENE DETC ABNOR ALLELE | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 81179 | ATXN2 GENE DETC ABNOR ALLELE | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81178 | ATXN1 GENE DETC ABNOR ALLELE | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81177 | ATN1 GENE DETC ABNOR ALLELES | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81176 | ASXL1 GENE TARGET SEQ ALYS | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81175 | ASXL1 FULL GENE SEQUENCE | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81174 | AR GENE KNOWN FAMIL VARIANT | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81167 | BRCA2 GENE FULL DUP/DEL ALYS | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81166 | BRCA1 GENE FULL DUP/DEL ALYS | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81165 | BRCA1 GENE FULL SEQ ALYS | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81164 | BRCA1&2 GEN FUL DUP/DEL ALYS | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81163 | BRCA1&2 GENE FULL SEQ ALYS | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81162 | BRCA1&2 GEN FULL SEQ DUP/DEL | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81112 | HPA-15 GENOTYPING | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81111 | HPA-9 GENOTYPING | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81110 | HPA-6 GENOTYPING | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81109 | HPA-5 GENOTYPING | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 81108 | HPA-4 GENOTYPING | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81107 | HPA-3 GENOTYPING | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81106 | HPA-2 GENOTYPING | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81105 | HPA-1 GENOTYPING | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81050 | URINALYSIS VOLUME MEASURE | PATH & LAB - URINALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81025 | URINE PREGNANCY TEST | PATH & LAB - URINALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81020 | URINALYSIS GLASS TEST | PATH & LAB - URINALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81015 | MICROSCOPIC EXAM OF URINE | PATH & LAB - URINALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81007 | URINE SCREEN FOR BACTERIA | PATH & LAB - URINALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81005 | URINALYSIS | PATH & LAB - URINALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81003 | URINALYSIS AUTO W/O SCOPE | PATH & LAB - URINALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81002 | URINALYSIS NONAUTO W/O SCOPE | PATH & LAB - URINALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81001 | URINALYSIS AUTO W/SCOPE | PATH & LAB - URINALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81000 | URINALYSIS NONAUTO W/SCOPE | PATH & LAB - URINALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80439 | TRH STIMULATION PANEL | PATH & LAB - EVOCATIVE/SUPPRES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80438 | TRH STIMULATION PANEL | PATH & LAB - EVOCATIVE/SUPPRES | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 80435 | INSULIN TOLERANCE PANEL | PATH & LAB - EVOCATIVE/SUPPRES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80434 | INSULIN TOLERANCE PANEL | PATH & LAB - EVOCATIVE/SUPPRES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80432 | INSULIN SUPPRESSION PANEL | PATH & LAB - EVOCATIVE/SUPPRES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80430 | GROWTH HORMONE PANEL | PATH & LAB - EVOCATIVE/SUPPRES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80428 | GROWTH HORMONE PANEL | PATH & LAB - EVOCATIVE/SUPPRES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80426 | GONADOTROPIN HORMONE PANEL | PATH & LAB - EVOCATIVE/SUPPRES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80424 | GLUCAGON TOLERANCE PANEL | PATH & LAB - EVOCATIVE/SUPPRES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80422 | GLUCAGON TOLERANCE PANEL | PATH & LAB - EVOCATIVE/SUPPRES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80420 | DEXAMETHASONE PANEL | PATH & LAB - EVOCATIVE/SUPPRES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80418 | PITUITARY EVALUATION PANEL | PATH & LAB - EVOCATIVE/SUPPRES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80417 | RENIN STIMULATION PANEL | PATH & LAB - EVOCATIVE/SUPPRES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80416 | RENIN STIMULATION PANEL | PATH & LAB - EVOCATIVE/SUPPRES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80412 | CRH STIMULATION PANEL | PATH & LAB - EVOCATIVE/SUPPRES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80410 | CALCITONIN STIMUL PANEL | PATH & LAB - EVOCATIVE/SUPPRES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80408 | ALDOSTERONE SUPPRESSION EVAL | PATH & LAB - EVOCATIVE/SUPPRES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80406 | ACTH STIMULATION PANEL | PATH & LAB - EVOCATIVE/SUPPRES | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 80402 | ACTH STIMULATION PANEL | PATH & LAB - EVOCATIVE/SUPPRES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80400 | ACTH STIMULATION PANEL | PATH & LAB - EVOCATIVE/SUPPRES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80307 | DRUG TEST PRSMV CHEM ANLYZR | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80306 | DRUG TEST PRSMV INSTRMNT | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80305 | DRUG TEST PRSMV DIR OPT OBS | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80299 | QUANTITATIVE ASSAY DRUG | PATH & LAB - THERAPEUTIC DRUG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80285 | DRUG ASSAY VORICONAZOLE | PATH & LAB-THERAPEUTIC DRUG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80280 | DRUG ASSAY VEDOLIZUMAB | PATH & LAB-THERAPEUTIC DRUG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80235 | DRUG ASSAY LACOSAMIDE | PATH & LAB-THERAPEUTIC DRUG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80230 | DRUG ASSAY INFLIXIMAB | PATH & LAB-THERAPEUTIC DRUG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80203 | DRUG SCREEN QUANT ZONISAMIDE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80202 | ASSAY OF VANCOMYCIN | PATH & LAB - THERAPEUTIC DRUG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80201 | ASSAY OF TOPIRAMATE | PATH & LAB - THERAPEUTIC DRUG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80200 | ASSAY OF TOBRAMYCIN | PATH & LAB - THERAPEUTIC DRUG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80199 | DRUG SCREEN QUANT TIAGABINE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80198 | ASSAY OF THEOPHYLLINE | PATH & LAB - THERAPEUTIC DRUG | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 80197 | ASSAY OF TACROLIMUS | PATH & LAB - THERAPEUTIC DRUG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80195 | ASSAY OF SIROLIMUS | PATH & LAB - THERAPEUTIC DRUG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80194 | ASSAY OF QUINIDINE | PATH & LAB - THERAPEUTIC DRUG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80192 | ASSAY OF PROCAINAMIDE | PATH & LAB - THERAPEUTIC DRUG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80190 | ASSAY OF PROCAINAMIDE | PATH & LAB - THERAPEUTIC DRUG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80188 | ASSAY OF PRIMIDONE | PATH & LAB - THERAPEUTIC DRUG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80187 | DRUG ASSAY POSACONAZOLE | PATH & LAB-THERAPEUTIC DRUG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80186 | ASSAY OF PHENYTOIN FREE | PATH & LAB - THERAPEUTIC DRUG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80185 | ASSAY OF PHENYTOIN TOTAL | PATH & LAB - THERAPEUTIC DRUG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80184 | ASSAY OF PHENOBARBITAL | PATH & LAB - THERAPEUTIC DRUG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80183 | DRUG SCRN QUANT OXCARBAZEPIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80180 | DRUG SCRN QUAN MYCOPHENOLATE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80178 | ASSAY OF LITHIUM | PATH & LAB - THERAPEUTIC DRUG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80177 | DRUG SCRN QUAN LEVETIRACETAM | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80176 | ASSAY OF LIDOCAINE | PATH & LAB - THERAPEUTIC DRUG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80175 | DRUG SCREEN QUAN LAMOTRIGINE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 80173 | ASSAY OF HALOPERIDOL | PATH & LAB - THERAPEUTIC DRUG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80171 | DRUG SCREEN QUANT GABAPENTIN | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80170 | ASSAY OF GENTAMICIN | PATH & LAB - THERAPEUTIC DRUG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80169 | DRUG ASSAY EVEROLIMUS | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80168 | ASSAY OF ETHOSUXIMIDE | PATH & LAB - THERAPEUTIC DRUG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80165 | DIPROPYLACETIC ACID FREE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80164 | ASSAY DIPROPYLACETIC ACD TOT | PATH & LAB - THERAPEUTIC DRUG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80163 | ASSAY OF DIGOXIN FREE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80162 | ASSAY OF DIGOXIN TOTAL | PATH & LAB - THERAPEUTIC DRUG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80159 | DRUG ASSAY CLOZAPINE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80158 | DRUG ASSAY CYCLOSPORINE | PATH & LAB - THERAPEUTIC DRUG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80157 | ASSAY CARBAMAZEPINE FREE | PATH & LAB - THERAPEUTIC DRUG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80156 | ASSAY CARBAMAZEPINE TOTAL | PATH & LAB - THERAPEUTIC DRUG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80155 | DRUG ASSAY CAFFEINE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80150 | ASSAY OF AMIKACIN | PATH & LAB - THERAPEUTIC DRUG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80145 | DRUG ASSAY ADALIMUMAB | PATH & LAB-THERAPEUTIC DRUG | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 80076 | HEPATIC FUNCTION PANEL | PATH & LAB - ORGAN OR DISEASE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80074 | ACUTE HEPATITIS PANEL | PATH & LAB - ORGAN OR DISEASE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80069 | RENAL FUNCTION PANEL | PATH & LAB - ORGAN OR DISEASE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80055 | OBSTETRIC PANEL | PATH & LAB - ORGAN OR DISEASE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80053 | COMPREHEN METABOLIC PANEL | PATH & LAB - ORGAN OR DISEASE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 79445 | NUCLEAR RX INTRA-ARTERIAL | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 79440 | NUCLEAR RX INTRA-ARTICULAR | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 79403 | HEMATOPOIETIC NUCLEAR TX | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 79300 | NUCLR RX INTERSTIT COLLOID | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 79200 | NUCLEAR RX INTRACAV ADMIN | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 79101 | NUCLEAR RX IV ADMIN | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 79005 | NUCLEAR RX ORAL ADMIN | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78835 | RP QUAN MEAS SINGLE AREA | RADIOLOGY-NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78832 | RP LOCLZJ TUM SPECT W/CT 2 | RADIOLOGY-NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78831 | RP LOCLZJ TUM SPECT 2 AREAS | RADIOLOGY-NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78830 | RP LOCLZJ TUM SPECT W/CT 1 | RADIOLOGY-NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 78804 | RP LOCLZJ TUM WHBDY 2+D IMG | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78803 | RP LOCLZJ TUM SPECT 1 AREA | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78802 | RP LOCLZJ TUM WHBDY 1 D IMG | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78801 | RP LOCLZJ TUM 2+AREA 1+D IMG | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78800 | RP LOCLZJ TUM 1 AREA 1 D IMG | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78761 | TESTICULAR IMAGING W/FLOW | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78740 | URETERAL REFLUX STUDY | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78730 | URINARY BLADDER RETENTION | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78725 | KIDNEY FUNCTION STUDY | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78709 | K FLOW/FUNCT IMAGE MULTIPLE | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78708 | K FLOW/FUNCT IMAGE W/DRUG | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78707 | K FLOW/FUNCT IMAGE W/O DRUG | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78701 | KIDNEY IMAGING WITH FLOW | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78700 | KIDNEY IMAGING MORPHOL | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78660 | NUCLEAR EXAM OF TEAR FLOW | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78650 | CSF LEAKAGE IMAGING | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 78645 | CSF SHUNT EVALUATION | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78635 | CSF VENTRICULOGRAPHY | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78630 | CEREBROSPINAL FLUID SCAN | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78610 | BRAIN FLOW IMAGING ONLY | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78606 | BRAIN IMAGE W/FLOW 4 + VIEWS | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78605 | BRAIN IMAGE 4+ VIEWS | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78601 | BRAIN IMAGE W/FLOW LT 4 VIEWS | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78600 | BRAIN IMAGE LT 4 VIEWS | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78598 | LUNG PERF&VENTILAT DIFERENTL | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78597 | LUNG PERFUSION DIFFERENTIAL | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78582 | LUNG VENTILAT&PERFUS IMAGING | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78580 | LUNG PERFUSION IMAGING | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78579 | LUNG VENTILATION IMAGING | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78458 | VEN THROMBOSIS IMAGES BILAT | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78457 | VENOUS THROMBOSIS IMAGING | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78456 | ACUTE VENOUS THROMBUS IMAGE | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 78445 | VASCULAR FLOW IMAGING | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78428 | CARDIAC SHUNT IMAGING | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78414 | NON-IMAGING HEART FUNCTION | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78351 | BONE MINERAL DUAL PHOTON | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78350 | BONE MINERAL SINGLE PHOTON | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78315 | BONE IMAGING 3 PHASE | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78306 | BONE IMAGING WHOLE BODY | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78305 | BONE IMAGING MULTIPLE AREAS | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78300 | BONE IMAGING LIMITED AREA | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78278 | ACUTE GI BLOOD LOSS IMAGING | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78261 | GASTRIC MUCOSA IMAGING | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78230 | SALIVARY GLAND IMAGING | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78227 | HEPATOBIL SYST IMAGE W/DRUG | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78226 | HEPATOBILIARY SYSTEM IMAGING | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78195 | LYMPH SYSTEM IMAGING | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78185 | SPLEEN IMAGING | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 78140 | RED CELL SEQUESTRATION | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78130 | RED CELL SURVIVAL STUDY | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78121 | RED CELL MASS MULTIPLE | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78120 | RED CELL MASS SINGLE | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78111 | PLASMA VOLUME MULTIPLE | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78110 | PLASMA VOLUME SINGLE | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78104 | BONE MARROW IMAGING BODY | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78103 | BONE MARROW IMAGING MULT | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78102 | BONE MARROW IMAGING LTD | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78075 | ADRENAL CORTEX & MEDULLA IMG | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78020 | THYROID MET UPTAKE | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78018 | THYROID MET IMAGING BODY | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78016 | THYROID MET IMAGING/STUDIES | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78015 | THYROID MET IMAGING | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77790 | RADIATION HANDLING | RADIOLOGY - RADIATION ONCOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77470 | SPECIAL RADIATION TREATMENT | RADIOLOGY - RADIATION ONCOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 77469 | IO RADIATION TX MANAGEMENT | RADIOLOGY - RADIATION ONCOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77435 | SBRT MANAGEMENT | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 77432 | STEREOTACTIC RADIATION TRMT | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 77431 | RADIATION THERAPY MANAGEMENT | RADIOLOGY - RADIATION ONCOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77427 | RADIATION TX MANAGEMENT X5 | RADIOLOGY - RADIATION ONCOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77317 | BRACHYTX ISODOSE INTERMED | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 77316 | BRACHYTX ISODOSE PLAN SIMPLE | RADIOLOGY - RADIATION ONCOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 77307 | TELETHX ISODOSE PLAN CPLX | RADIOLOGY - RADIATION ONCOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77306 | TELETHX ISODOSE PLAN SIMPLE | RADIOLOGY - RADIATION ONCOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77293 | RESPIRATOR MOTION MGMT SIMUL | RADIOLOGY - RADIATION ONCOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77080 | DXA BONE DENSITY AXIAL | RADIOLOGY-DIAGNOSTIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77077 | JOINT SURVEY SINGLE VIEW | RADIOLOGY-DIAGNOSTIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77067 | SCR MAMMO BI INCL CAD | RADIOLOGY - RADIOLOGIC GUIDANC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77066 | DX MAMMO INCL CAD BI | RADIOLOGY - RADIOLOGIC GUIDANC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77065 | DX MAMMO INCL CAD UNI | RADIOLOGY - RADIOLOGIC GUIDANC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77063 | BREAST TOMOSYNTHESIS BI | RADIOLOGY - RADIOLOGIC GUIDANC | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 77054 | X-RAY OF MAMMARY DUCTS | RADIOLOGY-BREAST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77053 | X-RAY OF MAMMARY DUCT | RADIOLOGY-BREAST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77003 | FLUOROGUIDE FOR SPINE INJECT | RADIOLOGY-IMAGING GUIDANCE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77002 | NEEDLE LOCALIZATION BY XRAY | RADIOLOGY-IMAGING GUIDANCE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 77001 | FLUOROGUIDE FOR VEIN DEVICE | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76999 | ECHO EXAMINATION PROCEDURE | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 76998 | US GUIDE INTRAOP | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76983 | USE EA ADDL TARGET LESION | RADIOLOGY - DIAGNOSTIC ULTRASO | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 76982 | USE 1ST TARGET LESION | RADIOLOGY - DIAGNOSTIC ULTRASO | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 76981 | USE PARENCHYMA | RADIOLOGY - DIAGNOSTIC ULTRASO | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 76979 | US TRGT DYN MBUBB EA ADDL | RADIOLOGY - DIAGNOSTIC ULTRASO | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 76978 | US TRGT DYN MBUBB 1ST LES | RADIOLOGY - DIAGNOSTIC ULTRASO | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 76977 | US BONE DENSITY MEASURE | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76975 | GI ENDOSCOPIC ULTRASOUND | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76965 | ECHO GUIDANCE RADIOTHERAPY | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76946 | ECHO GUIDE FOR AMNIOCENTESIS | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 76945 | ECHO GUIDE VILLUS SAMPLING | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76942 | ECHO GUIDE FOR BIOPSY | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76941 | ECHO GUIDE FOR TRANSFUSION | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76940 | US GUIDE TISSUE ABLATION | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76937 | US GUIDE VASCULAR ACCESS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76936 | ECHO GUIDE FOR ARTERY REPAIR | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76932 | ECHO GUIDE FOR HEART BIOPSY | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76881 | US COMPL JOINT R-T W/IMG | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76873 | ECHOGRAP TRANS R PROS STUDY | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76872 | US TRANSRECTAL | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76870 | US EXAM SCROTUM | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76857 | US EXAM PELVIC LIMITED | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76856 | US EXAM PELVIC COMPLETE | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76831 | ECHO EXAM UTERUS | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76830 | TRANSVAGINAL US NON-OB | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76800 | US EXAM SPINAL CANAL | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 76776 | US EXAM K TRANSPL W/DOPPLER | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76775 | US EXAM ABDO BACK WALL LIM | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76770 | US EXAM ABDO BACK WALL COMP | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76706 | US ABDL AORTA SCREEN AAA | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76705 | ECHO EXAM OF ABDOMEN | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76700 | US EXAM ABDOM COMPLETE | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76642 | ULTRASOUND BREAST LIMITED | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76641 | ULTRASOUND BREAST COMPLETE | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76604 | US EXAM CHEST | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76536 | US EXAM OF HEAD AND NECK | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76529 | ECHO EXAM OF EYE | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76506 | ECHO EXAM OF HEAD | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76140 | X-RAY CONSULTATION | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76125 | CINE/VIDEO X-RAYS ADD-ON | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76120 | CINE/VIDEO X-RAYS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76100 | X-RAY EXAM OF BODY SECTION | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 76098 | X-RAY EXAM SURGICAL SPECIMEN | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76080 | X-RAY EXAM OF FISTULA | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76010 | X-RAY NOSE TO RECTUM | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76000 | FLUOROSCOPY LT 1 HR PHYS/QHP | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75989 | ABSCESS DRAINAGE UNDER X-RAY | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75984 | XRAY CONTROL CATHETER CHANGE | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75970 | VASCULAR BIOPSY | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75902 | REMOVE CVA LUMEN OBSTRUCT | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75901 | REMOVE CVA DEVICE OBSTRUCT | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75894 | X-RAYS TRANSCATH THERAPY | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75893 | VENOUS SAMPLING BY CATHETER | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75891 | VEIN X-RAY LIVER | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75889 | VEIN X-RAY LIVER W/HEMODYNAM | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75887 | VEIN X-RAY LIVER W/O HEMODYN | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75885 | VEIN X-RAY LIVER W/HEMODYNAM | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75880 | VEIN X-RAY EYE SOCKET | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 75872 | VEIN X-RAY SKULL EPIDURAL | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75870 | VEIN X-RAY SKULL | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75860 | VEIN X-RAY NECK | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75840 | VEIN X-RAY ADRENAL GLAND | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75833 | VEIN X-RAY KIDNEYS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75831 | VEIN X-RAY KIDNEY | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75827 | VEIN X-RAY CHEST | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75825 | VEIN X-RAY TRUNK | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75822 | VEIN X-RAY ARMS/LEGS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75820 | VEIN X-RAY ARM/LEG | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75810 | VEIN X-RAY SPLEEN/LIVER | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75809 | NONVASCULAR SHUNT X-RAY | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75807 | LYMPH VESSEL X-RAY TRUNK | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75805 | LYMPH VESSEL X-RAY TRUNK | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75803 | LYMPH VESSEL X-RAY ARMS/LEGS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75801 | LYMPH VESSEL X-RAY ARM/LEG | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 75774 | ARTERY X-RAY EACH VESSEL | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75756 | ARTERY X-RAYS CHEST | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75746 | ARTERY X-RAYS LUNG | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75743 | ARTERY X-RAYS LUNGS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75741 | ARTERY X-RAYS LUNG | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75736 | ARTERY X-RAYS PELVIS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75733 | ARTERY X-RAYS ADRENALS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75731 | ARTERY X-RAYS ADRENAL GLAND | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75726 | ARTERY X-RAYS ABDOMEN | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75716 | ARTERY X-RAYS ARMS/LEGS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75710 | ARTERY X-RAYS ARM/LEG | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75705 | ARTERY X-RAYS SPINE | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75630 | X-RAY AORTA LEG ARTERIES | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75625 | CONTRAST EXAM ABDOMINL AORTA | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75605 | CONTRAST EXAM THORACIC AORTA | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75600 | CONTRAST EXAM THORACIC AORTA | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 74775 | X-RAY EXAM OF PERINEUM | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74742 | X-RAY FALLOPIAN TUBE | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74740 | X-RAY FEMALE GENITAL TRACT | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74485 | DILATION URTR/URT RS&I | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74470 | X-RAY EXAM OF KIDNEY LESION | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74455 | X-RAY URETHRA/BLADDER | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74450 | X-RAY URETHRA/BLADDER | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74445 | X-RAY EXAM OF PENIS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74440 | X-RAY MALE GENITAL TRACT | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74430 | CONTRAST X-RAY BLADDER | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74363 | X-RAY BILE DUCT DILATION | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74360 | X-RAY GUIDE GI DILATION | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74355 | X-RAY GUIDE INTESTINAL TUBE | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74340 | X-RAY GUIDE FOR GI TUBE | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74330 | X-RAY BILE/PANC ENDOSCOPY | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74329 | X-RAY FOR PANCREAS ENDOSCOPY | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 74328 | X-RAY BILE DUCT ENDOSCOPY | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74301 | X-RAYS AT SURGERY ADD-ON | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74300 | X-RAY BILE DUCTS/PANCREAS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74290 | CONTRAST X-RAY GALLBLADDER | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74283 | THER NMA RDCTJ INTUS/OBSTRCJ | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74280 | X-RAY XM COLON 2CNTRST STD | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74270 | X-RAY XM COLON 1CNTRST STD | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74251 | X-RAY XM SM INT 2CNTRST STD | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74250 | X-RAY XM SM INT 1CNTRST STD | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74248 | X-RAY SM INT F-THRU STD | RADIOLOGY-DIAGNOSTIC RADIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74246 | X-RAY XM UPR GI TRC 2CNTRST | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74240 | X-RAY XM UPR GI TRC 1CNTRST | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74235 | REMOVE ESOPHAGUS OBSTRUCTION | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74230 | X-RAY XM SWLNG FUNCJ C+ | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74221 | X-RAY XM ESOPHAGUS 2CNTRST | RADIOLOGY-DIAGNOSTIC RADIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 74220 | X-RAY XM ESOPHAGUS 1CNTRST | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 74210 | X-RAY XM PHRNX&/CRV ESOPH C+ | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73660 | X-RAY EXAM OF TOE(S) | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73650 | X-RAY EXAM OF HEEL | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73630 | X-RAY EXAM OF FOOT | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73620 | X-RAY EXAM OF FOOT | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73615 | CONTRAST X-RAY OF ANKLE | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73610 | X-RAY EXAM OF ANKLE | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73600 | X-RAY EXAM OF ANKLE | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73592 | X-RAY EXAM OF LEG INFANT | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73590 | X-RAY EXAM OF LOWER LEG | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73580 | CONTRAST X-RAY OF KNEE JOINT | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73565 | X-RAY EXAM OF KNEES | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73564 | X-RAY EXAM KNEE 4 OR MORE | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73562 | X-RAY EXAM OF KNEE 3 | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73560 | X-RAY EXAM OF KNEE 1 OR 2 | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73552 | X-RAY EXAM OF FEMUR 2/GT | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 73525 | CONTRAST X-RAY OF HIP | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73523 | X-RAY EXAM HIPS BI 5/GT VIEWS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73503 | X-RAY EXAM HIP UNI 4/GT VIEWS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73140 | X-RAY EXAM OF FINGER(S) | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73130 | X-RAY EXAM OF HAND | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73120 | X-RAY EXAM OF HAND | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73115 | CONTRAST X-RAY OF WRIST | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73110 | X-RAY EXAM OF WRIST | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73100 | X-RAY EXAM OF WRIST | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73092 | X-RAY EXAM OF ARM INFANT | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73090 | X-RAY EXAM OF FOREARM | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73085 | CONTRAST X-RAY OF ELBOW | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73080 | X-RAY EXAM OF ELBOW | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73070 | X-RAY EXAM OF ELBOW | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73060 | X-RAY EXAM OF HUMERUS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73050 | X-RAY EXAM OF SHOULDERS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 73040 | CONTRAST X-RAY OF SHOULDER | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73030 | X-RAY EXAM OF SHOULDER | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73020 | X-RAY EXAM OF SHOULDER | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73010 | X-RAY EXAM OF SHOULDER BLADE | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73000 | X-RAY EXAM OF COLLAR BONE | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 72270 | MYELOGPHY 2/GT SPINE REGIONS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 72265 | MYELOGRAPHY L-S SPINE | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 72255 | MYELOGRAPHY THORACIC SPINE | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 72240 | MYELOGRAPHY NECK SPINE | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 72220 | X-RAY EXAM SACRUM TAILBONE | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 72202 | X-RAY EXAM SI JOINTS 3/GT VWS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 72200 | X-RAY EXAM SI JOINTS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 72190 | X-RAY EXAM OF PELVIS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 72170 | X-RAY EXAM OF PELVIS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 72120 | X-RAY BEND ONLY L-S SPINE | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 72114 | X-RAY EXAM L-S SPINE BENDING | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 72110 | X-RAY EXAM L-2 SPINE 4/GT VWS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 72100 | X-RAY EXAM L-S SPINE 2/3 VWS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 72084 | X-RAY EXAM ENTIRE SPI 6/GT VW | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 72080 | X-RAY EXAM THORACOLMB 2/GT VW | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 72074 | X-RAY EXAM THORAC SPINE4/GT VW | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 72072 | X-RAY EXAM THORAC SPINE 3VWS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 72070 | X-RAY EXAM THORAC SPINE 2VWS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 72052 | X-RAY EXAM NECK SPINE 6/GT VWS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 72040 | X-RAY EXAM NECK SPINE 2-3 VW | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 72020 | X-RAY EXAM OF SPINE 1 VIEW | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 71130 | X-RAY STRENOCLAVIC JT 3/GT VWS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 71120 | X-RAY EXAM BREASTBONE 2/GT VWS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 71111 | X-RAY EXAM RIBS/CHEST4/GT VWS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 71110 | X-RAY EXAM RIBS BIL 3 VIEWS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 71101 | X-RAY EXAM UNILAT RIBS/CHEST | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 71100 | X-RAY EXAM RIBS UNI 2 VIEWS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 71048 | X-RAY EXAM CHEST 4+ VIEWS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 71047 | X-RAY EXAM CHEST 3 VIEWS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 71046 | X-RAY EXAM CHEST 2 VIEWS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 71045 | X-RAY EXAM CHEST 1 VIEW | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70559 | MRI BRAIN W/O & W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70558 | MRI BRAIN W/DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70557 | MRI BRAIN W/O DYE | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70390 | X-RAY EXAM OF SALIVARY DUCT | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70380 | X-RAY EXAM OF SALIVARY GLAND | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70371 | SPEECH EVALUATION COMPLEX | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70370 | THROAT X-RAY & FLUOROSCOPY | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70360 | X-RAY EXAM OF NECK | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70355 | PANORAMIC X-RAY OF JAWS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70350 | X-RAY HEAD FOR ORTHODONTIA | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70332 | X-RAY EXAM OF JAW JOINT | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70330 | X-RAY EXAM OF JAW JOINTS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 70328 | X-RAY EXAM OF JAW JOINT | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70320 | FULL MOUTH X-RAY OF TEETH | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70310 | X-RAY EXAM OF TEETH | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70300 | X-RAY EXAM OF TEETH | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70260 | X-RAY EXAM OF SKULL | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70250 | X-RAY EXAM OF SKULL | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70240 | X-RAY EXAM PITUITARY SADDLE | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70220 | X-RAY EXAM OF SINUSES | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70210 | X-RAY EXAM OF SINUSES | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70200 | X-RAY EXAM OF EYE SOCKETS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70190 | X-RAY EXAM OF EYE SOCKETS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70170 | X-RAY EXAM OF TEAR DUCT | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70160 | X-RAY EXAM OF NASAL BONES | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70150 | X-RAY EXAM OF FACIAL BONES | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70140 | X-RAY EXAM OF FACIAL BONES | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70134 | X-RAY EXAM OF MIDDLE EAR | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 70130 | X-RAY EXAM OF MASTOIDS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70120 | X-RAY EXAM OF MASTOIDS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70110 | X-RAY EXAM OF JAW 4/GT VIEWS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70100 | X-RAY EXAM OF JAW LT 4VIEWS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70030 | X-RAY EYE FOR FOREIGN BODY | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70015 | CONTRAST X-RAY OF BRAIN | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 70010 | CONTRAST X-RAY OF BRAIN | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69970 | REMOVE INNER EAR LESION | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69960 | RELEASE INNER EAR CANAL | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69955 | RELEASE FACIAL NERVE | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69950 | INCISE INNER EAR NERVE | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69930 | IMPLANT COCHLEAR DEVICE | SURGERY - AUDITORY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 69915 | INCISE INNER EAR NERVE | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69910 | REMOVE INNER EAR & MASTOID | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69905 | REMOVE INNER EAR | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69806 | EXPLORE INNER EAR | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 69805 | EXPLORE INNER EAR | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69801 | INCISE INNER EAR | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69745 | REPAIR FACIAL NERVE | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69740 | REPAIR FACIAL NERVE | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69725 | RELEASE FACIAL NERVE | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69720 | RELEASE FACIAL NERVE | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69711 | REMOVE/REPAIR HEARING AID | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69710 | IMPLANT/REPLACE HEARING AID | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69700 | CLOSE MASTOID FISTULA | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69676 | REMOVE MIDDLE EAR NERVE | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69670 | REMOVE MASTOID AIR CELLS | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69667 | REPAIR MIDDLE EAR STRUCTURES | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69666 | REPAIR MIDDLE EAR STRUCTURES | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69662 | REVISE MIDDLE EAR BONE | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69661 | REVISE MIDDLE EAR BONE | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69660 | REVISE MIDDLE EAR BONE | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 69646 | REVISE MIDDLE EAR & MASTOID | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69645 | REVISE MIDDLE EAR & MASTOID | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69644 | REVISE MIDDLE EAR & MASTOID | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69643 | REVISE MIDDLE EAR & MASTOID | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69642 | REVISE MIDDLE EAR & MASTOID | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69641 | REVISE MIDDLE EAR & MASTOID | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69635 | REPAIR EARDRUM STRUCTURES | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69632 | REBUILD EARDRUM STRUCTURES | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69631 | REPAIR EARDRUM STRUCTURES | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69535 | REMOVE PART OF TEMPORAL BONE | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69530 | EXTENSIVE MASTOID SURGERY | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69511 | EXTENSIVE MASTOID SURGERY | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69505 | REMOVE MASTOID STRUCTURES | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69502 | MASTOIDECTOMY | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69501 | MASTOIDECTOMY | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69450 | EARDRUM REVISION | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 69440 | EXPLORATION OF MIDDLE EAR | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69436 | CREATE EARDRUM OPENING | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69433 | CREATE EARDRUM OPENING | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69424 | REMOVE VENTILATING TUBE | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69421 | INCISION OF EARDRUM | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69420 | INCISION OF EARDRUM | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69320 | REBUILD OUTER EAR CANAL | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69310 | REBUILD OUTER EAR CANAL | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69222 | CLEAN OUT MASTOID CAVITY | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69220 | CLEAN OUT MASTOID CAVITY | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69210 | REMOVE IMPACTED EAR WAX UNI | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69205 | CLEAR OUTER EAR CANAL | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69200 | CLEAR OUTER EAR CANAL | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69155 | EXTENSIVE EAR/NECK SURGERY | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69150 | EXTENSIVE EAR CANAL SURGERY | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69145 | REMOVE EAR CANAL LESION(S) | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 69140 | REMOVE EAR CANAL LESION(S) | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69120 | REMOVAL OF EXTERNAL EAR | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69110 | REMOVE EXTERNAL EAR PARTIAL | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69105 | BIOPSY OF EXTERNAL EAR CANAL | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69100 | BIOPSY OF EXTERNAL EAR | SURGERY - AUDITORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68850 | INJECTION FOR TEAR SAC X-RAY | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68816 | PROBE NL DUCT W/BALLOON | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68815 | PROBE NASOLACRIMAL DUCT | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68811 | PROBE NASOLACRIMAL DUCT | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68801 | DILATE TEAR DUCT OPENING | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68770 | CLOSE TEAR SYSTEM FISTULA | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68750 | CREATE TEAR DUCT DRAIN | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68745 | CREATE TEAR DUCT DRAIN | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68720 | CREATE TEAR SAC DRAIN | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68705 | REVISE TEAR DUCT OPENING | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68700 | REPAIR TEAR DUCTS | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 68550 | REMOVE TEAR GLAND LESION | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68540 | REMOVE TEAR GLAND LESION | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68530 | CLEARANCE OF TEAR DUCT | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68525 | BIOPSY OF TEAR SAC | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68520 | REMOVAL OF TEAR SAC | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68510 | BIOPSY OF TEAR GLAND | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68505 | PARTIAL REMOVAL TEAR GLAND | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68500 | REMOVAL OF TEAR GLAND | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68371 | HARVEST EYE TISSUE ALOGRAFT | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68362 | REVISE EYELID LINING | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68360 | REVISE EYELID LINING | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68340 | SEPARATE EYELID ADHESIONS | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68335 | REVISE/GRAFT EYELID LINING | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68330 | REVISE EYELID LINING | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68328 | REVISE/GRAFT EYELID LINING | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68326 | REVISE/GRAFT EYELID LINING | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 68325 | REVISE/GRAFT EYELID LINING | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68320 | REVISE/GRAFT EYELID LINING | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68200 | TREAT EYELID BY INJECTION | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68040 | TREATMENT OF EYELID LESIONS | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 68020 | INCISE/DRAIN EYELID LINING | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67975 | RECONSTRUCTION OF EYELID | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67974 | RECONSTRUCTION OF EYELID | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67973 | RECONSTRUCTION OF EYELID | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67971 | RECONSTRUCTION OF EYELID | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67966 | REVISION OF EYELID | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67961 | REVISION OF EYELID | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67950 | REVISION OF EYELID | SURGERY - EYE AND OCULAR ADNEX | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 67938 | REMOVE EYELID FOREIGN BODY | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67935 | REPAIR EYELID WOUND | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67930 | REPAIR EYELID WOUND | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67924 | REPAIR EYELID DEFECT | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 67923 | REPAIR EYELID DEFECT | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67922 | REPAIR EYELID DEFECT | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67921 | REPAIR EYELID DEFECT | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67917 | REPAIR EYELID DEFECT | SURGERY - EYE AND OCULAR ADNEX | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 67915 | REPAIR EYELID DEFECT | SURGERY - EYE AND OCULAR ADNEX | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 67914 | REPAIR EYELID DEFECT | SURGERY - EYE AND OCULAR ADNEX | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 67912 | CORRECTION EYELID W/IMPLANT | SURGERY - EYE AND OCULAR ADNEX | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 67909 | REVISE EYELID DEFECT | SURGERY - EYE AND OCULAR ADNEX | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 67908 | REPAIR EYELID DEFECT | SURGERY - EYE AND OCULAR ADNEX | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 67906 | REPAIR EYELID DEFECT | SURGERY - EYE AND OCULAR ADNEX | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 67904 | REPAIR EYELID DEFECT | SURGERY - EYE AND OCULAR ADNEX | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 67903 | REPAIR EYELID DEFECT | SURGERY - EYE AND OCULAR ADNEX | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 67902 | REPAIR EYELID DEFECT | SURGERY - EYE AND OCULAR ADNEX | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 67901 | REPAIR EYELID DEFECT | SURGERY - EYE AND OCULAR ADNEX | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 67900 | REPAIR BROW DEFECT | SURGERY - EYE AND OCULAR ADNEX | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 67882 | REVISION OF EYELID | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 67880 | REVISION OF EYELID | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67875 | CLOSURE OF EYELID BY SUTURE | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67840 | REMOVE EYELID LESION | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67835 | REVISE EYELASHES | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67830 | REVISE EYELASHES | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67808 | REMOVE EYELID LESION(S) | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67805 | REMOVE EYELID LESIONS | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67801 | REMOVE EYELID LESIONS | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67800 | REMOVE EYELID LESION | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67570 | DECOMPRESS OPTIC NERVE | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67560 | REVISE EYE SOCKET IMPLANT | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67550 | INSERT EYE SOCKET IMPLANT | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67515 | INJECT/TREAT EYE SOCKET | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67505 | INJECT/TREAT EYE SOCKET | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67500 | INJECT/TREAT EYE SOCKET | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67450 | EXPLORE/BIOPSY EYE SOCKET | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 67445 | EXPLR/DECOMPRESS EYE SOCKET | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67440 | EXPLORE/DRAIN EYE SOCKET | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67430 | EXPLORE/TREAT EYE SOCKET | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67420 | EXPLORE/TREAT EYE SOCKET | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67415 | ASPIRATION ORBITAL CONTENTS | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67414 | EXPLR/DECOMPRESS EYE SOCKET | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67413 | EXPLORE/TREAT EYE SOCKET | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67412 | EXPLORE/TREAT EYE SOCKET | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67405 | EXPLORE/DRAIN EYE SOCKET | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67400 | EXPLORE/BIOPSY EYE SOCKET | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67399 | UNLISTED PX EXTRAOCULAR MUSC | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 67346 | BIOPSY EYE MUSCLE | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67345 | DESTROY NERVE OF EYE MUSCLE | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67343 | RELEASE EYE TISSUE | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67340 | REVISE EYE MUSCLE ADD-ON | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67334 | REVISE EYE MUSCLE W/SUTURE | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 67332 | REREVISE EYE MUSCLES ADD-ON | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67331 | EYE SURGERY FOLLOW-UP ADD-ON | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67320 | REVISE EYE MUSCLE(S) ADD-ON | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67316 | REVISE TWO EYE MUSCLES | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67314 | REVISE EYE MUSCLE | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67312 | REVISE TWO EYE MUSCLES | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67311 | REVISE EYE MUSCLE | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67255 | REINFORCE/GRAFT EYE WALL | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67250 | REINFORCE EYE WALL | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67229 | TR RETINAL LES PRETERM INF | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67228 | TREATMENT X10SV RETINOPATHY | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67227 | DSTRJ EXTENSIVE RETINOPATHY | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67225 | EYE PHOTODYNAMIC THER ADD-ON | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67221 | OCULAR PHOTODYNAMIC THER | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67220 | TREATMENT OF CHOROID LESION | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67218 | TREATMENT OF RETINAL LESION | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 67210 | TREATMENT OF RETINAL LESION | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67208 | TREATMENT OF RETINAL LESION | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67121 | REMOVE EYE IMPLANT MATERIAL | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67120 | REMOVE EYE IMPLANT MATERIAL | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67115 | RELEASE ENCIRCLING MATERIAL | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67113 | REPAIR RETINAL DETACH CPLX | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67110 | REPAIR DETACHED RETINA | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67108 | REPAIR DETACHED RETINA | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67107 | REPAIR DETACHED RETINA | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67101 | REPAIR DETACHED RETINA CRTX | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67043 | VIT FOR MEMBRANE DISSECT | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67042 | VIT FOR MACULAR HOLE | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67041 | VIT FOR MACULAR PUCKER | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67040 | LASER TREATMENT OF RETINA | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67039 | LASER TREATMENT OF RETINA | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67036 | REMOVAL OF INNER EYE FLUID | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 67031 | LASER SURGERY EYE STRANDS | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67030 | INCISE INNER EYE STRANDS | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67028 | INJECTION EYE DRUG | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67027 | IMPLANT EYE DRUG SYSTEM | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67025 | REPLACE EYE FLUID | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67015 | RELEASE OF EYE FLUID | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67010 | PARTIAL REMOVAL OF EYE FLUID | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 67005 | PARTIAL REMOVAL OF EYE FLUID | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66988 | XCAPSL CTRC RMVL W/ECP | SURGERY-NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66987 | XCAPSL CTRC RMVL CPLX W/ECP | SURGERY-NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66986 | EXCHANGE LENS PROSTHESIS | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66985 | INSERT LENS PROSTHESIS | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66940 | EXTRACTION OF LENS | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66930 | EXTRACTION OF LENS | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66852 | REMOVAL OF LENS MATERIAL | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66850 | REMOVAL OF LENS MATERIAL | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 66840 | REMOVAL OF LENS MATERIAL | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66830 | REMOVAL OF LENS LESION | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66825 | REPOSITION INTRAOCULAR LENS | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66770 | REMOVAL OF INNER EYE LESION | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66762 | REVISION OF IRIS | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66740 | DESTRUCTION CILIARY BODY | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66720 | DESTRUCTION CILIARY BODY | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66711 | ECP CILIARY BODY DESTRUCTION | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66710 | CILIARY TRANSSLERAL THERAPY | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66700 | DESTRUCTION CILIARY BODY | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66682 | REPAIR IRIS & CILIARY BODY | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66680 | REPAIR IRIS & CILIARY BODY | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66635 | REMOVAL OF IRIS | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66630 | REMOVAL OF IRIS | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66625 | REMOVAL OF IRIS | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66605 | REMOVAL OF IRIS | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 66600 | REMOVE IRIS AND LESION | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66505 | INCISION OF IRIS | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66500 | INCISION OF IRIS | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66250 | FOLLOW-UP SURGERY OF EYE | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66225 | REPAIR/GRAFT EYE LESION | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66185 | REVISE AQUEOUS SHUNT EYE | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66184 | REVISION OF AQUEOUS SHUNT | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66183 | INSERT ANT DRAINAGE DEVICE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66180 | AQUEOUS SHUNT EYE W/GRAFT | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66179 | AQUEOUS SHUNT EYE W/O GRAFT | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66172 | INCISION OF EYE | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66170 | GLAUCOMA SURGERY | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66160 | GLAUCOMA SURGERY | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66155 | GLAUCOMA SURGERY | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66150 | GLAUCOMA SURGERY | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66130 | REMOVE EYE LESION | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 66030 | INJECTION TREATMENT OF EYE | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 66020 | INJECTION TREATMENT OF EYE | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65930 | REMOVE BLOOD CLOT FROM EYE | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65920 | REMOVE IMPLANT OF EYE | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65900 | REMOVE EYE LESION | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65880 | INCISE INNER EYE ADHESIONS | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65875 | INCISE INNER EYE ADHESIONS | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65870 | INCISE INNER EYE ADHESIONS | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65865 | INCISE INNER EYE ADHESIONS | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65855 | TRABECULOPLASTY LASER SURG | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65815 | DRAINAGE OF EYE | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65810 | DRAINAGE OF EYE | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65781 | OCULAR RECONST TRANSPLANT | SURGERY - EYE AND OCULAR ADNEX | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 65775 | CORRECTION OF ASTIGMATISM | SURGERY - EYE AND OCULAR ADNEX | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 65772 | CORRECTION OF ASTIGMATISM | SURGERY - EYE AND OCULAR ADNEX | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 65755 | CORNEAL TRANSPLANT | SURGERY - EYE AND OCULAR ADNEX | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 65750 | CORNEAL TRANSPLANT | SURGERY - EYE AND OCULAR ADNEX | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 65600 | REVISION OF CORNEA | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65450 | TREATMENT OF CORNEAL LESION | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65436 | CURETTE/TREAT CORNEA | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65430 | CORNEAL SMEAR | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65426 | REMOVAL OF EYE LESION | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65420 | REMOVAL OF EYE LESION | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65410 | BIOPSY OF CORNEA | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65400 | REMOVAL OF EYE LESION | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65290 | REPAIR OF EYE SOCKET WOUND | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65286 | REPAIR OF EYE WOUND | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65285 | REPAIR OF EYE WOUND | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65280 | REPAIR OF EYE WOUND | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65275 | REPAIR OF EYE WOUND | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65273 | REPAIR OF EYE WOUND | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65272 | REPAIR OF EYE WOUND | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 65270 | REPAIR OF EYE WOUND | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65265 | REMOVE FOREIGN BODY FROM EYE | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65260 | REMOVE FOREIGN BODY FROM EYE | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65235 | REMOVE FOREIGN BODY FROM EYE | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65220 | REMOVE FOREIGN BODY FROM EYE | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65175 | REMOVAL OF OCULAR IMPLANT | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65155 | REINSERT OCULAR IMPLANT | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65150 | REVISE OCULAR IMPLANT | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65140 | ATTACH OCULAR IMPLANT | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65135 | INSERT OCULAR IMPLANT | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65130 | INSERT OCULAR IMPLANT | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65125 | REVISE OCULAR IMPLANT | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65114 | REMOVE EYE/REVISE SOCKET | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65112 | REMOVE EYE/REVISE SOCKET | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65110 | REMOVAL OF EYE | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65105 | REMOVE EYE/ATTACH IMPLANT | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 65103 | REMOVE EYE/INSERT IMPLANT | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65101 | REMOVAL OF EYE | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65093 | REVISE EYE WITH IMPLANT | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65091 | REVISE EYE | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64913 | NRV RPR W/NRV ALGRFT EA ADDL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64912 | NRV RPR W/NRV ALGRFT 1ST | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64911 | NEURORRAPHY W/VEIN AUTOGRAFT | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64910 | NERVE REPAIR W/ALLOGRAFT | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64907 | NERVE PEDICLE TRANSFER | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64905 | NERVE PEDICLE TRANSFER | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64902 | NERVE GRAFT ADD-ON | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64901 | NERVE GRAFT ADD-ON | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64886 | NERVE GRAFT HEAD/NECK GT 4 CM | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64876 | REPAIR NERVE/SHORTEN BONE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64874 | REPAIR & REVISE NERVE ADD-ON | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64872 | SUBSEQUENT REPAIR OF NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 64868 | FUSION OF FACIAL/OTHER NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64866 | FUSION OF FACIAL/OTHER NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64865 | REPAIR OF FACIAL NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64864 | REPAIR OF FACIAL NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64862 | REPAIR OF LOW BACK NERVES | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64861 | REPAIR OF ARM NERVES | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64859 | NERVE SURGERY | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64858 | REPAIR SCIATIC NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64857 | REPAIR ARM/LEG NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64856 | REPAIR/TRANSPOSE NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64840 | REPAIR OF LEG NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64837 | REPAIR NERVE ADD-ON | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64836 | REPAIR OF HAND OR FOOT NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64835 | REPAIR OF HAND OR FOOT NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64834 | REPAIR OF HAND OR FOOT NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64832 | REPAIR NERVE ADD-ON | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 64831 | REPAIR OF DIGIT NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64823 | SYMPATHECTOMY SUPFC PALMAR | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64820 | SYMPATHECTOMY DIGITAL ARTERY | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64802 | SYMPATHECTOMY CERVICAL | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64795 | BIOPSY OF NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64792 | REMOVAL OF NERVE LESION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64790 | REMOVAL OF NERVE LESION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64788 | REMOVE SKIN NERVE LESION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64787 | IMPLANT NERVE END | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64786 | REMOVE SCIATIC NERVE LESION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64784 | REMOVE NERVE LESION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64783 | LIMB NERVE SURGERY ADD-ON | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64782 | REMOVE LIMB NERVE LESION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64778 | DIGIT NERVE SURGERY ADD-ON | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64776 | REMOVE DIGIT NERVE LESION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64774 | REMOVE SKIN NERVE LESION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 64772 | INCISION OF SPINAL NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64771 | SEVER CRANIAL NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64766 | INCISE HIP/THIGH NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64763 | INCISE HIP/THIGH NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64760 | INCISION OF VAGUS NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64755 | INCISION OF STOMACH NERVES | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64746 | INCISE DIAPHRAGM NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64744 | INCISE NERVE BACK OF HEAD | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64742 | INCISION OF FACIAL NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64740 | INCISION OF TONGUE NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64738 | INCISION OF JAW NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64736 | INCISION OF CHIN NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64734 | INCISION OF CHEEK NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64732 | INCISION OF BROW NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64721 | CARPAL TUNNEL SURGERY | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64719 | REVISE ULNAR NERVE AT WRIST | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 64718 | REVISE ULNAR NERVE AT ELBOW | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64716 | REVISION OF CRANIAL NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64714 | REVISE LOW BACK NERVE(S) | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64713 | REVISION OF ARM NERVE(S) | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64712 | REVISION OF SCIATIC NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64708 | REVISE ARM/LEG NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64704 | REVISE HAND/FOOT NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64702 | REVISE FINGER/TOE NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64681 | INJECTION TREATMENT OF NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64680 | INJECTION TREATMENT OF NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64653 | CHEMODENERV ECCRINE GLANDS | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64650 | CHEMODENERV ECCRINE GLANDS | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64647 | CHEMODENERV TRUNK MUSC 6/GT | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64646 | CHEMODENERV TRUNK MUSC 1-5 | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64644 | CHEMODENERV 1 EXTREM 5/GT MUS | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64632 | N BLOCK INJ COMMON DIGIT | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 64630 | INJECTION TREATMENT OF NERVE | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64624 | DSTRJ NULYT AGT GNCLR NRV | SURGERY-NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64620 | INJECTION TREATMENT OF NERVE | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64610 | INJECTION TREATMENT OF NERVE | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64605 | INJECTION TREATMENT OF NERVE | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64600 | INJECTION TREATMENT OF NERVE | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64570 | REMOVE VAGUS N ELTRD | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64569 | REVISE/REPL VAGUS N ELTRD | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64566 | NEUROELTRD STIM POST TIBIAL | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64555 | IMPLANT NEUROELECTRODES | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64553 | IMPLANT NEUROELECTRODES | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64530 | N BLOCK INJ CELIAC PELUS | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64517 | N BLOCK INJ HYPOGAS PLXS | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64505 | N BLOCK SPENOPALATINE GANGL | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64489 | TAP BLOCK BI BY INFUSION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64488 | TAP BLOCK BI INJECTION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 64487 | TAP BLOCK UNI BY INFUSION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64486 | TAP BLOCK UNIL BY INJECTION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64454 | NJX AA&/STRD GNCLR NRV BRNCH | SURGERY-NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64450 | NJX AA&/STRD OTHER PN/BRANCH | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64449 | NJX AA&/STRD LMBR PLEX NFS | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64435 | NJX AA&/STRD PARACRV NRV | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64430 | NJX AA&/STRD PUDENDAL NERVE | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64425 | NJX AA&/STRD II IH NERVES | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64421 | NJX AA&/STRD NTRCOST NRV EA | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64420 | NJX AA&/STRD NTRCOST NRV 1 | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64418 | NJX AA&/STRD SPRSCAP NRV | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64408 | NJX AA&/STRD VAGUS NRV | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64400 | NJX AA&/STRD TRIGEMINAL NRV | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 63746 | REMOVAL OF SPINAL SHUNT | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 63744 | REVISION OF SPINAL SHUNT | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 63741 | INSTALL SPINAL SHUNT | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 63740 | INSTALL SPINAL SHUNT | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 63710 | GRAFT REPAIR OF SPINE DEFECT | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 63709 | REPAIR SPINAL FLUID LEAKAGE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 63707 | REPAIR SPINAL FLUID LEAKAGE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 63706 | REPAIR OF SPINAL HERNIATION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 63704 | REPAIR OF SPINAL HERNIATION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 63702 | REPAIR OF SPINAL HERNIATION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 63700 | REPAIR OF SPINAL HERNIATION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 63621 | SRS SPINAL LESION ADDL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 63620 | SRS SPINAL LESION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 63610 | STIMULATION OF SPINAL CORD | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 63600 | REMOVE SPINAL CORD LESION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 63308 | REMOVE VERTEBRAL BODY ADD-ON | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63307 | REMOV VERT IDRL BDY LMBR/SAC | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63306 | REMOV VERT IDRL BDY THRCLMBR | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63305 | REMOVE VERT IDRL BODY THRC | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 63304 | REMOVE VERT IDRL BODY CRVCL | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63303 | REMOV VERT XDRL BDY LMBR/SAC | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63302 | REMOVE VERT XDRL BODY THRLMB | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63301 | REMOVE VERT XDRL BODY THRC | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63300 | REMOVE VERT XDRL BODY CRVCL | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63295 | REPAIR LAMINECTOMY DEFECT | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63290 | BX/EXC XDRL/IDRL LSN ANY LVL | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63287 | BX/EXC IDRL IMED LESN THRLMB | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63286 | BX/EXC IDRL IMED LESN THRC | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63285 | BX/EXC IDRL IMED LESN CERVL | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63283 | BX/EXC IDRL SPINE LESN SCRL | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63282 | BX/EXC IDRL SPINE LESN LMBR | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63281 | BX/EXC IDRL SPINE LESN THRC | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63280 | BX/EXC IDRL SPINE LESN CRVL | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63278 | BX/EXC XDRL SPINE LESN SCRL | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63277 | BX/EXC XDRL SPINE LESN LMBR | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 63276 | BX/EXC XDRL SPINE LESN THRC | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63275 | BX/EXC XDRL SPINE LESN CRVL | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63273 | EXCISE INTRSPINL LESION SCRL | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63272 | EXCISE INTRSPINL LESION LMBR | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63271 | EXCISE INTRSPINL LESION THRC | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63270 | EXCISE INTRSPINL LESION CRVL | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63268 | EXCISE INTRSPINL LESION SCRL | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63267 | EXCISE INTRSPINL LESION LMBR | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63266 | EXCISE INTRSPINL LESION THRC | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63265 | EXCISE INTRASPINL LESION CRV | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63252 | REVISE SPINE CORD VSL THRLMB | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63251 | REVISE SPINAL CORD VSLS THRC | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63250 | REVISE SPINAL CORD VSLS CRVL | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63200 | RELEASE SPINAL CORD LUMBAR | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63191 | INCISE SPINE ACCESSORY NERVE | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63190 | INCISE SPINE NRV GT 2 SEGMNTS | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 63185 | INCISE SPINE NRV HALF SEGMNT | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63173 | DRAINAGE OF SPINAL CYST | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 63172 | DRAINAGE OF SPINAL CYST | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 63170 | INCISE SPINAL CORD TRACT(S) | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63103 | REMOVE VERTEBRAL BODY ADD-ON | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63102 | REMOVE VERT BODY DCMPRN LMBR | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63101 | REMOVE VERT BODY DCMPRN THRC | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63091 | REMOVE VERTEBRAL BODY ADD-ON | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63090 | REMOVE VERT BODY DCMPRN LMBR | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63088 | REMOVE VERTEBRAL BODY ADD-ON | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63087 | REMOV VERTBR DCMPRN THRCLMBR | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63086 | REMOVE VERTEBRAL BODY ADD-ON | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63085 | REMOVE VERT BODY DCMPRN THRC | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63082 | REMOVE VERTEBRAL BODY ADD-ON | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63081 | REMOVE VERT BODY DCMPRN CRVL | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63078 | SPINE DISK SURGERY THORAX | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 63077 | SPINE DISK SURGERY THORAX | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63076 | NECK SPINE DISK SURGERY | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63075 | NECK SPINE DISK SURGERY | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63066 | DECOMPRESS SPINE CORD ADD-ON | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63064 | DECOMPRESS SPINAL CORD THRC | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63057 | DECOMPRESS SPINE CORD ADD-ON | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63056 | DECOMPRESS SPINAL CORD LMBR | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63055 | DECOMPRESS SPINAL CORD THRC | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63051 | C-LAMINOPLASTY W/GRAFT/PLATE | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63050 | CERVICAL LAMINOPLSTY 2/GT SEG | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63044 | LAMINOTOMY ADDL LUMBAR | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63043 | LAMINOTOMY ADDL CERVICAL | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63042 | LAMINOTOMY SINGLE LUMBAR | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63040 | LAMINOTOMY SINGLE CERVICAL | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63017 | REMOVE SPINE LAMINA GT 2 LMBR | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63016 | REMOVE SPINE LAMINA GT 2 THRC | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 63015 | REMOVE SPINE LAMINA GT 2 CRVCL | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63011 | REMOVE SPINE LAMINA 1/2 SCRL | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63005 | REMOVE SPINE LAMINA 1/2 LMBR | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63003 | REMOVE SPINE LAMINA 1/2 THRC | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 63001 | REMOVE SPINE LAMINA 1/2 CRVL | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 62369 | ANAL SP INF PMP W/REPRG&FILL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62329 | THER SPI PNXR CSF FLUOR/CT | SURGERY-NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62328 | DX LMBR SPI PNXR W/FLUOR/CT | SURGERY-NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62305 | MYELOGRAPHY LUMBAR INJECTION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62304 | MYELOGRAPHY LUMBAR INJECTION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62303 | MYELOGRAPHY LUMBAR INJECTION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62302 | MYELOGRAPHY LUMBAR INJECTION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62294 | INJECTION INTO SPINAL ARTERY | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62284 | INJECTION FOR MYELOGRAM | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62273 | INJECT EPIDURAL PATCH | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62272 | THER SPI PNXR DRG CSF | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 62270 | DX LMBR SPI PNXR | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62269 | NEEDLE BIOPSY SPINAL CORD | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62268 | DRAIN SPINAL CORD CYST | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62267 | INTERDISCAL PERQ ASPIR DX | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62258 | REPLACE BRAIN CAVITY SHUNT | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62256 | REMOVE BRAIN CAVITY SHUNT | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62252 | CSF SHUNT REPROGRAM | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62230 | REPLACE/REVISE BRAIN SHUNT | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62225 | REPLACE/IRRIGATE CATHETER | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62223 | ESTABLISH BRAIN CAVITY SHUNT | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62220 | ESTABLISH BRAIN CAVITY SHUNT | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62201 | BRAIN CAVITY SHUNT W/SCOPE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62200 | ESTABLISH BRAIN CAVITY SHUNT | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62194 | REPLACE/IRRIGATE CATHETER | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62192 | ESTABLISH BRAIN CAVITY SHUNT | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62190 | ESTABLISH BRAIN CAVITY SHUNT | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 62180 | ESTABLISH BRAIN CAVITY SHUNT | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62165 | REMOVE PITUIT TUMOR W/SCOPE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62164 | REMOVE BRAIN TUMOR W/SCOPE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62162 | REMOVE COLLOID CYST W/SCOPE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62161 | DISSECT BRAIN W/SCOPE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62160 | NEUROENDOSCOPY ADD-ON | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62148 | RETR BONE FLAP TO FIX SKULL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62145 | REPAIR OF SKULL & BRAIN | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62121 | INCISE SKULL REPAIR | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62120 | REPAIR SKULL CAVITY LESION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62117 | REDUCTION OF SKULL DEFECT | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62115 | REDUCTION OF SKULL DEFECT | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62100 | REPAIR BRAIN FLUID LEAKAGE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62010 | TREATMENT OF HEAD INJURY | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62005 | TREAT SKULL FRACTURE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 62000 | TREAT SKULL FRACTURE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 61888 | REVISE/REMOVE NEURORECEIVER | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61886 | IMPLANT NEUROSTIM ARRAYS | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61885 | INSRT/REDO NEUROSTIM 1 ARRAY | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61880 | REVISE/REMOVE NEUROELECTRODE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61868 | IMPLANT NEUROELECTRDE ADDL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61867 | IMPLANT NEUROELECTRODE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61863 | IMPLANT NEUROELECTRODE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61860 | IMPLANT NEUROELECTRODES | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61850 | IMPLANT NEUROELECTRODES | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61800 | APPLY SRS HEADFRAME ADD-ON | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61799 | SRS CRAN LES COMPLEX ADDL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61798 | SRS CRANIAL LESION COMPLEX | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61797 | SRS CRAN LES SIMPLE ADDL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61796 | SRS CRANIAL LESION SIMPLE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61791 | TREAT TRIGEMINAL TRACT | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61790 | TREAT TRIGEMINAL NERVE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 61783 | SCAN PROC SPINAL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61782 | SCAN PROC CRANIAL EXTRA | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61781 | SCAN PROC CRANIAL INTRA | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61770 | INCISE SKULL FOR TREATMENT | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61760 | IMPLANT BRAIN ELECTRODES | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61751 | BRAIN BIOPSY W/CT/MR GUIDE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61750 | INCISE SKULL/BRAIN BIOPSY | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61735 | INCISE SKULL/BRAIN SURGERY | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61720 | INCISE SKULL/BRAIN SURGERY | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61711 | FUSION OF SKULL ARTERIES | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61710 | REVISE CIRCULATION TO HEAD | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61708 | REVISE CIRCULATION TO HEAD | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61705 | REVISE CIRCULATION TO HEAD | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61703 | CLAMP NECK ARTERY | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61702 | INNER SKULL VESSEL SURGERY | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61700 | BRAIN ANEURYSM REPR SIMPLE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 61698 | BRAIN ANEURYSM REPR COMPLX | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61697 | BRAIN ANEURYSM REPR COMPLX | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61692 | INTRACRANIAL VESSEL SURGERY | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61690 | INTRACRANIAL VESSEL SURGERY | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61686 | INTRACRANIAL VESSEL SURGERY | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61684 | INTRACRANIAL VESSEL SURGERY | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61682 | INTRACRANIAL VESSEL SURGERY | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61680 | INTRACRANIAL VESSEL SURGERY | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61642 | DILAT IC VSPSM EA DIFF TER | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61641 | DILAT IC VSPSM EA VSL SM TER | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61640 | DILATE IC VASOSPASM INIT | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61635 | INTRACRAN ANGIOPLSTY W/STENT | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61619 | REPAIR DURA | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61618 | REPAIR DURA | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61616 | RESECT/EXCISE LESION SKULL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61615 | RESECT/EXCISE LESION SKULL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 61613 | REMOVE ANEURYSM SINUS | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61611 | TRANSECT ARTERY SINUS | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61608 | RESECT/EXCISE CRANIAL LESION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61607 | RESECT/EXCISE CRANIAL LESION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61606 | RESECT/EXCISE CRANIAL LESION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61605 | RESECT/EXCISE CRANIAL LESION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61601 | RESECT/EXCISE CRANIAL LESION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61600 | RESECT/EXCISE CRANIAL LESION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61598 | TRANSPETROSAL APPROACH/SKULL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61597 | TRANSCONDYLAR APPROACH/SKULL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61596 | TRANSCOCHLEAR APPROACH/SKULL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61595 | TRANSTEMPORAL APPROACH/SKULL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61592 | ORBITOCRANIAL APPROACH/SKULL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61591 | INFRATEMPORAL APPROACH/SKULL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61590 | INFRATEMPORAL APPROACH/SKULL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61586 | RESECT NASOPHARYNX SKULL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 61585 | ORBITOCRANIAL APPROACH/SKULL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61584 | ORBITOCRANIAL APPROACH/SKULL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61583 | CRANIOFACIAL APPROACH SKULL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61582 | CRANIOFACIAL APPROACH SKULL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61581 | CRANIOFACIAL APPROACH SKULL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61580 | CRANIOFACIAL APPROACH SKULL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61576 | SKULL BASE/BRAINSTEM SURGERY | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61575 | SKULL BASE/BRAINSTEM SURGERY | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61571 | INCISE SKULL FOR BRAIN WOUND | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61570 | REMOVE FOREIGN BODY BRAIN | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61567 | INCISION OF BRAIN TISSUE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61566 | REMOVAL OF BRAIN TISSUE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61564 | EXCISION OF SKULL TUMOR | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61563 | EXCISION OF SKULL TUMOR | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61559 | EXCISION OF SKULL/SUTURES | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61558 | EXCISION OF SKULL/SUTURES | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 61557 | INCISE SKULL/SUTURES | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61556 | INCISE SKULL/SUTURES | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61552 | RELEASE OF SKULL SEAMS | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61550 | RELEASE OF SKULL SEAMS | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61548 | REMOVAL OF PITUITARY GLAND | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61546 | REMOVAL OF PITUITARY GLAND | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61545 | EXCISION OF BRAIN TUMOR | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61544 | REMOVE & TREAT BRAIN LESION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61543 | REMOVAL OF BRAIN TISSUE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61541 | INCISION OF BRAIN TISSUE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61540 | REMOVAL OF BRAIN TISSUE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61539 | REMOVAL OF BRAIN TISSUE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61538 | REMOVAL OF BRAIN TISSUE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61537 | REMOVAL OF BRAIN TISSUE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61536 | REMOVAL OF BRAIN LESION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61535 | REMOVE BRAIN ELECTRODES | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 61534 | REMOVAL OF BRAIN LESION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61533 | IMPLANT BRAIN ELECTRODES | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61531 | IMPLANT BRAIN ELECTRODES | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61530 | REMOVAL OF BRAIN LESION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61526 | REMOVAL OF BRAIN LESION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61524 | REMOVAL OF BRAIN LESION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61522 | REMOVAL OF BRAIN ABSCESS | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61521 | REMOVAL OF BRAIN LESION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61520 | REMOVAL OF BRAIN LESION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61519 | REMOVE BRAIN LINING LESION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61518 | REMOVAL OF BRAIN LESION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61070 | BRAIN CANAL SHUNT PROCEDURE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61055 | INJECTION INTO BRAIN CANAL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61050 | REMOVE BRAIN CANAL FLUID | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61026 | INJECTION INTO BRAIN CANAL | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61020 | REMOVE BRAIN CAVITY FLUID | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 61000 | REMOVE CRANIAL CAVITY FLUID | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 60650 | LAPAROSCOPY ADRENALECTOMY | SURGERY - ENDOCRINE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 60605 | REMOVE CAROTID BODY LESION | SURGERY - ENDOCRINE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 60600 | REMOVE CAROTID BODY LESION | SURGERY - ENDOCRINE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 60545 | EXPLORE ADRENAL GLAND | SURGERY - ENDOCRINE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 60540 | EXPLORE ADRENAL GLAND | SURGERY - ENDOCRINE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 60522 | REMOVAL OF THYMUS GLAND | SURGERY - ENDOCRINE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 60521 | REMOVAL OF THYMUS GLAND | SURGERY - ENDOCRINE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 60520 | REMOVAL OF THYMUS GLAND | SURGERY - ENDOCRINE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 60512 | AUTOTRANSPLANT PARATHYROID | SURGERY - ENDOCRINE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 60505 | EXPLORE PARATHYROID GLANDS | SURGERY - ENDOCRINE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 60502 | RE-EXPLORE PARATHYROIDS | SURGERY - ENDOCRINE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 60500 | EXPLORE PARATHYROID GLANDS | SURGERY - ENDOCRINE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 60300 | ASPIR/INJ THYROID CYST | SURGERY - ENDOCRINE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 60281 | REMOVE THYROID DUCT LESION | SURGERY - ENDOCRINE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 60280 | REMOVE THYROID DUCT LESION | SURGERY - ENDOCRINE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 60271 | REMOVAL OF THYROID | SURGERY - ENDOCRINE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 60270 | REMOVAL OF THYROID | SURGERY - ENDOCRINE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 60260 | REPEAT THYROID SURGERY | SURGERY - ENDOCRINE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 60254 | EXTENSIVE THYROID SURGERY | SURGERY - ENDOCRINE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 60252 | REMOVAL OF THYROID | SURGERY - ENDOCRINE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 60240 | REMOVAL OF THYROID | SURGERY - ENDOCRINE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 60225 | PARTIAL REMOVAL OF THYROID | SURGERY - ENDOCRINE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 60220 | PARTIAL REMOVAL OF THYROID | SURGERY - ENDOCRINE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 60212 | PARTIAL THYROID EXCISION | SURGERY - ENDOCRINE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 60210 | PARTIAL THYROID EXCISION | SURGERY - ENDOCRINE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 60200 | REMOVE THYROID LESION | SURGERY - ENDOCRINE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 60100 | BIOPSY OF THYROID | SURGERY - ENDOCRINE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59871 | REMOVE CERCLAGE SUTURE | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59870 | EVACUATE MOLE OF UTERUS | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59830 | TREAT UTERUS INFECTION | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59821 | TREATMENT OF MISCARRIAGE | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 59820 | CARE OF MISCARRIAGE | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59812 | TREATMENT OF MISCARRIAGE | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59622 | ATTEMPTED VBAC AFTER CARE | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59620 | ATTEMPTED VBAC DELIVERY ONLY | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59618 | ATTEMPTED VBAC DELIVERY | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59614 | VBAC CARE AFTER DELIVERY | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59612 | VBAC DELIVERY ONLY | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59610 | VBAC DELIVERY | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59525 | REMOVE UTERUS AFTER CESAREAN | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59515 | CESAREAN DELIVERY | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59514 | CESAREAN DELIVERY ONLY | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59510 | CESAREAN DELIVERY | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59430 | CARE AFTER DELIVERY | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59414 | DELIVER PLACENTA | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59412 | ANTEPARTUM MANIPULATION | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59410 | OBSTETRICAL CARE | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 59409 | OBSTETRICAL CARE | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59400 | OBSTETRICAL CARE | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59350 | REPAIR OF UTERUS | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59325 | REVISION OF CERVIX | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59320 | REVISION OF CERVIX | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59200 | INSERT CERVICAL DILATOR | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59160 | D & C AFTER DELIVERY | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59151 | TREAT ECTOPIC PREGNANCY | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59150 | TREAT ECTOPIC PREGNANCY | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59140 | TREAT ECTOPIC PREGNANCY | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59136 | TREAT ECTOPIC PREGNANCY | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59130 | TREAT ECTOPIC PREGNANCY | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59121 | TREAT ECTOPIC PREGNANCY | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59120 | TREAT ECTOPIC PREGNANCY | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59100 | REMOVE UTERUS LESION | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59076 | FETAL SHUNT PLACEMENT W/US | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 59074 | FETAL FLUID DRAINAGE W/US | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59070 | TRANSABDOM AMNIOINFUS W/US | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59050 | FETAL MONITOR W/REPORT | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59025 | FETAL NON-STRESS TEST | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59020 | FETAL CONTRACT STRESS TEST | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59015 | CHORION BIOPSY | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59012 | FETAL CORD PUNCTURE PRENATAL | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59001 | AMNIOCENTESIS THERAPEUTIC | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59000 | AMNIOCENTESIS DIAGNOSTIC | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58960 | EXPLORATION OF ABDOMEN | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58956 | BSO OMENTECTOMY W/TAH | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58954 | TAH RAD DEBULK/LYMPH REMOVE | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58953 | TAH RAD DISSECT FOR DEBULK | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58952 | RESECT OVARIAN MALIGNANCY | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58951 | RESECT OVARIAN MALIGNANCY | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58950 | RESECT OVARIAN MALIGNANCY | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |

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| ABH of Illinois-Medicaid | 58943 | REMOVAL OF OVARY(S) | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58940 | REMOVAL OF OVARY(S) | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58925 | REMOVAL OF OVARIAN CYST(S) | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58920 | PARTIAL REMOVAL OF OVARY (S) | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58900 | BIOPSY OF OVARY(S) | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58825 | TRANSPOSITION OVARY(S) | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58822 | DRAIN OVARY ABSCESS PERCUT | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58820 | DRAIN OVARY ABSCESS OPEN | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58805 | DRAINAGE OF OVARIAN CYST(S) | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58800 | DRAINAGE OF OVARIAN CYST(S) | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58770 | CREATE NEW TUBAL OPENING | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58740 | ADHESIOLYSIS TUBE OVARY | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58720 | REMOVAL OF OVARY/TUBE(S) | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58700 | REMOVAL OF FALLOPIAN TUBE | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58674 | LAPS ABLTJ UTERINE FIBROIDS | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58673 | LAPAROSCOPY SALPINGOSTOMY | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 58672 | LAPAROSCOPY FIMBRIOPLASTY | SURGERY - FEMALE GENITAL SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 58671 | LAPAROSCOPY TUBAL BLOCK | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58670 | LAPAROSCOPY TUBAL CAUTERY | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58662 | LAPAROSCOPY EXCISE LESIONS | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58661 | LAPAROSCOPY REMOVE ADNEXA | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58660 | LAPAROSCOPY LYSIS | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58615 | OCCLUDE FALLOPIAN TUBE(S) | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58611 | LIGATE OVIDUCT(S) ADD-ON | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58605 | DIVISION OF FALLOPIAN TUBE | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58600 | DIVISION OF FALLOPIAN TUBE | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58575 | LAPS TOT HYST RESJ MAL | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58573 | TLH W/T/O UTERUS OVER 250 G | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58572 | TLH UTERUS OVER 250 G | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58571 | TLH W/T/O 250 G OR LESS | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58570 | TLH UTERUS 250 G OR LESS | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58565 | HYSTEROSCOPY STERILIZATION | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |

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| ABH of Illinois-Medicaid | 58563 | HYSTEROSCOPY ABLATION | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58562 | HYSTEROSCOPY REMOVE FB | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58561 | HYSTEROSCOPY REMOVE MYOMA | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58560 | HYSTEROSCOPY RESECT SEPTUM | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58559 | HYSTEROSCOPY LYSIS | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58558 | HYSTEROSCOPY BIOPSY | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58555 | HYSTEROSCOPY DX SEP PROC | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58554 | LAPARO-VAG HYST W/T/O COMPL | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58553 | LAPARO-VAG HYST COMPLEX | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58552 | LAPARO-VAG HYST INCL T/O | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58550 | LAPARO-ASST VAG HYSTERECTOMY | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58548 | LAP RADICAL HYST | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58546 | LAPARO-MYOMECTOMY COMPLEX | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58545 | LAPAROSCOPIC MYOMECTOMY | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58544 | LSH W/T/O UTERUS ABOVE 250 G | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58543 | LSH UTERUS ABOVE 250 G | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |

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| ABH of Illinois-Medicaid | 58542 | LSH W/T/O UT 250 G OR LESS | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58541 | LSH UTERUS 250 G OR LESS | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58540 | REVISION OF UTERUS | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58520 | REPAIR OF RUPTURED UTERUS | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58410 | SUSPENSION OF UTERUS | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58400 | SUSPENSION OF UTERUS | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58356 | ENDOMETRIAL CRYOABLATION | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58353 | ENDOMETR ABLATE THERMAL | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58346 | INSERT HEYMAN UTERI CAPSULE | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58340 | CATHETER FOR HYSTEROGRAPHY | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58301 | REMOVE INTRAUTERINE DEVICE | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58300 | INSERT INTRAUTERINE DEVICE | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58294 | VAG HYST W/ENTEROCELE COMPL | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58292 | VAG HYST T/O & REPAIR COMPL | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58291 | VAG HYST INCL T/O COMPLEX | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58290 | VAG HYST COMPLEX | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |

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| ABH of Illinois-Medicaid | 58285 | EXTENSIVE HYSTERECTOMY | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58280 | HYSTERECTOMY/REVISE VAGINA | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58275 | HYSTERECTOMY/REVISE VAGINA | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58270 | VAG HYST W/ENTEROCELE REPAIR | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58267 | VAG HYST W/URINARY REPAIR | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58263 | VAG HYST W/T/O & VAG REPAIR | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58262 | VAG HYST INCLUDING T/O | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58260 | VAGINAL HYSTERECTOMY | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58240 | REMOVAL OF PELVIS CONTENTS | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58210 | EXTENSIVE HYSTERECTOMY | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58200 | EXTENSIVE HYSTERECTOMY | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58180 | PARTIAL HYSTERECTOMY | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58152 | TOTAL HYSTERECTOMY | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58150 | TOTAL HYSTERECTOMY | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 58146 | MYOMECTOMY ABDOM COMPLEX | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58145 | MYOMECTOMY VAG METHOD | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 58140 | MYOMECTOMY ABDOM METHOD | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58120 | DILATION AND CURETTAGE | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58110 | BX DONE W/COLPOSCOPY ADD-ON | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 58100 | BIOPSY OF UTERUS LINING | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57800 | DILATION OF CERVICAL CANAL | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57720 | REVISION OF CERVIX | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57700 | REVISION OF CERVIX | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57558 | D&C OF CERVICAL STUMP | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57556 | REMOVE CERVIX REPAIR BOWEL | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57555 | REMOVE CERVIX/REPAIR VAGINA | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57550 | REMOVAL OF RESIDUAL CERVIX | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57545 | REMOVE CERVIX/REPAIR PELVIS | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57540 | REMOVAL OF RESIDUAL CERVIX | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57531 | REMOVAL OF CERVIX RADICAL | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57530 | REMOVAL OF CERVIX | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57522 | CONIZATION OF CERVIX | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 57520 | CONIZATION OF CERVIX | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57513 | LASER SURGERY OF CERVIX | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57511 | CRYOCAUTERY OF CERVIX | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57510 | CAUTERIZATION OF CERVIX | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57505 | ENDOCERVICAL CURETTAGE | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57500 | BIOPSY OF CERVIX | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57461 | CONZ OF CERVIX W/SCOPE LEEP | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57460 | BX OF CERVIX W/SCOPE LEEP | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57456 | ENDOCERV CURETTAGE W/SCOPE | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57455 | BIOPSY OF CERVIX W/SCOPE | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57454 | BX/CURETT OF CERVIX W/SCOPE | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57452 | EXAM OF CERVIX W/SCOPE | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57426 | REVISE PROSTH VAG GRAFT LAP | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57425 | LAPAROSCOPY SURG COLPOPEXY | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57423 | REPAIR PARAVAG DEFECT LAP | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57421 | EXAM/BIOPSY OF VAG W/SCOPE | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 57420 | EXAM OF VAGINA W/SCOPE | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57415 | REMOVE VAGINAL FOREIGN BODY | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57410 | PELVIC EXAMINATION | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57400 | DILATION OF VAGINA | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57335 | REPAIR VAGINA | SURGERY - FEMALE GENITAL SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 57330 | REPAIR BLADDER-VAGINA LESION | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57320 | REPAIR BLADDER-VAGINA LESION | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57311 | REPAIR URETHROVAGINAL LESION | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57310 | REPAIR URETHROVAGINAL LESION | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57308 | FISTULA REPAIR TRANSPERINE | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57307 | FISTULA REPAIR & COLOSTOMY | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57305 | REPAIR RECTUM-VAGINA FISTULA | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57300 | REPAIR RECTUM-VAGINA FISTULA | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57296 | REVISE VAG GRAFT OPEN ABD | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57295 | REVISE VAG GRAFT VIA VAGINA | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57292 | CONSTRUCT VAGINA WITH GRAFT | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. Prior Auth required when related to Gender Reassignment. | |

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| ABH of Illinois-Medicaid | 57291 | CONSTRUCTION OF VAGINA | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. Prior Auth required when related to Gender Reassignment. | |
| ABH of Illinois-Medicaid | 57289 | REPAIR BLADDER & VAGINA | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57288 | REPAIR BLADDER DEFECT | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57287 | REVISE/REMOVE SLING REPAIR | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57285 | REPAIR PARAVAG DEFECT VAG | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57284 | REPAIR PARAVAG DEFECT OPEN | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57283 | COLPOPEXY INTRAPERITONEAL | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57282 | COLPOPEXY EXTRAPERITONEAL | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57280 | SUSPENSION OF VAGINA | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57270 | REPAIR OF BOWEL POUCH | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57268 | REPAIR OF BOWEL BULGE | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57267 | INSERT MESH/PELVIC FLR ADDON | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57265 | CMBN AP COLPRHY W/NTRCL RPR | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57260 | CMBN ANT PST COLPRHY | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57250 | REPAIR RECTUM & VAGINA | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57240 | ANTERIOR COLPORRHAPHY | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 57230 | REPAIR OF URETHRAL LESION | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57220 | REVISION OF URETHRA | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57210 | REPAIR VAGINA/PERINEUM | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57200 | REPAIR OF VAGINA | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57180 | TREAT VAGINAL BLEEDING | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57170 | FITTING OF DIAPHRAGM/CAP | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57160 | INSERT PESSARY/OTHER DEVICE | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57156 | INS VAG BRACHYTX DEVICE | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57150 | TREAT VAGINA INFECTION | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 56606 | BIOPSY OF VULVA/PERINEUM | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 56605 | BIOPSY OF VULVA/PERINEUM | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 56515 | DESTROY VULVA LESION/S COMPL | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 56501 | DESTROY VULVA LESIONS SIM | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 56442 | HYMENOTOMY | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55920 | PLACE NEEDLES PELVIC FOR RT | SURGERY-MALE/FEMALE GENITAL SY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55876 | PLACE RT DEVICE/MARKER PROS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 55875 | TRANSPERI NEEDLE PLACE PROS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55874 | TPRNL PLMT BIODEGRDABL MATRL | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55873 | CRYOABLATE PROSTATE | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55865 | EXTENSIVE PROSTATE SURGERY | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55862 | EXTENSIVE PROSTATE SURGERY | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55860 | SURGICAL EXPOSURE PROSTATE | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55845 | EXTENSIVE PROSTATE SURGERY | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55842 | EXTENSIVE PROSTATE SURGERY | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55840 | EXTENSIVE PROSTATE SURGERY | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55831 | REMOVAL OF PROSTATE | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55821 | REMOVAL OF PROSTATE | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55815 | EXTENSIVE PROSTATE SURGERY | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55812 | EXTENSIVE PROSTATE SURGERY | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55810 | EXTENSIVE PROSTATE SURGERY | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55801 | REMOVAL OF PROSTATE | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55725 | DRAINAGE OF PROSTATE ABSCESS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 55720 | DRAINAGE OF PROSTATE ABSCESS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55680 | REMOVE SPERM POUCH LESION | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55650 | REMOVE SPERM DUCT POUCH | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55550 | LAPARO LIGATE SPERMATIC VEIN | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55540 | REVISE HERNIA & SPERM VEINS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55535 | REVISE SPERMATIC CORD VEINS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55530 | REVISE SPERMATIC CORD VEINS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55520 | REMOVAL OF SPERM CORD LESION | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55500 | REMOVAL OF HYDROCELE | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55400 | REPAIR OF SPERM DUCT | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55300 | PREPARE SPERM DUCT X-RAY | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55250 | REMOVAL OF SPERM DUCT(S) | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. | |
| ABH of Illinois-Medicaid | 55200 | INCISION OF SPERM DUCT | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55180 | REVISION OF SCROTUM | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. Prior Auth required when related to Gender Reassignment. | |
| ABH of Illinois-Medicaid | 55175 | REVISION OF SCROTUM | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55150 | REMOVAL OF SCROTUM | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 55120 | REMOVAL OF SCROTUM LESION | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55110 | EXPLORE SCROTUM | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55100 | DRAINAGE OF SCROTUM ABSCESS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55060 | REPAIR OF HYDROCELE | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55041 | REMOVAL OF HYDROCELES | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55040 | REMOVAL OF HYDROCELE | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 55000 | DRAINAGE OF HYDROCELE | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54865 | EXPLORE EPIDIDYMIS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54861 | REMOVAL OF EPIDIDYMIS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54860 | REMOVAL OF EPIDIDYMIS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54840 | REMOVE EPIDIDYMIS LESION | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54830 | REMOVE EPIDIDYMIS LESION | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54800 | BIOPSY OF EPIDIDYMIS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54692 | LAPAROSCOPY ORCHIOPEXY | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54690 | LAPAROSCOPY ORCHIECTOMY | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. Prior Auth required when related to Gender Reassignment. | |
| ABH of Illinois-Medicaid | 54680 | RELOCATION OF TESTIS(ES) | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 54670 | REPAIR TESTIS INJURY | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54660 | REVISION OF TESTIS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. Prior Auth required when related to Gender Reassignment. | |
| ABH of Illinois-Medicaid | 54650 | ORCHIOPEXY (FOWLER-STEPHENS) | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54640 | ORCHIOPEXY INGUN/SCROT APPR | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54620 | SUSPENSION OF TESTIS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54600 | REDUCE TESTIS TORSION | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54560 | EXPLORATION FOR TESTIS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54550 | EXPLORATION FOR TESTIS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54535 | EXTENSIVE TESTIS SURGERY | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54530 | REMOVAL OF TESTIS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54522 | ORCHIECTOMY PARTIAL | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54520 | REMOVAL OF TESTIS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. Prior Auth required when related to Gender Reassignment. | |
| ABH of Illinois-Medicaid | 54512 | EXCISE LESION TESTIS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54505 | BIOPSY OF TESTIS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54500 | BIOPSY OF TESTIS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54450 | PREPUTIAL STRETCHING | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 54440 | REPAIR OF PENIS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54435 | REVISION OF PENIS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54430 | REVISION OF PENIS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54420 | REVISION OF PENIS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54400 | INSERT SEMI-RIGID PROSTHESIS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54390 | REPAIR PENIS AND BLADDER | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54385 | REPAIR PENIS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54380 | REPAIR PENIS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54360 | PENIS PLASTIC SURGERY | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54336 | REVISE PENIS/URETHRA | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54332 | REVISE PENIS/URETHRA | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54328 | REVISE PENIS/URETHRA | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54326 | RECONSTRUCTION OF URETHRA | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54324 | RECONSTRUCTION OF URETHRA | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54322 | RECONSTRUCTION OF URETHRA | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54318 | RECONSTRUCTION OF URETHRA | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 54316 | RECONSTRUCTION OF URETHRA | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54312 | RECONSTRUCTION OF URETHRA | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54308 | RECONSTRUCTION OF URETHRA | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54304 | REVISION OF PENIS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54300 | REVISION OF PENIS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54231 | DYNAMIC CAVERNOSOMETRY | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54164 | FRENULOTOMY OF PENIS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54163 | REPAIR OF CIRCUMCISION | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54162 | LYSIS PENIL CIRCUMIC LESION | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54161 | CIRCUM 28 DAYS OR OLDER | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54150 | CIRCUMCISION W/REGIONL BLOCK | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54135 | REMOVE PENIS & NODES | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54130 | REMOVE PENIS & NODES | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54125 | REMOVAL OF PENIS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. Prior Auth required when related to Gender Reassignment. | |
| ABH of Illinois-Medicaid | 54120 | PARTIAL REMOVAL OF PENIS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54115 | TREATMENT OF PENIS LESION | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 54112 | TREAT PENIS LESION GRAFT | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54111 | TREAT PENIS LESION GRAFT | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54110 | TREATMENT OF PENIS LESION | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54105 | BIOPSY OF PENIS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54100 | BIOPSY OF PENIS | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54065 | DESTRUCTION PENIS LESION(S) | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54060 | EXCISION OF PENIS LESION(S) | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54057 | LASER SURG PENIS LESION(S) | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54056 | CRYOSURGERY PENIS LESION(S) | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54055 | DESTRUCTION PENIS LESION(S) | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54050 | DESTRUCTION PENIS LESION(S) | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54001 | SLITTING OF PREPUCE | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54000 | SLITTING OF PREPUCE | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53860 | TRANSURETHRAL RF TREATMENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53855 | INSERT PROST URETHRAL STENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53854 | TRURL DSTRJ PRST8 TISS RF WV | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 53852 | PROSTATIC RF THERMOTX | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53850 | PROSTATIC MICROWAVE THERMOTX | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53665 | DILATION OF URETHRA | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53661 | DILATION OF URETHRA | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53660 | DILATION OF URETHRA | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53621 | DILATE URETHRA STRICTURE | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53620 | DILATE URETHRA STRICTURE | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53605 | DILATE URETHRA STRICTURE | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53601 | DILATE URETHRA STRICTURE | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53600 | DILATE URETHRA STRICTURE | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53520 | REPAIR OF URETHRA DEFECT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53515 | REPAIR OF URETHRA INJURY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53510 | REPAIR OF URETHRA INJURY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53505 | REPAIR OF URETHRA INJURY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53502 | REPAIR OF URETHRA INJURY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53500 | URETHRLYS TRANSVAG W/ SCOPE | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 53460 | REVISION OF URETHRA | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53450 | REVISION OF URETHRA | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53449 | REPAIR URO SPHINCTER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53448 | REMOV/REPLC UR SPHINCTR COMP | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53447 | REMOVE/REPLACE UR SPHINCTER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53446 | REMOVE URO SPHINCTER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53445 | INSERT URO/VES NCK SPHINCTER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53444 | INSERT TANDEM CUFF | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53442 | REMOVE/REVISE MALE SLING | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53440 | MALE SLING PROCEDURE | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53431 | RECONSTRUCT URETHRA/BLADDER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53430 | RECONSTRUCTION OF URETHRA | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. Prior Auth required when related to Gender Reassignment. | |
| ABH of Illinois-Medicaid | 53425 | RECONSTRUCT URETHRA STAGE 2 | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53420 | RECONSTRUCT URETHRA STAGE 1 | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53415 | RECONSTRUCTION OF URETHRA | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53410 | RECONSTRUCTION OF URETHRA | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 53405 | REVISE URETHRA STAGE 2 | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53400 | REVISE URETHRA STAGE 1 | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53275 | REPAIR OF URETHRA DEFECT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53270 | REMOVAL OF URETHRA GLAND | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53265 | TREATMENT OF URETHRA LESION | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53260 | TREATMENT OF URETHRA LESION | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53250 | REMOVAL OF URETHRA GLAND | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53240 | SURGERY FOR URETHRA POUCH | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53235 | REMOVAL OF URETHRA LESION | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53230 | REMOVAL OF URETHRA LESION | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53220 | TREATMENT OF URETHRA LESION | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53215 | REMOVAL OF URETHRA | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53210 | REMOVAL OF URETHRA | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53200 | BIOPSY OF URETHRA | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53085 | DRAINAGE OF URINARY LEAKAGE | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53080 | DRAINAGE OF URINARY LEAKAGE | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 53060 | DRAINAGE OF URETHRA ABSCESS | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53040 | DRAINAGE OF URETHRA ABSCESS | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53025 | INCISION OF URETHRA | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53020 | INCISION OF URETHRA | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53010 | INCISION OF URETHRA | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 53000 | INCISION OF URETHRA | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52700 | DRAINAGE OF PROSTATE ABSCESS | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52648 | LASER SURGERY OF PROSTATE | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52640 | RELIEVE BLADDER CONTRACTURE | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52630 | REMOVE PROSTATE REGROWTH | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52601 | PROSTATECTOMY (TURP) | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52356 | CYSTO/URETERO W/LITHOTRIPSY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52355 | CYSTOURETERO W/EXCISE TUMOR | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52354 | CYSTOURETERO W/BIOPSY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52353 | CYSTOURETERO W/LITHOTRIPSY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52352 | CYSTOURETERO W/STONE REMOVE | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 52351 | CYSTOURETERO & OR PYELOSCOPE | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52346 | CYSTOURETERO W/RENAL STRICT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52345 | CYSTO/URETERO W/UP STRICTURE | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52344 | CYSTO/URETERO STRICTURE TX | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52343 | CYSTO W/RENAL STRICTURE TX | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52342 | CYSTO W/UP STRICTURE TX | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52341 | CYSTO W/URETER STRICTURE TX | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52334 | CREATE PASSAGE TO KIDNEY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52332 | CYSTOSCOPY AND TREATMENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52330 | CYSTOSCOPY AND TREATMENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52327 | CYSTOSCOPY INJECT MATERIAL | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52325 | CYSTOSCOPY STONE REMOVAL | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52320 | CYSTOSCOPY AND TREATMENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52318 | REMOVE BLADDER STONE | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52317 | REMOVE BLADDER STONE | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52315 | CYSTOSCOPY AND TREATMENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 52310 | CYSTOSCOPY AND TREATMENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52305 | CYSTOSCOPY AND TREATMENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52301 | CYSTOSCOPY AND TREATMENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52300 | CYSTOSCOPY AND TREATMENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52290 | CYSTOSCOPY AND TREATMENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52285 | CYSTOSCOPY AND TREATMENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52283 | CYSTOSCOPY AND TREATMENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52282 | CYSTOSCOPY IMPLANT STENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52281 | CYSTOSCOPY AND TREATMENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52277 | CYSTOSCOPY AND TREATMENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52276 | CYSTOSCOPY AND TREATMENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52275 | CYSTOSCOPY & REVISE URETHRA | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52270 | CYSTOSCOPY & REVISE URETHRA | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52265 | CYSTOSCOPY AND TREATMENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52260 | CYSTOSCOPY AND TREATMENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52250 | CYSTOSCOPY AND RADIOTRACER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 52240 | CYSTOSCOPY AND TREATMENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52235 | CYSTOSCOPY AND TREATMENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52234 | CYSTOSCOPY AND TREATMENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52224 | CYSTOSCOPY AND TREATMENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52214 | CYSTOSCOPY AND TREATMENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52204 | CYSTOSCOPY W/BIOPSY(S) | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52010 | CYSTOSCOPY & DUCT CATHETER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51992 | LAPARO SLING OPERATION | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51990 | LAPARO URETHRAL SUSPENSION | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51980 | CONSTRUCT BLADDER OPENING | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51960 | REVISION OF BLADDER & BOWEL | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51940 | CORRECTION OF BLADDER DEFECT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51925 | HYSTERECTOMY/BLADDER REPAIR | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51920 | CLOSE BLADDER-UTERUS FISTULA | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51900 | REPAIR BLADDER/VAGINA LESION | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51880 | REPAIR OF BLADDER OPENING | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 51865 | REPAIR OF BLADDER WOUND | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51860 | REPAIR OF BLADDER WOUND | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51845 | REPAIR BLADDER NECK | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51841 | ATTACH BLADDER/URETHRA | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51840 | ATTACH BLADDER/URETHRA | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51820 | REVISION OF URINARY TRACT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51800 | REVISION OF BLADDER/URETHRA | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51798 | US URINE CAPACITY MEASURE | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51797 | INTRAABDOMINAL PRESSURE TEST | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51792 | URINARY REFLEX STUDY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51785 | ANAL/URINARY MUSCLE STUDY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51784 | ANAL/URINARY MUSCLE STUDY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51741 | ELECTRO-UROFLOWMETRY FIRST | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51736 | URINE FLOW MEASUREMENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51729 | CYSTOMETROGRAM W/VP&UP | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51728 | CYSTOMETROGRAM W/VP | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 51727 | CYSTOMETROGRAM W/UP | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51726 | COMPLEX CYSTOMETROGRAM | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51725 | SIMPLE CYSTOMETROGRAM | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51720 | TREATMENT OF BLADDER LESION | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51715 | ENDOSCOPIC INJECTION/IMPLANT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51710 | CHANGE OF BLADDER TUBE | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51705 | CHANGE OF BLADDER TUBE | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51703 | INSERT BLADDER CATH COMPLEX | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51702 | INSERT TEMP BLADDER CATH | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51701 | INSERT BLADDER CATHETER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51700 | IRRIGATION OF BLADDER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51610 | INJECTION FOR BLADDER X-RAY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51605 | PREPARATION FOR BLADDER XRAY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51600 | INJECTION FOR BLADDER X-RAY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51597 | REMOVAL OF PELVIC STRUCTURES | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51596 | REMOVE BLADDER/CREATE POUCH | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 51595 | REMOVE BLADDER/REVISE TRACT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51590 | REMOVE BLADDER/REVISE TRACT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51585 | REMOVAL OF BLADDER & NODES | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51580 | REMOVE BLADDER/REVISE TRACT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51575 | REMOVAL OF BLADDER & NODES | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51570 | REMOVAL OF BLADDER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51565 | REVISE BLADDER & URETER(S) | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51555 | PARTIAL REMOVAL OF BLADDER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51550 | PARTIAL REMOVAL OF BLADDER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51535 | REPAIR OF URETER LESION | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51530 | REMOVAL OF BLADDER LESION | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51525 | REMOVAL OF BLADDER LESION | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51520 | REMOVAL OF BLADDER LESION | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51500 | REMOVAL OF BLADDER CYST | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51102 | DRAIN BL W/CATH INSERTION | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51101 | DRAIN BLADDER BY TROCAR/CATH | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 51100 | DRAIN BLADDER BY NEEDLE | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51080 | DRAINAGE OF BLADDER ABSCESS | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51065 | REMOVE URETER CALCULUS | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51060 | REMOVAL OF URETER STONE | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51050 | REMOVAL OF BLADDER STONE | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51045 | INCISE BLADDER/DRAIN URETER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 51040 | INCISE & DRAIN BLADDER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50980 | URETER ENDOSCOPY & TREATMENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50976 | URETER ENDOSCOPY & TREATMENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50974 | URETER ENDOSCOPY & BIOPSY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50972 | URETER ENDOSCOPY & CATHETER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50970 | URETER ENDOSCOPY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50961 | URETER ENDOSCOPY & TREATMENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50957 | URETER ENDOSCOPY & TREATMENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50955 | URETER ENDOSCOPY & BIOPSY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50953 | ENDOSCOPY OF URETER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 50951 | ENDOSCOPY OF URETER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50948 | LAPARO NEW URETER/BLADDER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50947 | LAPARO NEW URETER/BLADDER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50945 | LAPAROSCOPY URETEROLITHOTOMY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50940 | RELEASE OF URETER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50930 | CLOSURE URETER/BOWEL FISTULA | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50920 | CLOSURE URETER/SKIN FISTULA | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50900 | REPAIR OF URETER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50860 | TRANSPLANT URETER TO SKIN | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50845 | APPENDICO-VESICOSTOMY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50840 | REPLACE URETER BY BOWEL | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50830 | REVISE URINE FLOW | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50825 | CONSTRUCT BOWEL BLADDER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50820 | CONSTRUCT BOWEL BLADDER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50815 | URINE SHUNT TO INTESTINE | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50810 | FUSION OF URETER & BOWEL | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 50800 | IMPLANT URETER IN BOWEL | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50785 | REIMPLANT URETER IN BLADDER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50783 | REIMPLANT URETER IN BLADDER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50782 | REIMPLANT URETER IN BLADDER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50780 | REIMPLANT URETER IN BLADDER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50770 | SPLICING OF URETERS | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50750 | FUSION OF URETER & KIDNEY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50740 | FUSION OF URETER & KIDNEY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50728 | REVISE URETER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50727 | REVISE URETER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50725 | RELEASE/REVISE URETER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50722 | RELEASE OF URETER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50715 | RELEASE OF URETER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50700 | REVISION OF URETER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50690 | INJECTION FOR URETER X-RAY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50688 | CHANGE OF URETER TUBE/STENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 50686 | MEASURE URETER PRESSURE | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50684 | INJECTION FOR URETER X-RAY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50660 | REMOVAL OF URETER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50650 | REMOVAL OF URETER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50630 | REMOVAL OF URETER STONE | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50620 | REMOVAL OF URETER STONE | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50610 | REMOVAL OF URETER STONE | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50605 | INSERT URETERAL SUPPORT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50600 | EXPLORATION OF URETER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50593 | PERC CRYO ABLATE RENAL TUM | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50592 | PERC RF ABLATE RENAL TUMOR | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50590 | FRAGMENTING OF KIDNEY STONE | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50580 | KIDNEY ENDOSCOPY & TREATMENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50576 | KIDNEY ENDOSCOPY & TREATMENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50575 | KIDNEY ENDOSCOPY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50574 | KIDNEY ENDOSCOPY & BIOPSY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 50572 | KIDNEY ENDOSCOPY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50570 | KIDNEY ENDOSCOPY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50562 | RENAL SCOPE W/TUMOR RESECT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50561 | KIDNEY ENDOSCOPY & TREATMENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50557 | KIDNEY ENDOSCOPY & TREATMENT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50555 | KIDNEY ENDOSCOPY & BIOPSY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50553 | KIDNEY ENDOSCOPY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50551 | KIDNEY ENDOSCOPY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50548 | LAPARO REMOVE W/URETER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50547 | LAPARO REMOVAL DONOR KIDNEY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50546 | LAPAROSCOPIC NEPHRECTOMY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50545 | LAPARO RADICAL NEPHRECTOMY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50544 | LAPAROSCOPY PYELOPLASTY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50543 | LAPARO PARTIAL NEPHRECTOMY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50542 | LAPARO ABLATE RENAL MASS | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50541 | LAPARO ABLATE RENAL CYST | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 50540 | REVISION OF HORSESHOE KIDNEY | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50526 | CLOSE NEPHROVISCERAL FISTULA | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50525 | CLOSE NEPHROVISCERAL FISTULA | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50520 | CLOSE KIDNEY-SKIN FISTULA | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50500 | REPAIR OF KIDNEY WOUND | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50437 | DILAT XST TRC NEW ACCESS RCS | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50436 | DILAT XST TRC NDURLGC PX | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50405 | REVISION OF KIDNEY/URETER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50400 | REVISION OF KIDNEY/URETER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50396 | MEASURE KIDNEY PRESSURE | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50391 | INSTLL RX AGNT INTO RNAL TUB | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50390 | DRAINAGE OF KIDNEY LESION | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50389 | REMOVE RENAL TUBE W/FLUORO | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50387 | CHANGE NEPHROURETERAL CATH | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50386 | REMOVE STENT VIA TRANSURETH | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50385 | CHANGE STENT VIA TRANSURETH | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 50384 | REMOVE URETER STENT PERCUT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50382 | CHANGE URETER STENT PERCUT | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50320 | REMOVE KIDNEY LIVING DONOR | SURGERY - URINARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 50300 | REMOVE CADAVER DONOR KIDNEY | SURGERY - URINARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 50236 | REMOVAL OF KIDNEY & URETER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50234 | REMOVAL OF KIDNEY & URETER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50230 | REMOVAL KIDNEY OPEN RADICAL | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50225 | REMOVAL KIDNEY OPEN COMPLEX | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50220 | REMOVE KIDNEY OPEN | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50200 | RENAL BIOPSY PERQ | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49906 | FREE OMENTAL FLAP MICROVASC | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49905 | OMENTAL FLAP INTRA-ABDOM | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49904 | OMENTAL FLAP EXTRA-ABDOM | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49900 | REPAIR OF ABDOMINAL WALL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49651 | LAP ING HERNIA REPAIR RECUR | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49650 | LAP ING HERNIA REPAIR INIT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 49611 | REPAIR UMBILICAL LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49610 | REPAIR UMBILICAL LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49606 | REPAIR UMBILICAL LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49605 | REPAIR UMBILICAL LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49600 | REPAIR UMBILICAL LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49557 | REREPAIR FEM HERNIA BLOCKED | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49555 | REREPAIR FEM HERNIA REDUCE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49553 | RPR FEM HERNIA INIT BLOCKED | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49550 | RPR REM HERNIA INIT REDUCE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49540 | REPAIR LUMBAR HERNIA | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49525 | REPAIR ING HERNIA SLIDING | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49521 | REREPAIR ING HERNIA BLOCKED | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49520 | REREPAIR ING HERNIA REDUCE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49507 | PRP I/HERN INIT BLOCK GT 5 YR | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49505 | PRP I/HERN INIT REDUC GT 5 YR | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49501 | RPR ING HERNIA INIT BLOCKED | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 49500 | RPR ING HERNIA INIT REDUCE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49496 | RPR ING HERNIA BABY BLOCKED | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49495 | RPR ING HERNIA BABY REDUC | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49492 | RPR ING HERN PREMIE BLOCKED | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49491 | RPR HERN PREEMIE REDUC | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49465 | FLUORO EXAM OF G/COLON TUBE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49460 | FIX G/COLON TUBE W/DEVICE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49452 | REPLACE G-J TUBE PERC | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49451 | REPLACE DUOD/JEJ TUBE PERC | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49450 | REPLACE G/C TUBE PERC | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49446 | CHANGE G-TUBE TO G-J PERC | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49442 | PLACE CECOSTOMY TUBE PERC | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49441 | PLACE DUOD/JEJ TUBE PERC | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49440 | PLACE GASTROSTOMY TUBE PERC | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49436 | EMBEDDED IP CATH EXIT-SITE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49435 | INSERT SUBQ EXTEN TO IP CATH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 49429 | REMOVAL OF SHUNT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49428 | LIGATION OF SHUNT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49427 | INJECTION ABDOMINAL SHUNT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49426 | REVISE ABDOMEN-VENOUS SHUNT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49425 | INSERT ABDOMEN-VENOUS DRAIN | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49424 | ASSESS CYST CONTRAST INJECT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49423 | EXCHANGE DRAINAGE CATHETER | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49422 | REMOVE TUNNELED IP CATH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49421 | INS TUN IP CATH FOR DIAL OPN | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49419 | INSERT TUN IP CATH W/PORT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49418 | INSERT TUN IP CATH PERC | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49412 | INS DEVICE FOR RT GUIDE OPEN | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49411 | INS MARK ABD/PEL FOR RT PERQ | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49407 | IMAGE CATH FLUID TRNS/VGNL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49406 | IMAGE CATH FLUID PERI/RETRO | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49405 | IMAGE CATH FLUID COLXN VISC | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 49402 | REMOVE FOREIGN BODY ADBOMEN | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49400 | AIR INJECTION INTO ABDOMEN | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49327 | LAP INS DEVICE FOR RT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49326 | LAP W/OMENTOPEXY ADD-ON | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49325 | LAP REVISION PERM IP CATH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49324 | LAP INSERT TUNNEL IP CATH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49323 | LAPARO DRAIN LYMPHOCELE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49322 | LAPAROSCOPY ASPIRATION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49321 | LAPAROSCOPY BIOPSY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49320 | DIAG LAPARO SEPARATE PROC | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49255 | REMOVAL OF OMENTUM | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49250 | EXCISION OF UMBILICUS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49215 | EXCISE SACRAL SPINE TUMOR | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49180 | BIOPSY ABDOMINAL MASS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49084 | PERITONEAL LAVAGE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49083 | ABD PARACENTESIS W/IMAGING | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 49082 | ABD PARACENTESIS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49062 | DRAIN TO PERITONEAL CAVITY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49060 | DRAIN OPEN RETROPERI ABSCESS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49040 | DRAIN OPEN ABDOM ABSCESS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49020 | DRAINAGE ABDOM ABSCESS OPEN | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49014 | REEXPLORATION PELVIC WOUND | SURGERY-DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49013 | PRPERTL PEL PACK HEMRRG TRMA | SURGERY-DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49010 | EXPLORATION BEHIND ABDOMEN | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49002 | REOPENING OF ABDOMEN | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49000 | EXPLORATION OF ABDOMEN | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 48556 | REMOVAL ALLOGRAFT PANCREAS | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 48554 | TRANSPL ALLOGRAFT PANCREAS | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 48550 | DONOR PANCREATECTOMY | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 48548 | FUSE PANCREAS AND BOWEL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 48547 | DUODENAL EXCLUSION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 48545 | PANCREATORRHAPHY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 48540 | FUSE PANCREAS CYST AND BOWEL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 48520 | FUSE PANCREAS CYST AND BOWEL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 48510 | DRAIN PANCREATIC PSEUDOCYST | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 48500 | SURGERY OF PANCREATIC CYST | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 48400 | INJECTION INTRAOP ADD-ON | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 48160 | PANCREAS REMOVAL/TRANSPLANT | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 48155 | REMOVAL OF PANCREAS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 48154 | PANCREATECTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 48153 | PANCREATECTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 48152 | PANCREATECTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 48150 | PARTIAL REMOVAL OF PANCREAS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 48148 | REMOVAL OF PANCREATIC DUCT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 48146 | PANCREATECTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 48145 | PARTIAL REMOVAL OF PANCREAS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 48140 | PARTIAL REMOVAL OF PANCREAS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 48120 | REMOVAL OF PANCREAS LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 48105 | RESECT/DEBRIDE PANCREAS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 48102 | NEEDLE BIOPSY PANCREAS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 48100 | BIOPSY OF PANCREAS OPEN | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 48020 | REMOVAL OF PANCREATIC STONE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 48001 | PLACEMENT OF DRAIN PANCREAS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 48000 | DRAINAGE OF ABDOMEN | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47900 | SUTURE BILE DUCT INJURY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47801 | PLACEMENT BILE DUCT SUPPORT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47800 | RECONSTRUCTION OF BILE DUCTS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47785 | FUSE BILE DUCTS AND BOWEL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47780 | FUSE BILE DUCTS AND BOWEL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47765 | FUSE LIVER DUCTS & BOWEL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47760 | FUSE BILE DUCTS AND BOWEL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47741 | FUSE GALLBLADDER & BOWEL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47740 | FUSE GALLBLADDER & BOWEL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47721 | FUSE UPPER GI STRUCTURES | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 47720 | FUSE GALLBLADDER & BOWEL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47715 | EXCISION OF BILE DUCT CYST | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47712 | EXCISION OF BILE DUCT TUMOR | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47711 | EXCISION OF BILE DUCT TUMOR | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47701 | BILE DUCT REVISION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47700 | EXPLORATION OF BILE DUCTS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47620 | REMOVAL OF GALLBLADDER | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47612 | REMOVAL OF GALLBLADDER | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47610 | REMOVAL OF GALLBLADDER | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47570 | LAPARO CHOLECYSTOENTEROSTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47564 | LAPARO CHOLECYSTECTOMY/EXPLR | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47563 | LAPARO CHOLECYSTECTOMY/GRAPH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47562 | LAPAROSCOPIC CHOLECYSTECTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47556 | BILIARY ENDOSCOPY THRU SKIN | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47555 | BILIARY ENDOSCOPY THRU SKIN | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47554 | BILIARY ENDOSCOPY THRU SKIN | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 47553 | BILIARY ENDOSCOPY THRU SKIN | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47552 | BILIARY ENDO PERQ DX W/SPECI | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47550 | BILE DUCT ENDOSCOPY ADD-ON | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47490 | INCISION OF GALLBLADDER | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47480 | INCISION OF GALLBLADDER | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47460 | INCISE BILE DUCT SPHINCTER | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47425 | INCISION OF BILE DUCT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47420 | INCISION OF BILE DUCT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47400 | INCISION OF LIVER DUCT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47383 | PERQ ABLTJ LVR CRYOABLATION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47382 | PERCUT ABLATE LIVER RF | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47381 | OPEN ABLATE LIVER TUMOR CRYO | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47380 | OPEN ABLATE LIVER TUMOR RF | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47371 | LAPARO ABLATE LIVER CRYOSURG | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47370 | LAPARO ABLATE LIVER TUMOR RF | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47362 | REPAIR LIVER WOUND | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 47361 | REPAIR LIVER WOUND | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47360 | REPAIR LIVER WOUND | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47350 | REPAIR LIVER WOUND | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47300 | SURGERY FOR LIVER LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47142 | PARTIAL REMOVAL DONOR LIVER | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 47141 | PARTIAL REMOVAL DONOR LIVER | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 47140 | PARTIAL REMOVAL DONOR LIVER | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 47135 | TRANSPLANTATION OF LIVER | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 47133 | REMOVAL OF DONOR LIVER | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 47130 | PARTIAL REMOVAL OF LIVER | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47125 | PARTIAL REMOVAL OF LIVER | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47122 | EXTENSIVE REMOVAL OF LIVER | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47120 | PARTIAL REMOVAL OF LIVER | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47100 | WEDGE BIOPSY OF LIVER | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46948 | INT HRHC TRANAL DARTLZJ 2+ | SURGERY-DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 46947 | HEMORRHOIDOPEXY BY STAPLING | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 46946 | INT HRHC LIG 2+HROID W/O IMG | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46945 | INT HRHC LIG 1 HROID W/O IMG | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46942 | TREATMENT OF ANAL FISSURE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46940 | TREATMENT OF ANAL FISSURE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46930 | DESTROY INTERNAL HEMORRHOIDS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46924 | DESTRUCTION ANAL LESION(S) | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46922 | EXCISION OF ANAL LESION(S) | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46917 | LASER SURGERY ANAL LESIONS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46916 | CRYOSURGERY ANAL LESION(S) | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46910 | DESTRUCTION ANAL LESION(S) | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46900 | DESTRUCTION ANAL LESION(S) | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46761 | REPAIR OF ANAL SPHINCTER | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46760 | REPAIR OF ANAL SPHINCTER | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46754 | REMOVAL OF SUTURE FROM ANUS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46753 | RECONSTRUCTION OF ANUS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46751 | REPAIR OF ANAL SPHINCTER | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 46750 | REPAIR OF ANAL SPHINCTER | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46748 | REPAIR OF CLOACAL ANOMALY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46746 | REPAIR OF CLOACAL ANOMALY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46744 | REPAIR OF CLOACAL ANOMALY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46742 | REPAIR OF IMPERFORATED ANUS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46740 | CONSTRUCTION OF ABSENT ANUS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46735 | CONSTRUCTION OF ABSENT ANUS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46730 | CONSTRUCTION OF ABSENT ANUS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46716 | REP PERF ANOPER/VESTIB FISTU | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46715 | REP PERF ANOPER FISTU | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46712 | REPR PER/VAG POUCH DBL PROC | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46710 | REPR PER/VAG POUCH SNGL PROC | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46707 | REPAIR ANORECTAL FIST W/PLUG | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46706 | REPR OF ANAL FISTULA W/GLUE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46705 | REPAIR OF ANAL STRICTURE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46700 | REPAIR OF ANAL STRICTURE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 46615 | ANOSCOPY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46614 | ANOSCOPY CONTROL BLEEDING | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46612 | ANOSCOPY REMOVE LESIONS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46611 | ANOSCOPY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46610 | ANOSCOPY REMOVE LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46608 | ANOSCOPY REMOVE FOR BODY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46607 | DIAGNOSTIC ANOSCOPY & BIOPSY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46606 | ANOSCOPY AND BIOPSY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46604 | ANOSCOPY AND DILATION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46601 | DIAGNOSTIC ANOSCOPY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46600 | DIAGNOSTIC ANOSCOPY SPX | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46505 | CHEMODENERVATION ANAL MUSC | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46500 | INJECTION INTO HEMORRHOID (S) | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46320 | REMOVAL OF HEMORRHOID CLOT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46288 | REPAIR ANAL FISTULA | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46285 | REMOVE ANAL FIST 2 STAGE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 46280 | REMOVE ANAL FIST COMPLEX | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46275 | REMOVE ANAL FIST INTER | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46270 | REMOVE ANAL FIST SUBQ | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46262 | REMOVE IN/EX HEM GRPS W/FIST | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46261 | REMOVE IN/EX HEM GRPS & FISS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46260 | REMOVE IN/EX HEM GROUPS 2+ | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46258 | REMOVE IN/EX HEM GRP W/FISTU | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46257 | REMOVE IN/EX HEM GRP & FISS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46255 | REMOVE INT/EXT HEM 1 GROUP | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46250 | REMOVE EXT HEM GROUPS 2+ | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46230 | REMOVAL OF ANAL TAGS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46221 | LIGATION OF HEMORRHOID(S) | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46220 | EXCISE ANAL EXT TAG/PAPILLA | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46200 | REMOVAL OF ANAL FISSURE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 46020 | PLACEMENT OF SETON | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45990 | SURG DX EXAM ANORECTAL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 45915 | REMOVE RECTAL OBSTRUCTION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45910 | DILATION OF RECTAL NARROWING | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45905 | DILATION OF ANAL SPHINCTER | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45900 | REDUCTION OF RECTAL PROLAPSE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45825 | REPAIR FISTULA W/COLOSTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45820 | REPAIR RECTOURETHRAL FISTULA | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45805 | REPAIR FISTULA W/COLOSTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45800 | REPAIR RECT/BLADDER FISTULA | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45563 | EXPLORATION/REPAIR OF RECTUM | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45562 | EXPLORATION/REPAIR OF RECTUM | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45560 | REPAIR OF RECTOCELE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45550 | REPAIR RECTUM/REMOVE SIGMOID | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45541 | CORRECT RECTAL PROLAPSE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45540 | CORRECT RECTAL PROLAPSE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45520 | TREATMENT OF RECTAL PROLAPSE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45505 | REPAIR OF RECTUM | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 45500 | REPAIR OF RECTUM | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45499 | LAPAROSCOPE PROC RECTUM | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 45402 | LAP PROCTOPEXY W/SIG RESECT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45400 | LAPAROSCOPIC PROC | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45399 | UNLISTED PROCEDURE COLON | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 45398 | COLONOSCOPY W/BAND LIGATION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45397 | LAP REMOVE RECTUM W/POUCH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45395 | LAP REMOVAL OF RECTUM | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45393 | COLONOSCOPY W/DECOMPRESSION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45392 | COLONOSCOPY W/ENDOSCOPIC FNB | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45391 | COLONOSCOPY W/ENDOSCOPE US | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45390 | COLONOSCOPY W/RESECTION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45389 | COLONOSCOPY W/STENT PLCMT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45388 | COLONOSCOPY W/ABLATION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45386 | COLONOSCOPY W/BALLOON DILAT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45385 | COLONOSCOPY W/LESION REMOVAL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 45384 | COLONOSCOPY W/LESION REMOVAL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45382 | COLONOSCOPY W/CONTROL BLEED | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45381 | COLONOSCOPY SUBMUCOUS NJX | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45380 | COLONOSCOPY AND BIOPSY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45379 | COLONOSCOPY W/FB REMOVAL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45378 | DIAGNOSTIC COLONOSCOPY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45350 | SGMDSC W/BAND LIGATION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45349 | SIGMOIDOSCOPY W/RESECTION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45347 | SIGMOIDOSCOPY W/PLCMT STENT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45346 | SIGMOIDOSCOPY W/ABLATION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45342 | SIGMOIDOSCOPY W/US GUIDE BX | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45341 | SIGMOIDOSCOPY W/ULTRASOUND | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45340 | SIG W/TNDSC BALLOON DILATION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45338 | SIGMOIDOSCOPY W/TUMR REMOVE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45337 | SIGMOIDOSCOPY & DECOMPRESS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45335 | SIGMOIDOSCOPY W/SUBMUC INJ | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 45334 | SIGMOIDOSCOPY FOR BLEEDING | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45333 | SIGMOIDOSCOPY & POLYPECTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45332 | SIGMOIDOSCOPY W/FB REMOVAL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45331 | SIGMOIDOSCOPY AND BIOPSY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45330 | DIAGNOSTIC SIGMOIDOSCOPY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45327 | PROCTOSIGMOIDOSCOPY W/STENT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45321 | PROCTOSIGMOIDOSCOPY VOLVUL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45320 | PROCTOSIGMOIDOSCOPY ABLATE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45317 | PROCTOSIGMOIDOSCOPY BLEED | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45315 | PROCTOSIGMOIDOSCOPY REMOVAL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45309 | PROCTOSIGMOIDOSCOPY REMOVAL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45308 | PROCTOSIGMOIDOSCOPY REMOVAL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45307 | PROCTOSIGMOIDOSCOPY FB | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45305 | PROCTOSIGMOIDOSCOPY W/BX | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45303 | PROCTOSIGMOIDOSCOPY DILATE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45300 | PROCTOSIGMOIDOSCOPY DX | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 45190 | DESTRUCTION RECTAL TUMOR | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45172 | EXC RECT TUM TRANSANAL FULL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45171 | EXC RECT TUM TRANSANAL PART | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45160 | EXCISION OF RECTAL LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45150 | EXCISION OF RECTAL STRICTURE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45136 | EXCISE ILEOANAL RESERVIOR | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45135 | EXCISION OF RECTAL PROLAPSE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45130 | EXCISION OF RECTAL PROLAPSE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45126 | PELVIC EXENTERATION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45123 | PARTIAL PROCTECTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45121 | REMOVAL OF RECTUM AND COLON | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45120 | REMOVAL OF RECTUM | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45119 | REMOVE RECTUM W/RESERVOIR | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45116 | PARTIAL REMOVAL OF RECTUM | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45114 | PARTIAL REMOVAL OF RECTUM | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45113 | PARTIAL PROCTECTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 45112 | REMOVAL OF RECTUM | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45111 | PARTIAL REMOVAL OF RECTUM | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45110 | REMOVAL OF RECTUM | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45100 | BIOPSY OF RECTUM | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45020 | DRAINAGE OF RECTAL ABSCESS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45005 | DRAINAGE OF RECTAL ABSCESS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 45000 | DRAINAGE OF PELVIC ABSCESS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44970 | LAPAROSCOPY APPENDECTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44960 | APPENDECTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44955 | APPENDECTOMY ADD-ON | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44950 | APPENDECTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44850 | REPAIR OF MESENTERY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44820 | EXCISION OF MESENTERY LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44800 | EXCISION OF BOWEL POUCH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44799 | UNLISTED PX SMALL INTESTINE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 44701 | INTRAOP COLON LAVAGE ADD-ON | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 44700 | SUSPEND BOWEL W/PROSTHESIS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44680 | SURGICAL REVISION INTESTINE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44661 | REPAIR BOWEL-BLADDER FISTULA | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44660 | REPAIR BOWEL-BLADDER FISTULA | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44650 | REPAIR BOWEL FISTULA | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44640 | REPAIR BOWEL-SKIN FISTULA | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44626 | REPAIR BOWEL OPENING | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44625 | REPAIR BOWEL OPENING | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44620 | REPAIR BOWEL OPENING | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44615 | INTESTINAL STRICTUROPLASTY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44605 | REPAIR OF BOWEL LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44604 | SUTURE LARGE INTESTINE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44603 | SUTURE SMALL INTESTINE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44602 | SUTURE SMALL INTESTINE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44500 | INTRO GASTROINTESTINAL TUBE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44408 | COLONOSCOPY W/DECOMPRESSION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 44407 | COLONOSCOPY W/NDL ASPIR/BX | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44406 | COLONOSCOPY W/ULTRASOUND | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44405 | COLONOSCOPY W/DILATION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44404 | COLONOSCOPY W/INJECTION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44403 | COLONOSCOPY W/RESECTION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44402 | COLONOSCOPY W/STENT PLCMT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44401 | COLONOSCOPY WITH ABLATION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44394 | COLONOSCOPY W/SNARE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44392 | COLONOSCOPY & POLYPECTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44391 | COLONOSCOPY FOR BLEEDING | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44390 | COLONOSCOPY FOR FOREIGN BODY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44389 | COLONOSCOPY WITH BIOPSY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44388 | COLONOSCOPY THRU STOMA SPX | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44386 | ENDOSCOPY BOWEL POUCH/BIOP | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44385 | ENDOSCOPY OF BOWEL POUCH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44384 | SMALL BOWEL ENDOSCOPY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 44382 | SMALL BOWEL ENDOSCOPY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44381 | SMALL BOWEL ENDOSCOPY BR/WA | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44380 | SMALL BOWEL ENDOSCOPY BR/WA | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44379 | S BOWEL ENDOSCOPE W/STENT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44378 | SMALL BOWEL ENDOSCOPY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44377 | SMALL BOWEL ENDOSCOPY/BIOPSY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44376 | SMALL BOWEL ENDOSCOPY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44373 | SMALL BOWEL ENDOSCOPY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44372 | SMALL BOWEL ENDOSCOPY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44370 | SMALL BOWEL ENDOSCOPY/STENT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44369 | SMALL BOWEL ENDOSCOPY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44366 | SMALL BOWEL ENDOSCOPY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44365 | SMALL BOWEL ENDOSCOPY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44364 | SMALL BOWEL ENDOSCOPY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44363 | SMALL BOWEL ENDOSCOPY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44361 | SMALL BOWEL ENDOSCOPY/BIOPSY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 44360 | SMALL BOWEL ENDOSCOPY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44346 | REVISION OF COLOSTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44345 | REVISION OF COLOSTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44340 | REVISION OF COLOSTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44322 | COLOSTOMY WITH BIOPSIES | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44320 | COLOSTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44316 | DEVISE BOWEL POUCH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44314 | REVISION OF ILEOSTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44312 | REVISION OF ILEOSTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44310 | ILEOSTOMY/JEJUNOSTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44300 | OPEN BOWEL TO SKIN | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44227 | LAP CLOSE ENTEROSTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44213 | LAP MOBIL SPLENIC FL ADD-ON | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44212 | LAPARO TOTAL PROCTOCOLECTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44211 | LAP COLECTOMY W/PROCTECTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44210 | LAPARO TOTAL PROCTOCOLECTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 44208 | L COLECTOMY/COLOPROCTOSTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44207 | L COLECTOMY/COLOPROCTOSTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44206 | LAP PART COLECTOMY W/STOMA | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44205 | LAP COLECTOMY PART W/ILEUM | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44204 | LAPARO PARTIAL COLECTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44203 | LAP RESECT S/INTESTINE ADDL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44202 | LAP ENTERECTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44188 | LAP COLOSTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44187 | LAP ILEO/JEJUNO-STOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44186 | LAP JEJUNOSTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44180 | LAP ENTEROLYSIS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44160 | REMOVAL OF COLON | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44158 | COLECTOMY W/NEO-RECTUM POUCH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44157 | COLECTOMY W/ILEOANAL ANAST | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44156 | REMOVAL OF COLON/ILEOSTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44155 | REMOVAL OF COLON/ILEOSTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 44151 | REMOVAL OF COLON/ILEOSTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44150 | REMOVAL OF COLON | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44147 | PARTIAL REMOVAL OF COLON | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44146 | PARTIAL REMOVAL OF COLON | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44145 | PARTIAL REMOVAL OF COLON | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44144 | PARTIAL REMOVAL OF COLON | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44143 | PARTIAL REMOVAL OF COLON | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44141 | PARTIAL REMOVAL OF COLON | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44140 | PARTIAL REMOVAL OF COLON | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44139 | MOBILIZATION OF COLON | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44137 | REMOVE INTESTINAL ALLOGRAFT | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 44136 | INTESTINE TRANSPLANT LIVE | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 44135 | INTESTINE TRANSPLNT CADAVER | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 44133 | ENTERECTOMY LIVE DONOR | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 44132 | ENTERECTOMY CADAVER DONOR | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 44130 | BOWEL TO BOWEL FUSION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 44128 | ENTERECTOMY CONG ADD-ON | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44127 | ENTERECTOMY W/TAPER CONG | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44126 | ENTERECTOMY W/O TAPER CONG | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44125 | REMOVAL OF SMALL INTESTINE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44121 | REMOVAL OF SMALL INTESTINE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44120 | REMOVAL OF SMALL INTESTINE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44111 | EXCISION OF BOWEL LESION(S) | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44110 | EXCISE INTESTINE LESION(S) | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44100 | BIOPSY OF BOWEL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44055 | CORRECT MALROTATION OF BOWEL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44050 | REDUCE BOWEL OBSTRUCTION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44025 | INCISION OF LARGE BOWEL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44021 | DECOMPRESS SMALL BOWEL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44020 | EXPLORE SMALL INTESTINE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44015 | INSERT NEEDLE CATH BOWEL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 44010 | INCISION OF SMALL BOWEL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 44005 | FREEING OF BOWEL ADHESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43845 | GASTROPLASTY DUODENAL SWITCH | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 43775 | LAP SLEEVE GASTRECTOMY | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 43774 | LAP RMVL GASTR ADJ ALL PARTS | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 43773 | LAP REPLACE GASTR ADJ DEVICE | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 43772 | LAP RMVL GASTR ADJ DEVICE | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 43771 | LAP REVISE GASTR ADJ DEVICE | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 43770 | LAP PLACE GASTR ADJ DEVICE | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 43763 | RPLC GTUBE REVJ GSTRST TRC | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43762 | RPLC GTUBE NO REVJ TRC | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43761 | REPOSITION GASTROSTOMY TUBE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43757 | DX DUOD INTUB W/ASP SPECS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43756 | DX DUOD INTUB W/ASP SPEC | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43755 | DX GASTR INTUB W/ASP SPECS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43754 | DX GASTR INTUB W/ASP SPEC | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43753 | TX GASTRO INTUB W/ASP | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 43752 | NASAL/OROGASTRIC W/TUBE PLMT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43653 | LAPAROSCOPY GASTROSTOMY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43652 | LAPAROSCOPY VAGUS NERVE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43651 | LAPAROSCOPY VAGUS NERVE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43648 | LAP REVISE/REMV ELTRD ANTRUM | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 43647 | LAP IMPL ELECTRODE ANTRUM | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 43645 | LAP GASTR BYPASS INCL SMLL I | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 43644 | LAP GASTRIC BYPASS/ROUX-EN-Y | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 43641 | VAGOTOMY & PYLORUS REPAIR | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43640 | VAGOTOMY & PYLORUS REPAIR | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43635 | REMOVAL OF STOMACH PARTIAL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43634 | REMOVAL OF STOMACH PARTIAL | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 43633 | REMOVAL OF STOMACH PARTIAL | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 43632 | REMOVAL OF STOMACH PARTIAL | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 43631 | REMOVAL OF STOMACH PARTIAL | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 43622 | REMOVAL OF STOMACH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 43621 | REMOVAL OF STOMACH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43620 | REMOVAL OF STOMACH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43611 | EXCISION OF STOMACH LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43610 | EXCISION OF STOMACH LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43605 | BIOPSY OF STOMACH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43520 | INCISION OF PYLORIC MUSCLE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43510 | SURGICAL OPENING OF STOMACH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43502 | SURGICAL REPAIR OF STOMACH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43501 | SURGICAL REPAIR OF STOMACH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43500 | SURGICAL OPENING OF STOMACH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43496 | FREE JEJUNUM FLAP MICROVASC | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43460 | PRESSURE TREATMENT ESOPHAGUS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43453 | DILATE ESOPHAGUS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43450 | DILATE ESOPHAGUS 1/MULT PASS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43425 | REPAIR ESOPHAGUS OPENING | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43420 | REPAIR ESOPHAGUS OPENING | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 43415 | REPAIR ESOPHAGUS WOUND | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43410 | REPAIR ESOPHAGUS WOUND | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43405 | LIGATE/STAPLE ESOPHAGUS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43400 | LIGATE ESOPHAGUS VEINS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43361 | GASTROINTESTINAL REPAIR | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43360 | GASTROINTESTINAL REPAIR | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43352 | SURGICAL OPENING ESOPHAGUS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43351 | SURGICAL OPENING ESOPHAGUS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43341 | FUSE ESOPHAGUS & INTESTINE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43340 | FUSE ESOPHAGUS & INTESTINE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43338 | ESOPH LENGTHENING | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43337 | THORABD DIAPHR HERN REPAIR | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43336 | THORABD DIAPHR HERN REPAIR | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43335 | TRANSTHOR DIAPHRAG HERN RPR | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43334 | TRANSTHOR DIAPHRAG HERN RPR | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43333 | TRANSAB ESOPH HIAT HERN RPR | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 43332 | TRANSAB ESOPH HIAT HERN RPR | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43331 | ESOPHAGOMYOTOMY THORACIC | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43330 | ESOPHAGOMYOTOMY ABDOMINAL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43328 | ESOPH FUNDOPLASTY THOR | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43327 | ESOPH FUNDOPLASTY LAP | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43325 | REVISE ESOPHAGUS & STOMACH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43320 | FUSE ESOPHAGUS & STOMACH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43314 | TRACHEO-ESOPHAGOPLASTY CONG | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43313 | ESOPHAGOPLASTY CONGENITAL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43312 | REPAIR ESOPHAGUS AND FISTULA | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43310 | REPAIR OF ESOPHAGUS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43305 | REPAIR ESOPHAGUS AND FISTULA | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43300 | REPAIR OF ESOPHAGUS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43288 | ESPHG THRSC MOBLJ | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43287 | ESPHG DSTL 2/3 W/LAPS MOBLJ | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43286 | ESPHG TOT W/LAPS MOBLJ | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 43285 | RMVL ESOPHGL SPHNCTR DEV | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43284 | LAPS ESOPHGL SPHNCTR AGMNTJ | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43283 | LAP ESOPH LENGTHENING | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43282 | LAP PARAESOPH HER RPR W/MESH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43281 | LAP PARAESOPHAG HERN REPAIR | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43280 | LAPAROSCOPY FUNDOPLASTY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43279 | LAP MYOTOMY HELLER | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43278 | ERCP LESION ABLATE W/DILATE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43277 | ERCP EA DUCT/AMPULLA DILATE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43276 | ERCP STENT EXCHANGE W/DILATE | 2010 Code Set | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43275 | ERCP REMOVE FORGN BODY DUCT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43274 | ERCP DUCT STENT PLACEMENT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43273 | ENDOSCOPIC PANCREATOSCOPY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43270 | EGD LESION ABLATION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43266 | EGD ENDOSCOPIC STENT PLACE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43265 | ERCP LITHOTRIPSY CALCULI | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 43264 | ERCP REMOVE DUCT CALCULI | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43263 | ERCP SPHINCTER PRESSURE MEAS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43262 | ENDO CHOLANGIOPANCREATOGRAPH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43261 | ENDO CHOLANGIOPANCREATOGRAPH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43260 | ERCP W/SPECIMEN COLLECTION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43259 | EGD US EXAM DUODENUM/JEJUNUM | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43257 | EGD W/THRML TXMNT GERD | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43255 | EGD CONTROL BLEEDING ANY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43254 | EGD ENDO MUCOSAL RESECTION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43253 | EGD US TRANSMURAL INJXN/MARK | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43252 | EGD OPTICAL ENDOMICROSCOPY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43251 | EGD REMOVE LESION SNARE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43250 | EGD CAUTERY TUMOR POLYP | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43249 | ESOPH EGD DILATION LT 30 MM | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43248 | EGD GUIDE WIRE INSERTION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43247 | EGD REMOVE FOREIGN BODY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 43246 | EGD PLACE GASTROSTOMY TUBE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43245 | EGD DILATE STRICTURE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43244 | EGD VARICES LIGATION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43243 | EGD INJECTION VARICES | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43242 | EGD US FINE NEEDLE BX/ASPIR | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43241 | EGD TUBE/CATH INSERTION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43240 | EGD W/TRANSMURAL DRAIN CYST | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43239 | EGD BIOPSY SINGLE/MULTIPLE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43238 | EGD US FINE NEEDLE BX/ASPIR | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43237 | ENDOSCOPIC US EXAM ESOPH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43236 | UPPR GI SCOPE W/SUBMUC INJ | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43235 | EGD DIAGNOSTIC BRUSH WASH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43233 | EGD BALLOON DIL ESOPH30 MM/GT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43232 | ESOPHAGOSCOPY W/US NEEDLE BX | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43231 | ESOPHAGOSCOP ULTRASOUND EXAM | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43229 | ESOPHAGOSCOPY LESION ABLATE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 43227 | ESOPHAGOSCOPY CONTROL BLEED | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43226 | ESOPH ENDOSCOPY DILATION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43220 | ESOPHAGOSCOPY BALLOON LT 30MM | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43217 | ESOPHAGOSCOPY SNARE LES REMV | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43216 | ESOPHAGOSCOPY LESION REMOVAL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43215 | ESOPHAGOSCOPY FLEX REMOVE FB | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43214 | ESOPHAGOSC DILATE BALLOON 30 | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43213 | ESOPHAGOSCOPY RETRO BALLOON | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43212 | ESOPHAGOSCOP STENT PLACEMENT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43211 | ESOPHAGOSCOP MUCOSAL RESECT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43205 | ESOPHAGUS ENDOSCOPY/LIGATION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43204 | ESOPH SCOPE W/SCLEROSIS INJ | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43202 | ESOPHAGOSCOPY FLEX BIOPSY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43201 | ESOPH SCOPE W/SUBMUCOUS INJ | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43200 | ESOPHAGOSCOPY FLEXIBLE BRUSH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43198 | ESOPHAGOSC FLEX TRNSN BIOPSY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 43197 | ESOPHAGOSCOPY FLEX DX BRUSH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43196 | ESOPHAGOSCP GUIDE WIRE DILAT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43195 | ESOPHAGOSCOPY RIGID BALLOON | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43194 | ESOPHAGOSCP RIG TRNSO REM FB | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43193 | ESOPHAGOSCP RIG TRNSO BIOPSY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43192 | ESOPHAGOSCP RIG TRNSO INJECT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43191 | ESOPHAGOSCOPY RIGID TRNSO DX | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43180 | ESOPHAGOSCOPY RIGID TRNSO | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43135 | REMOVAL OF ESOPHAGUS POUCH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43130 | REMOVAL OF ESOPHAGUS POUCH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43124 | REMOVAL OF ESOPHAGUS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43123 | PARTIAL REMOVAL OF ESOPHAGUS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43122 | PARTIAL REMOVAL OF ESOPHAGUS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43121 | PARTIAL REMOVAL OF ESOPHAGUS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43118 | PARTIAL REMOVAL OF ESOPHAGUS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43117 | PARTIAL REMOVAL OF ESOPHAGUS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 43116 | PARTIAL REMOVAL OF ESOPHAGUS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43113 | REMOVAL OF ESOPHAGUS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43112 | ESPHG TOT W/THRCM | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43108 | REMOVAL OF ESOPHAGUS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43107 | REMOVAL OF ESOPHAGUS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43101 | EXCISION OF ESOPHAGUS LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43100 | EXCISION OF ESOPHAGUS LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43020 | INCISION OF ESOPHAGUS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42972 | CONTROL NOSE/THROAT BLEEDING | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42971 | CONTROL NOSE/THROAT BLEEDING | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42970 | CONTROL NOSE/THROAT BLEEDING | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42962 | CONTROL THROAT BLEEDING | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42961 | CONTROL THROAT BLEEDING | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42960 | CONTROL THROAT BLEEDING | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42955 | SURGICAL OPENING OF THROAT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42953 | REPAIR THROAT ESOPHAGUS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 42950 | RECONSTRUCTION OF THROAT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42900 | REPAIR THROAT WOUND | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42894 | REVISION OF PHARYNGEAL WALLS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42892 | REVISION OF PHARYNGEAL WALLS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42870 | EXCISION OF LINGUAL TONSIL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42860 | EXCISION OF TONSIL TAGS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42845 | EXTENSIVE SURGERY OF THROAT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42844 | EXTENSIVE SURGERY OF THROAT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42842 | EXTENSIVE SURGERY OF THROAT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42836 | REMOVAL OF ADENOIDS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42835 | REMOVAL OF ADENOIDS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42831 | REMOVAL OF ADENOIDS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42830 | REMOVAL OF ADENOIDS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42826 | REMOVAL OF TONSILS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42825 | REMOVAL OF TONSILS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42821 | REMOVE TONSILS AND ADENOIDS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 42820 | REMOVE TONSILS AND ADENOIDS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42815 | EXCISION OF NECK CYST | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42810 | EXCISION OF NECK CYST | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42809 | REMOVE PHARYNX FOREIGN BODY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42808 | EXCISE PHARYNX LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42806 | BIOPSY OF UPPER NOSE/THROAT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42804 | BIOPSY OF UPPER NOSE/THROAT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42800 | BIOPSY OF THROAT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42665 | LIGATION OF SALIVARY DUCT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42660 | DILATION OF SALIVARY DUCT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42650 | DILATION OF SALIVARY DUCT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42600 | CLOSURE OF SALIVARY FISTULA | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42550 | INJECTION FOR SALIVARY X-RAY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42510 | PAROTID DUCT DIVERSION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42509 | PAROTID DUCT DIVERSION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42507 | PAROTID DUCT DIVERSION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 42505 | REPAIR SALIVARY DUCT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42500 | REPAIR SALIVARY DUCT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42450 | EXCISE SUBLINGUAL GLAND | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42440 | EXCISE SUBMAXILLARY GLAND | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42426 | EXCISE PAROTID GLAND/LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42425 | EXCISE PAROTID GLAND/LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42420 | EXCISE PAROTID GLAND/LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42415 | EXCISE PAROTID GLAND/LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42410 | EXCISE PAROTID GLAND/LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42409 | DRAINAGE OF SALIVARY CYST | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42408 | EXCISION OF SALIVARY CYST | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42405 | BIOPSY OF SALIVARY GLAND | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42400 | BIOPSY OF SALIVARY GLAND | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42340 | REMOVAL OF SALIVARY STONE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42335 | REMOVAL OF SALIVARY STONE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42330 | REMOVAL OF SALIVARY STONE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 42320 | DRAINAGE OF SALIVARY GLAND | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42310 | DRAINAGE OF SALIVARY GLAND | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42305 | DRAINAGE OF SALIVARY GLAND | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42300 | DRAINAGE OF SALIVARY GLAND | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42281 | INSERTION PALATE PROSTHESIS | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42280 | PREPARATION PALATE MOLD | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42260 | REPAIR NOSE TO LIP FISTULA | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42235 | REPAIR PALATE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42227 | LENGTHENING OF PALATE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42226 | LENGTHENING OF PALATE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42225 | RECONSTRUCT CLEFT PALATE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42220 | RECONSTRUCT CLEFT PALATE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42215 | RECONSTRUCT CLEFT PALATE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42210 | RECONSTRUCT CLEFT PALATE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42205 | RECONSTRUCT CLEFT PALATE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42200 | RECONSTRUCT CLEFT PALATE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 42182 | REPAIR PALATE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42160 | TREATMENT MOUTH ROOF LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42145 | REPAIR PALATE PHARYNX/UVULA | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 42140 | EXCISION OF UVULA | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 42120 | REMOVE PALATE/LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42107 | EXCISION LESION MOUTH ROOF | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42106 | EXCISION LESION MOUTH ROOF | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42104 | EXCISION LESION MOUTH ROOF | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42100 | BIOPSY ROOF OF MOUTH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 42000 | DRAINAGE MOUTH ROOF LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41850 | TREATMENT OF GUM LESION | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 41827 | EXCISION OF GUM LESION | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 41822 | EXCISION OF GUM LESION | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 41821 | EXCISION OF GUM FLAP | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 41820 | EXCISION GUM EACH QUADRANT | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 41806 | REMOVAL FOREIGN BODY JAWBONE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 41805 | REMOVAL FOREIGN BODY GUM | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41800 | DRAINAGE OF GUM LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41530 | TONGUE BASE VOL REDUCTION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41520 | RECONSTRUCTION TONGUE FOLD | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 41512 | TONGUE SUSPENSION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41510 | TONGUE TO LIP SURGERY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41252 | REPAIR TONGUE LACERATION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41251 | REPAIR TONGUE LACERATION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41250 | REPAIR TONGUE LACERATION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41155 | TONGUE JAW & NECK SURGERY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41153 | TONGUE MOUTH NECK SURGERY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41150 | TONGUE MOUTH JAW SURGERY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41145 | TONGUE REMOVAL NECK SURGERY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41140 | REMOVAL OF TONGUE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41135 | TONGUE AND NECK SURGERY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41130 | PARTIAL REMOVAL OF TONGUE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 41120 | PARTIAL REMOVAL OF TONGUE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41116 | EXCISION OF MOUTH LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41115 | EXCISION OF TONGUE FOLD | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 41114 | EXCISION OF TONGUE LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41113 | EXCISION OF TONGUE LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41112 | EXCISION OF TONGUE LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41110 | EXCISION OF TONGUE LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41108 | BIOPSY OF FLOOR OF MOUTH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41105 | BIOPSY OF TONGUE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41100 | BIOPSY OF TONGUE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41019 | PLACE NEEDLES H&N FOR RT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41018 | DRAINAGE OF MOUTH LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41017 | DRAINAGE OF MOUTH LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41016 | DRAINAGE OF MOUTH LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41015 | DRAINAGE OF MOUTH LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41010 | INCISION OF TONGUE FOLD | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 41009 | DRAINAGE OF MOUTH LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41008 | DRAINAGE OF MOUTH LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41007 | DRAINAGE OF MOUTH LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41006 | DRAINAGE OF MOUTH LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41005 | DRAINAGE OF MOUTH LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 41000 | DRAINAGE OF MOUTH LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 40845 | RECONSTRUCTION OF MOUTH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 40844 | RECONSTRUCTION OF MOUTH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 40843 | RECONSTRUCTION OF MOUTH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 40842 | RECONSTRUCTION OF MOUTH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 40840 | RECONSTRUCTION OF MOUTH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 40831 | REPAIR MOUTH LACERATION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 40830 | REPAIR MOUTH LACERATION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 40820 | TREATMENT OF MOUTH LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 40819 | EXCISE LIP OR CHEEK FOLD | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 40818 | EXCISE ORAL MUCOSA FOR GRAFT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 40816 | EXCISION OF MOUTH LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 40814 | EXCISE/REPAIR MOUTH LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 40812 | EXCISE/REPAIR MOUTH LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 40810 | EXCISION OF MOUTH LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 40808 | BIOPSY OF MOUTH LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 40806 | INCISION OF LIP FOLD | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 40805 | REMOVAL FOREIGN BODY MOUTH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 40804 | REMOVAL FOREIGN BODY MOUTH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 40801 | DRAINAGE OF MOUTH LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 40800 | DRAINAGE OF MOUTH LESION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 40761 | REPAIR CLEFT LIP/NASAL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 40720 | REPAIR CLEFT LIP/NASAL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 40702 | REPAIR CLEFT LIP/NASAL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 40701 | REPAIR CLEFT LIP/NASAL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 40700 | REPAIR CLEFT LIP/NASAL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 40530 | PARTIAL REMOVAL OF LIP | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 40527 | RECONSTRUCT LIP WITH FLAP | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 40525 | RECONSTRUCT LIP WITH FLAP | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 40520 | PARTIAL EXCISION OF LIP | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 40510 | PARTIAL EXCISION OF LIP | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 40500 | PARTIAL EXCISION OF LIP | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 40490 | BIOPSY OF LIP | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 39561 | RESECT DIAPHRAGM COMPLEX | SURGERY - MEDIASTINUM AND DIAP | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 39560 | RESECT DIAPHRAGM SIMPLE | SURGERY - MEDIASTINUM AND DIAP | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 39545 | REVISION OF DIAPHRAGM | SURGERY - MEDIASTINUM AND DIAP | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 39541 | REPAIR OF DIAPHRAGM HERNIA | SURGERY - MEDIASTINUM AND DIAP | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 39540 | REPAIR OF DIAPHRAGM HERNIA | SURGERY - MEDIASTINUM AND DIAP | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 39503 | REPAIR OF DIAPHRAGM HERNIA | SURGERY - MEDIASTINUM AND DIAP | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 39501 | REPAIR DIAPHRAGM LACERATION | SURGERY - MEDIASTINUM AND DIAP | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 39220 | RESECT MEDIASTINAL TUMOR | SURGERY - MEDIASTINUM AND DIAP | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 39200 | RESECT MEDIASTINAL CYST | SURGERY - MEDIASTINUM AND DIAP | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 39010 | EXPLORATION OF CHEST | SURGERY - MEDIASTINUM AND DIAP | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 39000 | EXPLORATION OF CHEST | SURGERY - MEDIASTINUM AND DIAP | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38900 | IO MAP OF SENT LYMPH NODE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38794 | ACCESS THORACIC LYMPH DUCT | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38792 | RA TRACER ID OF SENTINL NODE | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38790 | INJECT FOR LYMPHATIC X-RAY | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38780 | REMOVE ABDOMEN LYMPH NODES | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38770 | REMOVE PELVIS LYMPH NODES | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38765 | REMOVE GROIN LYMPH NODES | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38760 | REMOVE GROIN LYMPH NODES | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38747 | REMOVE ABDOMINAL LYMPH NODES | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38746 | REMOVE THORACIC LYMPH NODES | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38745 | REMOVE ARMPIT LYMPH NODES | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38740 | REMOVE ARMPIT LYMPH NODES | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38724 | REMOVAL OF LYMPH NODES NECK | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38720 | REMOVAL OF LYMPH NODES NECK | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38700 | REMOVAL OF LYMPH NODES NECK | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 38573 | LAPS PELVIC LYMPHADEC | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38572 | LAPAROSCOPY LYMPHADENECTOMY | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38571 | LAPAROSCOPY LYMPHADENECTOMY | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38570 | LAPAROSCOPY LYMPH NODE BIOP | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38564 | REMOVAL ABDOMEN LYMPH NODES | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38562 | REMOVAL PELVIC LYMPH NODES | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38555 | REMOVAL NECK/ARMPIT LESION | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38550 | REMOVAL NECK/ARMPIT LESION | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38542 | EXPLORE DEEP NODE(S) NECK | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38531 | OPEN BX/EXC INGUINOFEM NODES | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38530 | BIOPSY/REMOVAL LYMPH NODES | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38525 | BIOPSY/REMOVAL LYMPH NODES | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38520 | BIOPSY/REMOVAL LYMPH NODES | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38510 | BIOPSY/REMOVAL LYMPH NODES | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38505 | NEEDLE BIOPSY LYMPH NODES | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38500 | BIOPSY/REMOVAL LYMPH NODES | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 38382 | THORACIC DUCT PROCEDURE | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38381 | THORACIC DUCT PROCEDURE | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38380 | THORACIC DUCT PROCEDURE | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38308 | INCISION OF LYMPH CHANNELS | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38305 | DRAINAGE LYMPH NODE LESION | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38300 | DRAINAGE LYMPH NODE LESION | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38232 | BONE MARROW HARVEST AUTOLOG | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 38230 | BONE MARROW HARVEST ALLOGEN | SURGERY - HEMIC AND LYMPHATIC | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 38222 | DX BONE MARROW BX & ASPIR | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38221 | DX BONE MARROW BIOPSIES | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38206 | HARVEST AUTO STEM CELLS | SURGERY - HEMIC AND LYMPHATIC | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 38200 | INJECTION FOR SPLEEN X-RAY | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38120 | LAPAROSCOPY SPLENECTOMY | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38115 | REPAIR OF RUPTURED SPLEEN | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38102 | REMOVAL OF SPLEEN TOTAL | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 38101 | REMOVAL OF SPLEEN PARTIAL | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 38100 | REMOVAL OF SPLEEN TOTAL | SURGERY - HEMIC AND LYMPHATIC | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37790 | PENILE VENOUS OCCLUSION | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37788 | REVASCULARIZATION PENIS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37785 | LIGATE/DIVIDE/EXCISE VEIN | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 37780 | REVISION OF LEG VEIN | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 37766 | PHLEB VEINS - EXTREM 20+ | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 37765 | STAB PHLEB VEINS XTR 10-20 | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 37761 | LIGATE LEG VEINS OPEN | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 37619 | LIGATION OF INF VENA CAVA | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37249 | TRLUML BALO ANGIOP ADDL VEIN | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37248 | TRLUML BALO ANGIOP 1ST VEIN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37247 | TRLUML BALO ANGIOP ADDL ART | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37246 | TRLUML BALO ANGIOP 1ST ART | 2010 Code Set | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37244 | VASC EMBOLIZE/OCCLUDE BLEED | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37243 | VASC EMBOLIZE/OCCLUDE ORGAN | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37242 | VASC EMBOLIZE/OCCLUDE ARTERY | 2010 Code Set | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 37241 | VASC EMBOLIZE/OCCLUDE VENOUS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37239 | OPEN/PERQ PLACE STENT EA ADD | 2010 Code Set | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37238 | OPEN/PERQ PLACE STENT SAME | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37237 | OPEN/PERQ PLACE STENT EA ADD | 2010 Code Set | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37236 | OPEN/PERQ PLACE STENT 1ST | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37218 | STENT PLACEMT ANTE CAROTID | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37217 | STENT PLACEMT RETRO CAROTID | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37216 | TRANSCATH STENT CCA W/O EPS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37215 | TRANSCATH STENT CCA W/EPS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37200 | TRANSCATHETER BIOPSY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37195 | THROMBOLYTIC THERAPY STROKE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37193 | REM ENDOVAS VENA CAVA FILTER | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37192 | REDO ENDOVAS VENA CAVA FILTR | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37191 | INS ENDOVAS VENA CAVA FILTR | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37188 | VEN MECHNL THRMBC REPEAT TX | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37187 | VENOUS MECH THROMBECTOMY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 37186 | SEC ART THROMBECTOMY ADD-ON | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37185 | PRIM ART M-THRMBC SBSQ VSL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37184 | PRIM ART M-THRMBC 1ST VSL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37182 | INSERT HEPATIC SHUNT (TIPS) | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37181 | SPLICE SPLEEN/KIDNEY VEINS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37180 | REVISION OF CIRCULATION | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37160 | REVISION OF CIRCULATION | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37145 | REVISION OF CIRCULATION | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37140 | REVISION OF CIRCULATION | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36909 | DIALYSIS CIRCUIT EMBOLJ | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36908 | STENT PLMT CTR DIALYSIS SEG | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36907 | BALO ANGIOP CTR DIALYSIS SEG | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36906 | THRMBC/NFS DIALYSIS CIRCUIT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36905 | THRMBC/NFS DIALYSIS CIRCUIT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36904 | THRMBC/NFS DIALYSIS CIRCUIT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36903 | INTRO CATH DIALYSIS CIRCUIT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 36902 | INTRO CATH DIALYSIS CIRCUIT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36901 | INTRO CATH DIALYSIS CIRCUIT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36861 | CANNULA DECLOTTING | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36860 | EXTERNAL CANNULA DECLOTTING | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36838 | DIST REVAS LIGATION HEMO | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36833 | AV FISTULA REVISION | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36832 | AV FISTULA REVISION OPEN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36831 | OPEN THROMBECT AV FISTULA | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36830 | ARTERY-VEIN NONAUTOGRAFT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36825 | ARTERY-VEIN AUTOGRAFT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36823 | INSERTION OF CANNULA(S) | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36821 | AV FUSION DIRECT ANY SITE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36820 | AV FUSION/FOREARM VEIN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36819 | AV FUSE UPPR ARM BASILIC | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36818 | AV FUSE UPPR ARM CEPHALIC | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36815 | INSERTION OF CANNULA | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 36810 | INSERTION OF CANNULA | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36800 | INSERTION OF CANNULA | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36680 | INSERT NEEDLE BONE CAVITY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36660 | INSERTION CATHETER ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36640 | INSERTION CATHETER ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36625 | INSERTION CATHETER ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36620 | INSERTION CATHETER ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36598 | INJ W/FLUOR EVAL CV DEVICE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36597 | REPOSITION VENOUS CATHETER | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36596 | MECH REMOV TUNNELED CV CATH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36595 | MECH REMOV TUNNELED CV CATH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36593 | DECLOT VASCULAR DEVICE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36590 | REMOVAL TUNNELED CV CATH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36589 | REMOVAL TUNNELED CV CATH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36585 | REPLACE PICVAD CATH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36584 | COMPL RPLCMT PICC RS&I | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 36583 | REPLACE TUNNELED CV CATH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36582 | REPLACE TUNNELED CV CATH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36581 | REPLACE TUNNELED CV CATH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36580 | REPLACE CVAD CATH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36578 | REPLACE TUNNELED CV CATH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36576 | REPAIR TUNNELED CV CATH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36575 | REPAIR TUNNELED CV CATH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36573 | INSJ PICC RS&I 5 YR+ | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36572 | INSJ PICC RS&I LT 5 YR | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36571 | INSERT PICVAD CATH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36570 | INSERT PICVAD CATH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36569 | INSJ PICC 5 YR+ W/O IMAGING | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36568 | INSJ PICC LT 5 YR W/O IMAGING | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36566 | INSERT TUNNELED CV CATH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36565 | INSERT TUNNELED CV CATH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36563 | INSERT TUNNELED CV CATH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 36561 | INSERT TUNNELED CV CATH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36560 | INSERT TUNNELED CV CATH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36558 | INSERT TUNNELED CV CATH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36557 | INSERT TUNNELED CV CATH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36556 | INSERT NON-TUNNEL CV CATH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36555 | INSERT NON-TUNNEL CV CATH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36522 | PHOTOPHERESIS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36514 | APHERESIS PLASMA | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36513 | APHERESIS PLATELETS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36512 | APHERESIS RBC | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36511 | APHERESIS WBC | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36510 | INSERTION OF CATHETER VEIN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36500 | INSERTION OF CATHETER VEIN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36483 | ENDOVEN THER CHEM ADHES SBSQ | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 36482 | ENDOVEN THER CHEM ADHES 1ST | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 36481 | INSERTION OF CATHETER VEIN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 36479 | ENDOVENOUS LASER VEIN ADDON | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 36478 | ENDOVENOUS LASER 1ST VEIN | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 36476 | ENDOVENOUS RF VEIN ADD-ON | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 36475 | ENDOVENOUS RF 1ST VEIN | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 36474 | ENDOVENOUS MCHNCHEM ADD-ON | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 36473 | ENDOVENOUS MCHNCHEM 1ST VEIN | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 36471 | NJX SCLRSNT MLT INCMPTNT VN | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 36470 | NJX SCLRSNT 1 INCMPTNT VEIN | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 36466 | NJX NONCMPND SCLRSNT MLT VN | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 36465 | NJX NONCMPND SCLRSNT 1 VEIN | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 36456 | PRTL EXCHANGE TRANSFUSE NB | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36262 | REMOVAL OF INFUSION PUMP | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36261 | REVISION OF INFUSION PUMP | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36260 | INSERTION OF INFUSION PUMP | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36254 | INS CATH REN ART 2ND+ BILAT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36253 | INS CATH REN ART 2ND+ UNILAT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 36252 | INS CATH REN ART 1ST BILAT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36251 | INS CATH REN ART 1ST UNILAT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36248 | INS CATH ABD/L-EXT ART ADDL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36247 | INS CATH ABD/L-EXT ART 3RD | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36246 | INS CATH ABD/L-EXT ART 2ND | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36245 | INS CATH ABD/L-EXT ART 1ST | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36218 | PLACE CATHETER IN ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36217 | PLACE CATHETER IN ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36216 | PLACE CATHETER IN ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36215 | PLACE CATHETER IN ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36200 | PLACE CATHETER IN AORTA | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36160 | ESTABLISH ACCESS TO AORTA | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36140 | INTRO NDL ICATH UPR/LXTR ART | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36100 | ESTABLISH ACCESS TO ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36015 | PLACE CATHETER IN ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36014 | PLACE CATHETER IN ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 36013 | PLACE CATHETER IN ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36012 | PLACE CATHETER IN VEIN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36011 | PLACE CATHETER IN VEIN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36005 | INJECTION EXT VENOGRAPHY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36002 | PSEUDOANEURYSM INJECTION TRT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35907 | EXCISION GRAFT ABDOMEN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35905 | EXCISION GRAFT THORAX | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35903 | EXCISION GRAFT EXTREMITY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35901 | EXCISION GRAFT NECK | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35881 | REVISE GRAFT W/VEIN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35879 | REVISE GRAFT W/VEIN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35876 | REMOVAL OF CLOT IN GRAFT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35875 | REMOVAL OF CLOT IN GRAFT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35870 | REPAIR VESSEL GRAFT DEFECT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35860 | EXPLORE LIMB VESSELS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35840 | EXPLORE ABDOMINAL VESSELS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 35820 | EXPLORE CHEST VESSELS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35800 | EXPLORE NECK VESSELS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35703 | EXPL N/FLWD SURG LXTR ART | SURGERY-CARDIOVASCULAR SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35702 | EXPL N/FLWD SURG UXTR ART | SURGERY-CARDIOVASCULAR SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35701 | EXPL N/FLWD SURG NECK ART | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35700 | REOPERATION BYPASS GRAFT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35697 | REIMPLANT ARTERY EACH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35695 | ART TRNSPOSJ CAROTID SUBCLAV | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35694 | ART TRNSPOSJ SUBCLAV CAROTID | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35693 | ART TRNSPOSJ SUBCLAVIAN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35691 | ART TRNSPOSJ VERTBRL CAROTID | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35686 | BYPASS GRAFT/AV FIST PATENCY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35685 | BYPASS GRAFT PATENCY/PATCH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35683 | COMPOSITE BYP GRFT 3/GT SEGMT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35682 | COMPOSITE BYP GRFT 2 VEINS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35681 | COMPOSITE BYP GRFT PROS&VEIN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 35587 | VEIN BYP POP-TIBL PERONEAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35585 | VEIN BYP FEM-TIBIAL PERONEAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35583 | VEIN BYP GRFT FEM-POPLITEAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35572 | HARVEST FEMOROPOPLITEAL VEIN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35571 | ART BYP POP-TIBL-PRL-OTHER | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35570 | ART BYP TIBIAL-TIB/PERONEAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35566 | ART BYP FEM-ANT-POST TIB/PRL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35565 | ART BYP GRFT ILIOFEMORAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35563 | ART BYP GRFT ILIOILIAC | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35560 | ART BYP GRFT AORTORENAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35558 | ART BYP GRFT FEM-FEMORAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35556 | ART BYP GRFT FEM-POPLITEAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35540 | ART BYP GRFT AORTBIFEMORAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35539 | ART BYP GRFT AORTOFEMORAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35538 | ART BYP GRFT AORTOBI-ILIAC | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35537 | ART BYP GRFT AORTOILIAC | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 35536 | ART BYP GRFT SPLENORENAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35535 | ART BYP GRFT HEPATORENAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35533 | ART BYP GRFT AXILL/FEM/FEM | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35531 | ART BYP GRFT AORCEL/AORMESEN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35526 | ART BYP GRFT AOR/CAROT/INNOM | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35525 | ART BYP GRFT BRACHIAL-BRCHL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35523 | ART BYP GRFT BRCHL-ULNR-RDL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35522 | ART BYP GRFT AXILL-BRACHIAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35521 | ART BYP GRFT AXILL-FEMORAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35518 | ART BYP GRFT AXILLARY-AXILRY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35516 | ART BYP GRFT SUBCLAV-AXILARY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35515 | ART BYP GRFT SUBCLAV-VERTBRL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35512 | ART BYP GRFT SUBCLAV-BRCHIAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35511 | ART BYP GRFT SUBCLAV-SUBCLAV | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35510 | ART BYP GRFT CAROTID-BRCHIAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35509 | ART BYP GRFT CONTRAL CAROTID | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 35508 | ART BYP GRFT CAROTID-VERTBRL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35506 | ART BYP GRFT SUBCLAV-CAROTID | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35501 | ART BYP GRFT IPSILAT CAROTID | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35500 | HARVEST VEIN FOR BYPASS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35400 | ANGIOSCOPY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35390 | REOPERATION CAROTID ADD-ON | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35372 | RECHANNELING OF ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35371 | RECHANNELING OF ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35363 | RECHANNELING OF ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35361 | RECHANNELING OF ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35355 | RECHANNELING OF ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35351 | RECHANNELING OF ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35341 | RECHANNELING OF ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35331 | RECHANNELING OF ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35321 | RECHANNELING OF ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35311 | RECHANNELING OF ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 35306 | RECHANNELING OF ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35305 | RECHANNELING OF ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35304 | RECHANNELING OF ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35303 | RECHANNELING OF ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35302 | RECHANNELING OF ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35301 | RECHANNELING OF ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35152 | REPAIR RUPTD POPLITEAL ART | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35151 | REPAIR DEFECT OF ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35142 | REPAIR ARTERY RUPTURE THIGH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35141 | REPAIR DEFECT OF ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35132 | REPAIR ARTERY RUPTURE GROIN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35131 | REPAIR DEFECT OF ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35122 | REPAIR ARTERY RUPTURE BELLY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35121 | REPAIR DEFECT OF ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35112 | REPAIR ARTERY RUPTURE SPLEEN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35111 | REPAIR DEFECT OF ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 35103 | REPAIR ARTERY RUPTURE AORTA | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35102 | REPAIR DEFECT OF ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35092 | REPAIR ARTERY RUPTURE AORTA | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35091 | REPAIR DEFECT OF ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35082 | REPAIR ARTERY RUPTURE AORTA | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35081 | REPAIR DEFECT OF ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35045 | REPAIR DEFECT OF ARM ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35022 | REPAIR ARTERY RUPTURE CHEST | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35021 | REPAIR DEFECT OF ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35013 | REPAIR ARTERY RUPTURE ARM | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35011 | REPAIR DEFECT OF ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35005 | REPAIR DEFECT OF ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35002 | REPAIR ARTERY RUPTURE NECK | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 35001 | REPAIR DEFECT OF ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34848 | VISC & INFRAREN ABD 4+ PROST | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34847 | VISC & INFRAREN ABD 3 PROSTH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 34846 | VISC & INFRAREN ABD 2 PROSTH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34845 | VISC & INFRAREN ABD 1 PROSTH | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34844 | ENDOVASC VISC AORTA 4 GRAFT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34843 | ENDOVASC VISC AORTA 3 GRAFT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34842 | ENDOVASC VISC AORTA 2 GRAFT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34841 | ENDOVASC VISC AORTA 1 GRAFT | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34834 | OPN BRACH ART EXPOS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34833 | OPN ILAC ART EXPOS CNDT CRTJ | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34832 | OPEN AORTOFEMOR PROSTH REPR | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34831 | OPEN AORTOILIAC PROSTH REPR | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34830 | OPEN AORTIC TUBE PROSTH REPR | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34820 | OPN ILIAC ART EXPOS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34813 | FEMORAL ENDOVAS GRAFT ADD-ON | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34812 | OPN FEM ART EXPOS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34808 | ENDOVAS ILIAC A DEVICE ADDON | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34718 | EVASC RPR N/A A-ILIAC NDGFT | SURGERY-CARDIOVASCULAR SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 34717 | EVASC RPR A-ILIAC NDGFT | SURGERY-CARDIOVASCULAR SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34716 | OPN AX/SUBCLA ART EXPOS CNDT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34715 | OPN AX/SUBCLA ART EXPOS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34714 | OPN FEM ART EXPOS CNDT CRTJ | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34713 | PERQ ACCESS & CLSR FEM ART | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34712 | TCAT DLVR ENHNCD FIXJ DEV | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34711 | DLYD PLMT XTN PROSTH EA ADDL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34710 | DLYD PLMT XTN PROSTH 1ST VSL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34709 | PLMT XTN PROSTH EVASC RPR | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34708 | EVASC RPR ILIO-ILIAC RPT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34707 | EVASC RPR ILIO-ILIAC NDGFT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34706 | EVASC RPR A-BIILIAC RPT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34705 | EVAC RPR A-BIILIAC NDGFT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34704 | EVASC RPR A-UNILAC NDGFT RPT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34703 | EVASC RPR A-UNILAC NDGFT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34702 | EVASC RPR A-AO NDGFT RPT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 34701 | EVASC RPR A-AO NDGFT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34530 | LEG VEIN FUSION | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34520 | CROSS-OVER VEIN GRAFT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34510 | TRANSPOSITION OF VEIN VALVE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34502 | RECONSTRUCT VENA CAVA | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34501 | REPAIR VALVE FEMORAL VEIN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34490 | REMOVAL OF VEIN CLOT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34471 | REMOVAL OF VEIN CLOT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34451 | REMOVAL OF VEIN CLOT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34421 | REMOVAL OF VEIN CLOT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34401 | REMOVAL OF VEIN CLOT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34203 | REMOVAL OF LEG ARTERY CLOT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34201 | REMOVAL OF ARTERY CLOT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34151 | REMOVAL OF ARTERY CLOT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34111 | REMOVAL OF ARM ARTERY CLOT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34101 | REMOVAL OF ARTERY CLOT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 34051 | REMOVAL OF ARTERY CLOT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 34001 | REMOVAL OF ARTERY CLOT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33989 | REMOVAL OF LEFT HEART VENT | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33988 | INSERTION OF LEFT HEART VENT | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33987 | ARTERY EXPOS/GRAFT ARTERY | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33986 | ECMO/ECLS RMVL CTR CANNULA | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33985 | ECMO/ECLS RMVL CTR CANNULA | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33984 | ECMO/ECLS RMVL PRPH CANNULA | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33983 | REPLACE VAD INTRA W/BP | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33982 | REPLACE VAD INTRA W/O BP | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33981 | REPLACE VAD PUMP EXT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33980 | REMOVE INTRACORPOREAL DEVICE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33979 | INSERT INTRACORPOREAL DEVICE | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 33978 | REMOVE VENTRICULAR DEVICE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33977 | REMOVE VENTRICULAR DEVICE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33976 | IMPLANT VENTRICULAR DEVICE | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 33975 | IMPLANT VENTRICULAR DEVICE | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 33974 | REMOVE INTRA-AORTIC BALLOON | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33973 | INSERT BALLOON DEVICE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33971 | AORTIC CIRCULATION ASSIST | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33970 | AORTIC CIRCULATION ASSIST | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33969 | ECMO/ECLS RMVL PERPH CANNULA | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33968 | REMOVE AORTIC ASSIST DEVICE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33967 | INSERT I-AORT PERCUT DEVICE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33966 | ECMO/ECLS RMVL PRPH CANNULA | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33965 | ECMO/ECLS RMVL PERPH CANNULA | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33964 | ECMO/ECLS REPOS PERPH CNULA | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33963 | ECMO/ECLS REPOS PERPH CNULA | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33962 | ECMO/ECLS REPOS PERPH CNULA | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33959 | ECMO/ECLS REPOS PERPH CNULA | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33958 | ECMO/ECLS REPOS PERPH CNULA | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33957 | ECMO/ECLS REPOS PERPH CNULA | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 33956 | ECMO/ECLS INSJ CTR CANNULA | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33955 | ECMO/ECLS INSJ CTR CANNULA | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33954 | ECMO/ECLS INSJ PRPH CANNULA | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33953 | ECMO/ECLS INSJ PRPH CANNULA | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33952 | ECMO/ECLS INSJ PRPH CANNULA | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33951 | ECMO/ECLS INSJ PRPH CANNULA | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33949 | ECMO/ECLS DAILY MGMT ARTERY | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33948 | ECMO/ECLS DAILY MGMT-VENOUS | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33947 | ECMO/ECLS INITIATION ARTERY | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33946 | ECMO/ECLS INITIATION VENOUS | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33945 | TRANSPLANTATION OF HEART | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 33940 | REMOVAL OF DONOR HEART | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 33935 | TRANSPLANTATION HEART/LUNG | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 33930 | REMOVAL OF DONOR HEART/LUNG | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 33927 | IMPLTJ TOT RPLCMT HRT SYS | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 33926 | REPR PUL ART UNIFOCAL W/CPB | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 33925 | RPR PUL ART UNIFOCAL W/O CPB | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33924 | REMOVE PULMONARY SHUNT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33922 | TRANSECT PULMONARY ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33920 | REPAIR PULMONARY ATRESIA | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33917 | REPAIR PULMONARY ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33916 | SURGERY OF GREAT VESSEL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33915 | REMOVE LUNG ARTERY EMBOLI | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33910 | REMOVE LUNG ARTERY EMBOLI | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33877 | THORACOABDOMINAL GRAFT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33875 | THORACIC AORTIC GRAFT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33871 | TRANSVRS A-ARCH GRF HYPTHRM | SURGERY-CARDIOVASCULAR SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33866 | AORTIC HEMIARCH GRAFT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33864 | ASCENDING AORTIC GRAFT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33863 | ASCENDING AORTIC GRAFT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33859 | AS-AORT GRF F/DS OTH/THN DSJ | SURGERY-CARDIOVASCULAR SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33858 | AS-AORT GRF F/AORTIC DSJ | SURGERY-CARDIOVASCULAR SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 33800 | AORTIC SUSPENSION | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33788 | REVISION OF PULMONARY ARTERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33786 | REPAIR ARTERIAL TRUNK | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33783 | NIKAIDOH PROC W/OSTIA IMPLT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33782 | NIKAIDOH PROC | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33736 | REVISION OF HEART CHAMBER | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33735 | REVISION OF HEART CHAMBER | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33732 | REPAIR HEART-VEIN DEFECT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33730 | REPAIR HEART-VEIN DEFECT(S) | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33726 | REPAIR PUL VENOUS STENOSIS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33724 | REPAIR VENOUS ANOMALY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33720 | REPAIR OF HEART DEFECT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33710 | REPAIR OF HEART DEFECTS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33702 | REPAIR OF HEART DEFECTS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33677 | CL MULT VSD W/REM PUL BAND | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33676 | CLOSE MULT VSD W/RESECTION | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 33675 | CLOSE MULT VSD | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33670 | REPAIR OF HEART CHAMBERS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33665 | REPAIR OF HEART DEFECTS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33660 | REPAIR OF HEART DEFECTS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33647 | REPAIR HEART SEPTUM DEFECTS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33645 | REVISION OF HEART VEINS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33641 | REPAIR HEART SEPTUM DEFECT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33622 | REDO COMPL CARDIAC ANOMALY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33621 | TRANSTHOR CATH FOR STENT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33620 | APPLY R&L PULM ART BANDS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33619 | REPAIR SINGLE VENTRICLE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33617 | REPAIR SINGLE VENTRICLE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33615 | REPAIR MODIFIED FONTAN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33612 | REPAIR DOUBLE VENTRICLE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33611 | REPAIR DOUBLE VENTRICLE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33610 | REPAIR BY ENLARGEMENT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 33608 | REPAIR ANOMALY W/CONDUIT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33606 | ANASTOMOSIS/ARTERY-AORTA | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33602 | CLOSURE OF VALVE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33600 | CLOSURE OF VALVE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33572 | OPEN CORONARY ENDARTERECTOMY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33548 | RESTORE/REMODEL VENTRICLE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33545 | REPAIR OF HEART DAMAGE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33542 | REMOVAL OF HEART LESION | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33536 | CABG ARTERIAL FOUR OR MORE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33535 | CABG ARTERIAL THREE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33534 | CABG ARTERIAL TWO | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33533 | CABG ARTERIAL SINGLE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33530 | CORONARY ARTERY BYPASS/REOP | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33523 | CABG ART-VEIN SIX OR MORE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33522 | CABG ARTERY-VEIN FIVE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33521 | CABG ARTERY-VEIN FOUR | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 33519 | CABG ARTERY-VEIN THREE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33518 | CABG ARTERY-VEIN TWO | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33517 | CABG ARTERY-VEIN SINGLE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33516 | CABG VEIN SIX OR MORE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33514 | CABG VEIN FIVE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33513 | CABG VEIN FOUR | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33512 | CABG VEIN THREE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33511 | CABG VEIN TWO | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33510 | CABG VEIN SINGLE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33508 | ENDOSCOPIC VEIN HARVEST | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33507 | REPAIR ART INTRAMURAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33506 | REPAIR ARTERY TRANSLOCATION | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33505 | REPAIR ARTERY W/TUNNEL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33504 | CORONARY ARTERY GRAFT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33503 | CORONARY ARTERY GRAFT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33502 | CORONARY ARTERY CORRECTION | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 33501 | REPAIR HEART VESSEL FISTULA | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33500 | REPAIR HEART VESSEL FISTULA | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33496 | REPAIR PROSTH VALVE CLOT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33478 | REVISION OF HEART CHAMBER | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33476 | REVISION OF HEART CHAMBER | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33474 | REVISION OF PULMONARY VALVE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33468 | REVISION OF TRICUSPID VALVE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33465 | REPLACE TRICUSPID VALVE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33464 | VALVULOPLASTY TRICUSPID | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33463 | VALVULOPLASTY TRICUSPID | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33460 | REVISION OF TRICUSPID VALVE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33440 | RPLCMT A-VALVE TLCJ AUTOL PV | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33430 | REPLACEMENT OF MITRAL VALVE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33427 | REPAIR OF MITRAL VALVE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33426 | REPAIR OF MITRAL VALVE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33425 | REPAIR OF MITRAL VALVE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 33422 | REVISION OF MITRAL VALVE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33420 | REVISION OF MITRAL VALVE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33419 | REPAIR TCAT MITRAL VALVE | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33418 | REPAIR TCAT MITRAL VALVE | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33417 | REPAIR OF AORTIC VALVE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33416 | REVISE VENTRICLE MUSCLE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33415 | REVISION SUBVALVULAR TISSUE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33414 | REPAIR OF AORTIC VALVE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33413 | REPLACEMENT OF AORTIC VALVE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33412 | REPLACEMENT OF AORTIC VALVE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33411 | REPLACEMENT OF AORTIC VALVE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33410 | REPLACEMENT AORTIC VALVE OPN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33406 | REPLACEMENT AORTIC VALVE OPN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33405 | REPLACEMENT AORTIC VALVE OPN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33404 | PREPARE HEART-AORTA CONDUIT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33391 | VALVULOPLASTY AORTIC VALVE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 33390 | VALVULOPLASTY AORTIC VALVE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33366 | TRCATH REPLACE AORTIC VALVE | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33340 | PERQ CLSR TCAT L ATR APNDGE | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 33335 | INSERT MAJOR VESSEL GRAFT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33330 | INSERT MAJOR VESSEL GRAFT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33322 | REPAIR MAJOR BLOOD VESSEL (S) | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33321 | REPAIR MAJOR VESSEL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33320 | REPAIR MAJOR BLOOD VESSEL (S) | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33315 | EXPLORATORY HEART SURGERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33310 | EXPLORATORY HEART SURGERY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33305 | REPAIR OF HEART WOUND | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33300 | REPAIR OF HEART WOUND | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33286 | RMVL SUBQ CAR RHYTHM MNTR | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33285 | INSJ SUBQ CAR RHYTHM MNTR | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33275 | TCAT RMVL PERM LDLS PM W/IMG | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33273 | REPOS PREV IMPLTBL SUBQ DFB | SURGERY - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 33272 | RMVL OF SUBQ DEFIBRILLATOR | SURGERY - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 33271 | INSJ SUBQ IMPLTBL DFB ELCTRD | SURGERY - CARDIOVASCULAR | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 33266 | ABLATE ATRIA X10SV ENDO | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33265 | ABLATE ATRIA LMTD ENDO | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33264 | RMVL & RPLCMT DFB GEN MLT LD | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33263 | RMVL & RPLCMT DFB GEN 2 LEAD | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33262 | RMVL& REPLC PULSE GEN 1 LEAD | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33261 | ABLATE HEART DYSRHYTHM FOCUS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33259 | ABLATE ATRIA W/BYPASS ADD-ON | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33258 | ABLATE ATRIA X10SV ADD-ON | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33257 | ABLATE ATRIA LMTD ADD-ON | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33256 | ABLATE ATRIA W/BYPASS EXTEN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33255 | ABLATE ATRIA W/O BYPASS EXT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33254 | ABLATE ATRIA LMTD | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33251 | ABLATE HEART DYSRHYTHM FOCUS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33250 | ABLATE HEART DYSRHYTHM FOCUS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 33249 | INSJ/RPLCMT DEFIB W/LEAD(S) | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 33244 | REMOVE ELCTRD TRANSVENOUSLY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33243 | REMOVE ELTRD/THORACOTOMY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33241 | REMOVE PULSE GENERATOR | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33240 | INSRT PULSE GEN W/SINGL LEAD | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33238 | REMOVE ELECTRODE/THORACOTOMY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33237 | REMOVE ELECTRODE/THORACOTOMY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33236 | REMOVE ELECTRODE/THORACOTOMY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33235 | REMOVAL PACEMAKER ELECTRODE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33234 | REMOVAL OF PACEMAKER SYSTEM | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33233 | REMOVAL OF PM GENERATOR | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33231 | INSRT PULSE GEN W/MULT LEADS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33230 | INSRT PULSE GEN W/DUAL LEADS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33229 | REMV&REPLC PM GEN MULT LEADS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33228 | REMV&REPLC PM GEN DUAL LEAD | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33227 | REMOVE&REPLACE PM GEN SINGL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 33226 | REPOSITION L VENTRIC LEAD | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33224 | INSERT PACING LEAD & CONNECT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33223 | RELOCATE POCKET FOR DEFIB | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33222 | RELOCATION POCKET PACEMAKER | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33221 | INSERT PULSE GEN MULT LEADS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33220 | REPAIR LEAD PACE-DEFIB DUAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33218 | REPAIR LEAD PACE-DEFIB ONE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33217 | INSERT 2 ELECTRODE PM-DEFIB | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33216 | INSERT 1 ELECTRODE PM-DEFIB | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33215 | REPOSITION PACING-DEFIB LEAD | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33214 | UPGRADE OF PACEMAKER SYSTEM | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33213 | INSERT PULSE GEN DUAL LEADS | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33212 | INSERT PULSE GEN SNGL LEAD | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33211 | INSERT CARD ELECTRODES DUAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33210 | INSERT ELECTRD/PM CATH SNGL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33208 | INSRT HEART PM ATRIAL & VENT | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 33207 | INSERT HEART PM VENTRICULAR | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33206 | INSERT HEART PM ATRIAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33203 | INSERT EPICARD ELTRD ENDO | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33202 | INSERT EPICARD ELTRD OPEN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33141 | HEART TMR W/OTHER PROCEDURE | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 33140 | HEART REVASCULARIZE (TMR) | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 33050 | RESECT HEART SAC LESION | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33031 | PARTIAL REMOVAL OF HEART SAC | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33030 | PARTIAL REMOVAL OF HEART SAC | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33025 | INCISION OF HEART SAC | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33020 | INCISION OF HEART SAC | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33019 | PERQ PRCRD DRG INSJ CATH CT | SURGERY-CARDIOVASCULAR SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33018 | PRCRD DRG 0-5YR OR W/ANOMLY | SURGERY-CARDIOVASCULAR SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33017 | PRCRD DRG 6YR+ W/O CGEN CAR | SURGERY-CARDIOVASCULAR SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33016 | PERICARDIOCENTESIS W/IMAGING | SURGERY-CARDIOVASCULAR SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32998 | ABLATE PULM TUMOR PERQ RF | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 32997 | TOTAL LUNG LAVAGE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32994 | ABLATE PULM TUMOR PERQ CRYBL | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32960 | THERAPEUTIC PNEUMOTHORAX | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32940 | REVISION OF LUNG | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32906 | REVISE & REPAIR CHEST WALL | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32905 | REVISE & REPAIR CHEST WALL | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32900 | REMOVAL OF RIB(S) | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32854 | LUNG TRANSPLANT WITH BYPASS | SURGERY - RESPIRATORY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 32853 | LUNG TRANSPLANT DOUBLE | SURGERY - RESPIRATORY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 32852 | LUNG TRANSPLANT WITH BYPASS | SURGERY - RESPIRATORY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 32851 | LUNG TRANSPLANT SINGLE | SURGERY - RESPIRATORY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 32850 | DONOR PNEUMONECTOMY | SURGERY - RESPIRATORY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 32820 | RECONSTRUCT INJURED CHEST | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32815 | CLOSE BRONCHIAL FISTULA | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32810 | CLOSE CHEST AFTER DRAINAGE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32800 | REPAIR LUNG HERNIA | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 32674 | THORACOSCOPY LYMPH NODE EXC | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32673 | THORACOSCOPY W/THYMUS RESECT | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32672 | THORACOSCOPY FOR LVRS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32671 | THORACOSCOPY PNEUMONECTOMY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32670 | THORACOSCOPY BILOBECTOMY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32669 | THORACOSCOPY REMOVE SEGMENT | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32668 | THORACOSCOPY W/W RESECT DIAG | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32667 | THORACOSCOPY W/W RESECT ADDL | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32666 | THORACOSCOPY W/WEDGE RESECT | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32665 | THORACOSCOP W/ESOPH MUSC EXC | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32664 | THORACOSCOPY W/ TH NRV EXC | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32663 | THORACOSCOPY W/LOBECTOMY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32662 | THORACOSCOPY W/MEDIAST EXC | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32661 | THORACOSCOPY W/PERICARD EXC | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32659 | THORACOSCOPY W/SAC DRAINAGE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32658 | THORACOSCOPY W/SAC FB REMOVE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 32656 | THORACOSCOPY W/PLEURECTOMY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32655 | THORACOSCOPY RESECT BULLAE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32654 | THORACOSCOPY CONTRL BLEEDING | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32653 | THORACOSCOPY REMOV FB/FIBRIN | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32652 | THORACOSCOPY REM TOTL CORTEX | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32651 | THORACOSCOPY REMOVE CORTEX | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32609 | THORACOSCOPY W/BX PLEURA | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32608 | THORACOSCOPY W/BX NODULE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32607 | THORACOSCOPY W/BX INFILTRATE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32606 | THORACOSCOPY W/BX MED SPACE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32604 | THORACOSCOPY WBX SAC | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32601 | THORACOSCOPY DIAGNOSTIC | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32562 | LYSE CHEST FIBRIN SUBQ DAY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32561 | LYSE CHEST FIBRIN INIT DAY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32560 | TREAT PLEURODESIS W/AGENT | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32553 | INS MARK THOR FOR RT PERQ | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 32552 | REMOVE LUNG CATHETER | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32550 | INSERT PLEURAL CATH | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32540 | REMOVAL OF LUNG LESION | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32507 | WEDGE RESECT OF LUNG DIAG | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32506 | WEDGE RESECT OF LUNG ADD-ON | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32505 | WEDGE RESECT OF LUNG INITIAL | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32504 | RESECT APICAL LUNG TUM/CHEST | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32503 | RESECT APICAL LUNG TUMOR | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32501 | REPAIR BRONCHUS ADD-ON | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32491 | LUNG VOLUME REDUCTION | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32488 | COMPLETION PNEUMONECTOMY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32486 | SLEEVE LOBECTOMY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32484 | SEGMENTECTOMY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32482 | BILOBECTOMY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32480 | PARTIAL REMOVAL OF LUNG | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32445 | REMOVAL OF LUNG EXTRAPLEURAL | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 32442 | SLEEVE PNEUMONECTOMY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32440 | REMOVE LUNG PNEUMONECTOMY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32400 | NEEDLE BIOPSY CHEST LINING | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32320 | FREE/REMOVE CHEST LINING | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32310 | REMOVAL OF CHEST LINING | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32225 | PARTIAL RELEASE OF LUNG | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32220 | RELEASE OF LUNG | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32215 | TREAT CHEST LINING | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32200 | DRAIN OPEN LUNG LESION | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32160 | OPEN CHEST HEART MASSAGE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32151 | REMOVE LUNG FOREIGN BODY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32150 | REMOVAL OF LUNG LESION(S) | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32141 | REMOVE/TREAT LUNG LESIONS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32140 | REMOVAL OF LUNG LESION(S) | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32124 | EXPLORE CHEST FREE ADHESIONS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32120 | RE-EXPLORATION OF CHEST | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 32110 | EXPLORE/REPAIR CHEST | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32100 | EXPLORATION OF CHEST | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32098 | OPEN BIOPSY OF LUNG PLEURA | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32097 | OPEN WEDGE/BX LUNG NODULE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32096 | OPEN WEDGE/BX LUNG INFILTR | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32036 | THORACOSTOMY W/FLAP DRAINAGE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32035 | THORACOSTOMY W/RIB RESECTION | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31830 | REVISE WINDPIPE SCAR | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31825 | REPAIR OF WINDPIPE DEFECT | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31820 | CLOSURE OF WINDPIPE LESION | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31805 | REPAIR OF WINDPIPE INJURY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31800 | REPAIR OF WINDPIPE INJURY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31786 | REMOVE WINDPIPE LESION | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31785 | REMOVE WINDPIPE LESION | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31781 | RECONSTRUCT WINDPIPE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31780 | RECONSTRUCT WINDPIPE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 31775 | RECONSTRUCT BRONCHUS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31770 | REPAIR/GRAFT OF BRONCHUS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31730 | INTRO WINDPIPE WIRE/TUBE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31725 | CLEARANCE OF AIRWAYS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31720 | CLEARANCE OF AIRWAYS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31717 | BRONCHIAL BRUSH BIOPSY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31661 | BRONCH THERMOPLSTY 2/GT LOBES | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31653 | BRONCH EBUS SAMPLNG 3/GT NODE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31651 | BRONCHIAL VALVE ADDL INSERT | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31649 | BRONCHIAL VALVE REMOV ADDL | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31648 | BRONCHIAL VALVE REMOV INIT | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31646 | BRNCHSC W/THER ASPIR SBSQ | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31645 | BRNCHSC W/THER ASPIR 1ST | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31643 | DIAG BRONCHOSCOPE/CATHETER | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31641 | BRONCHOSCOPY TREAT BLOCKAGE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31640 | BRONCHOSCOPY W/TUMOR EXCISE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 31638 | BRONCHOSCOPY REVISE STENT | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31637 | BRONCHOSCOPY STENT ADD-ON | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31636 | BRONCHOSCOPY BRONCH STENTS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31635 | BRONCHOSCOPY W/FB REMOVAL | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31634 | BRONCH W/BALLOON OCCLUSION | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31633 | BRONCHOSCOPY/NEEDLE BX ADDL | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31632 | BRONCHOSCOPY/LUNG BX ADDL | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31631 | BRONCHOSCOPY DILATE W/STENT | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31630 | BRONCHOSCOPY DILATE/FX REPR | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31629 | BRONCHOSCOPY/NEEDLE BX EACH | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31628 | BRONCHOSCOPY/LUNG BX EACH | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31627 | NAVIGATIONAL BRONCHOSCOPY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31626 | BRONCHOSCOPY W/MARKERS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31625 | BRONCHOSCOPY W/BIOPSY(S) | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31624 | DX BRONCHOSCOPE/LAVAGE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31623 | DX BRONCHOSCOPE/BRUSH | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 31622 | DX BRONCHOSCOPE/WASH | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31591 | LARYNGOPLASTY MEDIALIZATION | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31590 | REINNERVATE LARYNX | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31584 | LARYNGOPLASTY FX RDCTJ FIXJ | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31580 | LARYNGOPLASTY LARYNGEAL WEB | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31579 | LARYNGOSCOPY TELESCOPIC | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31578 | LARGSC W/REMOVAL LESION | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31577 | LARGSC W/RMVL FOREIGN BDY (S) | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31576 | LARYNGOSCOPY WITH BIOPSY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31575 | DIAGNOSTIC LARYNGOSCOPY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31574 | LARGSC W/NJX AUGMENTATION | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31573 | LARGSC W/THER INJECTION | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31572 | LARGSC W/LASER DSTRJ LES | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31571 | LARYNGOSCOP W/VC INJ + SCOPE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31570 | LARYNGOSCOPE W/VC INJ | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31561 | LARYNSCOP REMVE CART + SCOP | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 31560 | LARYNGOSCOP W/ARYTENOIDECTOM | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31554 | LARYNGOPLASTY LARYNGEAL STEN | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31553 | LARYNGOPLASTY LARYNGEAL STEN | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31552 | LARYNGOPLASTY LARYNGEAL STEN | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31551 | LARYNGOPLASTY LARYNGEAL STEN | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31546 | REMOVE VC LESION SCOPE/GRAFT | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31545 | REMOVE VC LESION W/SCOPE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31541 | LARYNSCOP W/TUMR EXC + SCOPE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31540 | LARYNGOSCOPY W/EXC OF TUMOR | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31536 | LARYNGOSCOPY W/BX & OP SCOPE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31535 | LARYNGOSCOPY W/BIOPSY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31531 | LARYNGOSCOPY W/FB & OP SCOPE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31530 | LARYNGOSCOPY W/FB REMOVAL | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31529 | LARYNGOSCOPY AND DILATION | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31528 | LARYNGOSCOPY AND DILATION | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31527 | LARYNGOSCOPY FOR TREATMENT | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 31526 | DX LARYNGOSCOPY W/OPER SCOPE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31525 | DX LARYNGOSCOPY EXCL NB | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31520 | DX LARYNGOSCOPY NEWBORN | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31515 | LARYNGOSCOPY FOR ASPIRATION | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31513 | INJECTION INTO VOCAL CORD | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31512 | REMOVAL OF LARYNX LESION | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31511 | REMOVE FOREIGN BODY LARYNX | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31510 | LARYNGOSCOPY WITH BIOPSY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31505 | DIAGNOSTIC LARYNGOSCOPY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31502 | CHANGE OF WINDPIPE AIRWAY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31500 | INSERT EMERGENCY AIRWAY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31400 | REVISION OF LARYNX | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31395 | RECONSTRUCT LARYNX & PHARYNX | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31390 | REMOVAL OF LARYNX & PHARYNX | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31382 | PARTIAL REMOVAL OF LARYNX | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31380 | PARTIAL REMOVAL OF LARYNX | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 31375 | PARTIAL REMOVAL OF LARYNX | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31370 | PARTIAL REMOVAL OF LARYNX | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31368 | PARTIAL REMOVAL OF LARYNX | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31367 | PARTIAL REMOVAL OF LARYNX | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31365 | REMOVAL OF LARYNX | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31360 | REMOVAL OF LARYNX | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31300 | REMOVAL OF LARYNX LESION | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31298 | NSL/SINS NDSC SURG FRNT&SPHN | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31297 | NSL/SINS NDSC SURG SPHN SINS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31296 | NSL/SINS NDSC SURG FRNT SINS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31295 | NSL/SINS NDSC SURG MAX SINS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31294 | NSL/SINS NDSC SURG ON DCMPRN | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31293 | NSL/SINS NDSC MED&INF DCMPRN | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31292 | NSL/SINS NDSC MED/INF DCMPRN | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31291 | NASAL/SINUS ENDOSCOPY SURG | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31290 | NASAL/SINUS ENDOSCOPY SURG | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 31288 | NASAL/SINUS ENDOSCOPY SURG | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31287 | NASAL/SINUS ENDOSCOPY SURG | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31276 | NSL/SINS NDSC FRNT TISS RMVL | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31267 | ENDOSCOPY MAXILLARY SINUS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31259 | NSL/SINS NDSC SPHN TISS RMVL | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31257 | NSL/SINS NDSC TOT W/SPHENDT | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31256 | EXPLORATION MAXILLARY SINUS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31255 | NSL/SINS NDSC W/TOT ETHMDCT | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31254 | NSL/SINS NDSC W/PRTL ETHMDCT | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31253 | NSL/SINS NDSC TOTAL | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31235 | NSL/SINS NDSC DX SPHN SINUSC | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31233 | NSL/SINS NDSC DX MAX SINUSC | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31231 | NASAL ENDOSCOPY DX | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31230 | REMOVAL OF UPPER JAW | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31225 | REMOVAL OF UPPER JAW | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31205 | REMOVAL OF ETHMOID SINUS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 31201 | REMOVAL OF ETHMOID SINUS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31200 | REMOVAL OF ETHMOID SINUS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31090 | EXPLORATION OF SINUSES | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31087 | REMOVAL OF FRONTAL SINUS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31086 | REMOVAL OF FRONTAL SINUS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31085 | REMOVAL OF FRONTAL SINUS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31084 | REMOVAL OF FRONTAL SINUS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31081 | REMOVAL OF FRONTAL SINUS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31080 | REMOVAL OF FRONTAL SINUS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31075 | EXPLORATION OF FRONTAL SINUS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31070 | EXPLORATION OF FRONTAL SINUS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31051 | SPHENOID SINUS SURGERY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31050 | EXPLORATION SPHENOID SINUS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31040 | EXPLORATION BEHIND UPPER JAW | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31032 | EXPLORE SINUS REMOVE POLYPS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31030 | EXPLORATION MAXILLARY SINUS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 31020 | EXPLORATION MAXILLARY SINUS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31002 | IRRIGATION SPHENOID SINUS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31000 | IRRIGATION MAXILLARY SINUS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30930 | THER FX NASAL INF TURBINATE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30920 | LIGATION UPPER JAW ARTERY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30915 | LIGATION NASAL SINUS ARTERY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30906 | REPEAT CONTROL OF NOSEBLEED | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30905 | CONTROL OF NOSEBLEED | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30903 | CONTROL OF NOSEBLEED | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30901 | CONTROL OF NOSEBLEED | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30802 | ABLATE INF TURBINATE SUBMUC | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30801 | ABLATE INF TURBINATE SUPERF | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30630 | REPAIR NASAL SEPTUM DEFECT | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30620 | INTRANASAL RECONSTRUCTION | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30600 | REPAIR MOUTH/NOSE FISTULA | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30580 | REPAIR UPPER JAW FISTULA | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 30520 | REPAIR OF NASAL SEPTUM | SURGERY - RESPIRATORY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 30465 | REPAIR NASAL STENOSIS | SURGERY - RESPIRATORY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 30462 | REVISION OF NOSE | SURGERY - RESPIRATORY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 30460 | REVISION OF NOSE | SURGERY - RESPIRATORY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 30450 | REVISION OF NOSE | SURGERY - RESPIRATORY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 30435 | REVISION OF NOSE | SURGERY - RESPIRATORY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 30430 | REVISION OF NOSE | SURGERY - RESPIRATORY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 30420 | RECONSTRUCTION OF NOSE | SURGERY - RESPIRATORY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 30410 | RECONSTRUCTION OF NOSE | SURGERY - RESPIRATORY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 30400 | RECONSTRUCTION OF NOSE | SURGERY - RESPIRATORY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 30320 | REMOVE NASAL FOREIGN BODY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30310 | REMOVE NASAL FOREIGN BODY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30300 | REMOVE NASAL FOREIGN BODY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30220 | INSERT NASAL SEPTAL BUTTON | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30210 | NASAL SINUS THERAPY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30200 | INJECTION TREATMENT OF NOSE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 30140 | RESECT INFERIOR TURBINATE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30130 | EXCISE INFERIOR TURBINATE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30125 | REMOVAL OF NOSE LESION | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30124 | REMOVAL OF NOSE LESION | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30120 | REVISION OF NOSE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30118 | REMOVAL OF INTRANASAL LESION | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30117 | REMOVAL OF INTRANASAL LESION | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30115 | REMOVAL OF NOSE POLYP(S) | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30110 | REMOVAL OF NOSE POLYP(S) | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30100 | INTRANASAL BIOPSY | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30020 | DRAINAGE OF NOSE LESION | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 30000 | DRAINAGE OF NOSE LESION | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29916 | HIP ARTHRO W/LABRAL REPAIR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29915 | HIP ARTHRO ACETABULOPLASTY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29914 | HIP ARTHRO W/FEMOROPLASTY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29907 | SUBTALAR ARTHRO W/FUSION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 29906 | SUBTALAR ARTHRO W/DEB | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29905 | SUBTALAR ARTHRO W/EXC | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29904 | SUBTALAR ARTHRO W/FB RMVL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29902 | MCP JOINT ARTHROSCOPY SURG | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29901 | MCP JOINT ARTHROSCOPY SURG | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29900 | MCP JOINT ARTHROSCOPY DX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29899 | ANKLE ARTHROSCOPY/SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29898 | ANKLE ARTHROSCOPY/SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29897 | ANKLE ARTHROSCOPY/SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29895 | ANKLE ARTHROSCOPY/SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29894 | ANKLE ARTHROSCOPY/SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29868 | MENISCAL TRNSPL KNEE W/SCPE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29867 | ALLGRFT IMPLNT KNEE W/SCOPE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29866 | AUTGRFT IMPLNT KNEE W/SCOPE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29863 | HIP ARTHR0 W/SYNOVECTOMY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29862 | HIP ARTHR0 W/DEBRIDEMENT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 29861 | HIP ARTHRO W/FB REMOVAL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29860 | HIP ARTHROSCOPY DX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29856 | TIBIAL ARTHROSCOPY/SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29855 | TIBIAL ARTHROSCOPY/SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29851 | KNEE ARTHROSCOPY/SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29850 | KNEE ARTHROSCOPY/SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29848 | WRIST ENDOSCOPY/SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29847 | WRIST ARTHROSCOPY/SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29846 | WRIST ARTHROSCOPY/SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29845 | WRIST ARTHROSCOPY/SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29844 | WRIST ARTHROSCOPY/SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29843 | WRIST ARTHROSCOPY/SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29840 | WRIST ARTHROSCOPY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29838 | ELBOW ARTHROSCOPY/SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29837 | ELBOW ARTHROSCOPY/SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29836 | ELBOW ARTHROSCOPY/SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 29835 | ELBOW ARTHROSCOPY/SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29834 | ELBOW ARTHROSCOPY/SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29830 | ELBOW ARTHROSCOPY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29804 | JAW ARTHROSCOPY/SURGERY | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 29800 | JAW ARTHROSCOPY/SURGERY | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 29750 | WEDGING OF CLUBFOOT CAST | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29740 | WEDGING OF CAST | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29730 | WINDOWING OF CAST | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29550 | STRAPPING OF TOES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29530 | STRAPPING OF KNEE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29520 | STRAPPING OF HIP | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29505 | APPLICATION LONG LEG SPLINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29345 | APPLICATION OF LONG LEG CAST | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29280 | STRAPPING OF HAND OR FINGER | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29260 | STRAPPING OF ELBOW OR WRIST | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 29240 | STRAPPING OF SHOULDER | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 28825 | PARTIAL AMPUTATION OF TOE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28820 | AMPUTATION OF TOE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28810 | AMPUTATION TOE & METATARSAL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28805 | AMPUTATION THRU METATARSAL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28800 | AMPUTATION OF MIDFOOT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28760 | FUSION OF BIG TOE JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28755 | FUSION OF BIG TOE JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28750 | FUSION OF BIG TOE JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28740 | FUSION OF FOOT BONES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28737 | REVISION OF FOOT BONES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28735 | FUSION OF FOOT BONES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28730 | FUSION OF FOOT BONES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28675 | REPAIR OF TOE DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28666 | TREAT TOE DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28665 | TREAT TOE DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28660 | TREAT TOE DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 28645 | REPAIR TOE DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28636 | TREAT TOE DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28635 | TREAT TOE DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28630 | TREAT TOE DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28615 | REPAIR FOOT DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28606 | TREAT FOOT DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28605 | TREAT FOOT DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28600 | TREAT FOOT DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28585 | REPAIR FOOT DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28576 | TREAT FOOT DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28575 | TREAT FOOT DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28570 | TREAT FOOT DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28555 | REPAIR FOOT DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28546 | TREAT FOOT DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28545 | TREAT FOOT DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28540 | TREAT FOOT DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 28531 | TREAT SESAMOID BONE FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28530 | TREAT SESAMOID BONE FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28525 | TREAT TOE FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28515 | TREATMENT OF TOE FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28510 | TREATMENT OF TOE FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28505 | TREAT BIG TOE FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28496 | TREAT BIG TOE FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28495 | TREAT BIG TOE FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28490 | TREAT BIG TOE FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28360 | RECONSTRUCT CLEFT FOOT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28345 | REPAIR WEBBED TOE(S) | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28344 | REPAIR EXTRA TOE(S) | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28341 | RESECT ENLARGED TOE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28340 | RESECT ENLARGED TOE TISSUE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28322 | REPAIR OF METATARSALS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28320 | REPAIR OF FOOT BONES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 28315 | REMOVAL OF SESAMOID BONE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28313 | REPAIR DEFORMITY OF TOE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28312 | REVISION OF TOE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28310 | REVISION OF BIG TOE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28309 | INCISION OF METATARSALS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28308 | INCISION OF METATARSAL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28307 | INCISION OF METATARSAL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28306 | INCISION OF METATARSAL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28305 | INCISE/GRAFT MIDFOOT BONES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28304 | INCISION OF MIDFOOT BONES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28302 | INCISION OF ANKLE BONE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28300 | INCISION OF HEEL BONE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28291 | CORRJ HALUX RIGDUS W/IMPLT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28289 | CORRJ HALUX RIGDUS W/O IMPLT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28288 | PARTIAL REMOVAL OF FOOT BONE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28286 | REPAIR OF HAMMERTOE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 28285 | REPAIR OF HAMMERTOE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28280 | FUSION OF TOES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28272 | RELEASE OF TOE JOINT EACH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28270 | RELEASE OF FOOT CONTRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28264 | RELEASE OF MIDFOOT JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28262 | REVISION OF FOOT AND ANKLE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28261 | REVISION OF FOOT TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28260 | RELEASE OF MIDFOOT JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28250 | REVISION OF FOOT FASCIA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28240 | RELEASE OF BIG TOE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28238 | REVISION OF FOOT TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28234 | INCISION OF FOOT TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28232 | INCISION OF TOE TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28230 | INCISION OF FOOT TENDON(S) | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28226 | RELEASE OF FOOT TENDONS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28225 | RELEASE OF FOOT TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 28222 | RELEASE OF FOOT TENDONS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28220 | RELEASE OF FOOT TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28210 | REPAIR/GRAFT OF FOOT TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28208 | REPAIR OF FOOT TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28202 | REPAIR/GRAFT OF FOOT TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28200 | REPAIR OF FOOT TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28193 | REMOVAL OF FOOT FOREIGN BODY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28192 | REMOVAL OF FOOT FOREIGN BODY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28190 | REMOVAL OF FOOT FOREIGN BODY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28175 | RESECT PHALANX OF TOE TUMOR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28173 | RESECT METATARSAL TUMOR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28171 | RESECT TARSAL TUMOR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28160 | PARTIAL REMOVAL OF TOE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28153 | PARTIAL REMOVAL OF TOE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28150 | REMOVAL OF TOE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28140 | REMOVAL OF METATARSAL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 28130 | REMOVAL OF ANKLE BONE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28126 | PARTIAL REMOVAL OF TOE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28124 | PARTIAL REMOVAL OF TOE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28122 | PARTIAL REMOVAL OF FOOT BONE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28120 | PART REMOVAL OF ANKLE/HEEL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28119 | REMOVAL OF HEEL SPUR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28118 | REMOVAL OF HEEL BONE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28116 | REVISION OF FOOT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28114 | REMOVAL OF METATARSAL HEADS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28113 | PART REMOVAL OF METATARSAL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28112 | PART REMOVAL OF METATARSAL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28111 | PART REMOVAL OF METATARSAL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28110 | PART REMOVAL OF METATARSAL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28108 | REMOVAL OF TOE LESIONS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28107 | REMOVE/GRAFT FOOT LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28106 | REMOVE/GRAFT FOOT LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 28104 | REMOVAL OF FOOT LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28103 | REMOVE/GRAFT FOOT LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28102 | REMOVE/GRAFT FOOT LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28100 | REMOVAL OF ANKLE/HEEL LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28092 | REMOVAL OF TOE LESIONS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28090 | REMOVAL OF FOOT LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28088 | EXCISE FOOT TENDON SHEATH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28086 | EXCISE FOOT TENDON SHEATH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28080 | REMOVAL OF FOOT LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28072 | REMOVAL OF FOOT JOINT LINING | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28070 | REMOVAL OF FOOT JOINT LINING | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28062 | REMOVAL OF FOOT FASCIA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28060 | PARTIAL REMOVAL FOOT FASCIA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28055 | NEURECTOMY FOOT | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 28054 | BIOPSY OF TOE JOINT LINING | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28052 | BIOPSY OF FOOT JOINT LINING | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 28050 | BIOPSY OF FOOT JOINT LINING | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28047 | RESECT FOOT/TOE TUMOR 3 CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28046 | RESECT FOOT/TOE TUMOR LT 3 CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28045 | EXC FOOT/TOE TUM DEEP LT 1.5CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28043 | EXC FOOT/TOE TUM SC LT 1.5 CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28041 | EXC FOOT/TOE TUM DEP 1.5CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28039 | EXC FOOT/TOE TUM SC 1.5 CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28035 | DECOMPRESSION OF TIBIA NERVE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28024 | EXPLORATION OF TOE JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28022 | EXPLORATION OF FOOT JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28020 | EXPLORATION OF FOOT JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28011 | INCISION OF TOE TENDONS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28010 | INCISION OF TOE TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28008 | INCISION OF FOOT FASCIA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28005 | TREAT FOOT BONE LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28003 | TREATMENT OF FOOT INFECTION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 28002 | TREATMENT OF FOOT INFECTION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 28001 | DRAINAGE OF BURSA OF FOOT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27894 | DECOMPRESSION OF LEG | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27893 | DECOMPRESSION OF LEG | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27892 | DECOMPRESSION OF LEG | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27888 | AMPUTATION OF FOOT AT ANKLE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27886 | AMPUTATION FOLLOW-UP SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27884 | AMPUTATION FOLLOW-UP SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27882 | AMPUTATION OF LOWER LEG | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27881 | AMPUTATION OF LOWER LEG | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27880 | AMPUTATION OF LOWER LEG | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27871 | FUSION OF TIBIOFIBULAR JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27870 | FUSION OF ANKLE JOINT OPEN | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27860 | FIXATION OF ANKLE JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27848 | TREAT ANKLE DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27846 | TREAT ANKLE DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 27842 | TREAT ANKLE DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27840 | TREAT ANKLE DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27832 | TREAT LOWER LEG DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27831 | TREAT LOWER LEG DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27830 | TREAT LOWER LEG DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27829 | TREAT LOWER LEG JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27828 | TREAT LOWER LEG FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27827 | TREAT LOWER LEG FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27826 | TREAT LOWER LEG FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27825 | TREAT LOWER LEG FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27824 | TREAT LOWER LEG FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27823 | TREATMENT OF ANKLE FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27822 | TREATMENT OF ANKLE FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27818 | TREATMENT OF ANKLE FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27816 | TREATMENT OF ANKLE FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27814 | TREATMENT OF ANKLE FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 27810 | TREATMENT OF ANKLE FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27808 | TREATMENT OF ANKLE FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27792 | TREATMENT OF ANKLE FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27788 | TREATMENT OF ANKLE FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27786 | TREATMENT OF ANKLE FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27784 | TREATMENT OF FIBULA FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27781 | TREATMENT OF FIBULA FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27780 | TREATMENT OF FIBULA FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27769 | OPTX POST ANKLE FX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27768 | CLTX POST ANKLE FX W/MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27767 | CLTX POST ANKLE FX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27766 | OPTX MEDIAL ANKLE FX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27762 | CLTX MED ANKLE FX W/MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27760 | CLTX MEDIAL ANKLE FX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27759 | TREATMENT OF TIBIA FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27758 | TREATMENT OF TIBIA FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 27756 | TREATMENT OF TIBIA FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27752 | TREATMENT OF TIBIA FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27750 | TREATMENT OF TIBIA FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27745 | REINFORCE TIBIA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27742 | REPAIR OF LEG EPIPHYSES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27740 | REPAIR OF LEG EPIPHYSES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27734 | REPAIR LOWER LEG EPIPHYSES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27732 | REPAIR OF FIBULA EPIPHYSIS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27730 | REPAIR OF TIBIA EPIPHYSIS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27727 | REPAIR OF LOWER LEG | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27726 | REPAIR FIBULA NONUNION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27725 | REPAIR OF LOWER LEG | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27724 | REPAIR/GRAFT OF TIBIA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27722 | REPAIR/GRAFT OF TIBIA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27720 | REPAIR OF TIBIA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27704 | REMOVAL OF ANKLE IMPLANT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 27703 | RECONSTRUCTION ANKLE JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27702 | RECONSTRUCT ANKLE JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27700 | REVISION OF ANKLE JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27698 | REPAIR OF ANKLE LIGAMENT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27696 | REPAIR OF ANKLE LIGAMENTS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27695 | REPAIR OF ANKLE LIGAMENT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27692 | REVISE ADDITIONAL LEG TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27691 | REVISE LOWER LEG TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27690 | REVISE LOWER LEG TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27687 | REVISION OF CALF TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27686 | REVISE LOWER LEG TENDONS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27685 | REVISION OF LOWER LEG TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27681 | RELEASE OF LOWER LEG TENDONS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27680 | RELEASE OF LOWER LEG TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27676 | REPAIR LOWER LEG TENDONS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27675 | REPAIR LOWER LEG TENDONS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 27665 | REPAIR OF LEG TENDON EACH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27664 | REPAIR OF LEG TENDON EACH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27659 | REPAIR OF LEG TENDON EACH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27658 | REPAIR OF LEG TENDON EACH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27656 | REPAIR LEG FASCIA DEFECT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27654 | REPAIR OF ACHILLES TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27652 | REPAIR/GRAFT ACHILLES TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27650 | REPAIR ACHILLES TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27648 | INJECTION FOR ANKLE X-RAY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27647 | RESECT TALUS/CALCANEUS TUM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27646 | RESECT FIBULA TUMOR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27645 | RESECT TIBIA TUMOR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27641 | PARTIAL REMOVAL OF FIBULA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27640 | PARTIAL REMOVAL OF TIBIA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27638 | REMOVE/GRAFT LEG BONE LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27637 | REMOVE/GRAFT LEG BONE LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 27635 | REMOVE LOWER LEG BONE LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27634 | EXC LEG/ANKLE TUM DEP 5 CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27632 | EXC LEG/ANKLE LES SC 3 CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27630 | REMOVAL OF TENDON LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27626 | REMOVE ANKLE JOINT LINING | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27625 | REMOVE ANKLE JOINT LINING | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27620 | EXPLORE/TREAT ANKLE JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27619 | EXC LEG/ANKLE TUM DEEP LT 5 CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27618 | EXC LEG/ANKLE TUM LT 3 CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27616 | RESECT LEG/ANKLE TUM 5 CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27615 | RESECT LEG/ANKLE TUM LT 5 CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27614 | BIOPSY LOWER LEG SOFT TISSUE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27613 | BIOPSY LOWER LEG SOFT TISSUE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27612 | EXPLORATION OF ANKLE JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27610 | EXPLORE/TREAT ANKLE JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27607 | TREAT LOWER LEG BONE LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 27606 | INCISION OF ACHILLES TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27605 | INCISION OF ACHILLES TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27604 | DRAIN LOWER LEG BURSA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27603 | DRAIN LOWER LEG LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27602 | DECOMPRESSION OF LOWER LEG | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27601 | DECOMPRESSION OF LOWER LEG | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27600 | DECOMPRESSION OF LOWER LEG | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27598 | AMPUTATE LOWER LEG AT KNEE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27596 | AMPUTATION FOLLOW-UP SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27594 | AMPUTATION FOLLOW-UP SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27592 | AMPUTATE LEG AT THIGH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27591 | AMPUTATE LEG AT THIGH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27590 | AMPUTATE LEG AT THIGH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27580 | FUSION OF KNEE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27570 | FIXATION OF KNEE JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27566 | TREAT KNEECAP DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 27562 | TREAT KNEECAP DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27560 | TREAT KNEECAP DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27558 | TREAT KNEE DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27557 | TREAT KNEE DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27556 | TREAT KNEE DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27552 | TREAT KNEE DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27550 | TREAT KNEE DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27540 | TREAT KNEE FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27538 | TREAT KNEE FRACTURE(S) | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27536 | TREAT KNEE FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27535 | TREAT KNEE FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27532 | TREAT KNEE FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27530 | TREAT KNEE FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27524 | TREAT KNEECAP FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27520 | TREAT KNEECAP FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27519 | TREAT THIGH FX GROWTH PLATE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 27517 | TREAT THIGH FX GROWTH PLATE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27516 | TREAT THIGH FX GROWTH PLATE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27514 | TREATMENT OF THIGH FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27513 | TREATMENT OF THIGH FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27511 | TREATMENT OF THIGH FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27510 | TREATMENT OF THIGH FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27509 | TREATMENT OF THIGH FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27508 | TREATMENT OF THIGH FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27507 | TREATMENT OF THIGH FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27506 | TREATMENT OF THIGH FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27503 | TREATMENT OF THIGH FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27502 | TREATMENT OF THIGH FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27501 | TREATMENT OF THIGH FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27500 | TREATMENT OF THIGH FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27499 | DECOMPRESSION OF THIGH/KNEE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27498 | DECOMPRESSION OF THIGH/KNEE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 27497 | DECOMPRESSION OF THIGH/KNEE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27496 | DECOMPRESSION OF THIGH/KNEE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27495 | REINFORCE THIGH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27488 | REMOVAL OF KNEE PROSTHESIS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27487 | REVISE/REPLACE KNEE JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27486 | REVISE/REPLACE KNEE JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27485 | SURGERY TO STOP LEG GROWTH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27479 | SURGERY TO STOP LEG GROWTH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27477 | SURGERY TO STOP LEG GROWTH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27475 | SURGERY TO STOP LEG GROWTH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27472 | REPAIR/GRAFT OF THIGH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27470 | REPAIR OF THIGH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27466 | LENGTHENING OF THIGH BONE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27465 | SHORTENING OF THIGH BONE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27457 | REALIGNMENT OF KNEE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27455 | REALIGNMENT OF KNEE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 27454 | REALIGNMENT OF THIGH BONE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27450 | INCISION OF THIGH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27448 | INCISION OF THIGH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27447 | TOTAL KNEE ARTHROPLASTY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27446 | REVISION OF KNEE JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27443 | REVISION OF KNEE JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27442 | REVISION OF KNEE JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27441 | REVISION OF KNEE JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27440 | REVISION OF KNEE JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27438 | REVISE KNEECAP WITH IMPLANT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27435 | INCISION OF KNEE JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27430 | REVISION OF THIGH MUSCLES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27429 | RECONSTRUCTION KNEE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27428 | RECONSTRUCTION KNEE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27427 | RECONSTRUCTION KNEE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27425 | LAT RETINACULAR RELEASE OPEN | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 27424 | REVISION/REMOVAL OF KNEECAP | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27422 | REVISION OF UNSTABLE KNEECAP | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27420 | REVISION OF UNSTABLE KNEECAP | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27418 | REPAIR DEGENERATED KNEECAP | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27416 | OSTEOCHONDRAL KNEE AUTOGRAFT | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 27415 | OSTEOCHONDRAL KNEE ALLOGRAFT | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 27412 | AUTOCHONDROCYTE IMPLANT KNEE | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 27409 | REPAIR OF KNEE LIGAMENTS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27407 | REPAIR OF KNEE LIGAMENT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27405 | REPAIR OF KNEE LIGAMENT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27403 | REPAIR OF KNEE CARTILAGE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27400 | REVISE THIGH MUSCLES/TENDONS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27397 | TRANSPLANTS OF THIGH TENDONS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27396 | TRANSPLANT OF THIGH TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27395 | LENGTHENING OF THIGH TENDONS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27394 | LENGTHENING OF THIGH TENDONS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 27393 | LENGTHENING OF THIGH TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27392 | INCISION OF THIGH TENDONS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27391 | INCISION OF THIGH TENDONS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27390 | INCISION OF THIGH TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27386 | REPAIR/GRAFT OF THIGH MUSCLE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27385 | REPAIR OF THIGH MUSCLE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27381 | REPAIR/GRAFT KNEECAP TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27380 | REPAIR OF KNEECAP TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27372 | REMOVAL OF FOREIGN BODY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27369 | NJX CNTRST KNE ARTHG/CT/MRI | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27365 | RESECT FEMUR/KNEE TUMOR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27364 | RESECT THIGH/KNEE TUM 5 CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27360 | PARTIAL REMOVAL LEG BONE (S) | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27358 | REMOVE FEMUR LESION/FIXATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27357 | REMOVE FEMUR LESION/GRAFT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27356 | REMOVE FEMUR LESION/GRAFT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 27355 | REMOVE FEMUR LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27350 | REMOVAL OF KNEECAP | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27347 | REMOVE KNEE CYST | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27345 | REMOVAL OF KNEE CYST | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27340 | REMOVAL OF KNEECAP BURSA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27339 | EXC THIGH/KNEE TUM DEP 5CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27337 | EXC THIGH/KNEE LES SC 3 CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27335 | REMOVE KNEE JOINT LINING | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27334 | REMOVE KNEE JOINT LINING | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27333 | REMOVAL OF KNEE CARTILAGE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27332 | REMOVAL OF KNEE CARTILAGE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27331 | EXPLORE/TREAT KNEE JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27329 | RESECT THIGH/KNEE TUM LT 5 CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27328 | EXC THIGH/KNEE TUM DEEP LT 5CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27327 | EXC THIGH/KNEE LES SC LT 3 CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27325 | NEURECTOMY HAMSTRING | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 27324 | BIOPSY THIGH SOFT TISSUES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27323 | BIOPSY THIGH SOFT TISSUES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27310 | EXPLORATION OF KNEE JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27307 | INCISION OF THIGH TENDONS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27306 | INCISION OF THIGH TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27305 | INCISE THIGH TENDON & FASCIA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27303 | DRAINAGE OF BONE LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27301 | DRAIN THIGH/KNEE LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27295 | AMPUTATION OF LEG AT HIP | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27290 | AMPUTATION OF LEG AT HIP | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27275 | MANIPULATION OF HIP JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27269 | OPTX THIGH FX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27268 | CLTX THIGH FX W/MNPJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27267 | CLTX THIGH FX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27266 | TREAT HIP DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27265 | TREAT HIP DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 27259 | TREAT HIP DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27258 | TREAT HIP DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27257 | TREAT HIP DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27256 | TREAT HIP DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27254 | TREAT HIP DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27253 | TREAT HIP DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27252 | TREAT HIP DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27250 | TREAT HIP DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27248 | TREAT THIGH FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27246 | TREAT THIGH FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27245 | TREAT THIGH FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27244 | TREAT THIGH FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27240 | TREAT THIGH FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27238 | TREAT THIGH FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27236 | TREAT THIGH FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27235 | TREAT THIGH FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 27232 | TREAT THIGH FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27230 | TREAT THIGH FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27228 | TREAT HIP FRACTURE(S) | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27227 | TREAT HIP FRACTURE(S) | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27226 | TREAT HIP WALL FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27222 | TREAT HIP SOCKET FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27220 | TREAT HIP SOCKET FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27218 | TREAT PELVIC RING FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27217 | TREAT PELVIC RING FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27216 | TREAT PELVIC RING FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27215 | TREAT PELVIC FRACTURE(S) | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27202 | TREAT TAIL BONE FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27200 | TREAT TAIL BONE FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27198 | CLSD TX PELVIC RING FX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27197 | CLSD TX PELVIC RING FX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27187 | REINFORCE HIP BONES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 27185 | REVISION OF FEMUR EPIPHYSIS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27181 | TREAT SLIPPED EPIPHYSIS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27179 | REVISE HEAD/NECK OF FEMUR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27178 | TREAT SLIPPED EPIPHYSIS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27177 | TREAT SLIPPED EPIPHYSIS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27176 | TREAT SLIPPED EPIPHYSIS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27175 | TREAT SLIPPED EPIPHYSIS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27170 | REPAIR/GRAFT FEMUR HEAD/NECK | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27165 | INCISION/FIXATION OF FEMUR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27161 | INCISION OF NECK OF FEMUR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27158 | REVISION OF PELVIS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27156 | REVISION OF HIP BONES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27151 | INCISION OF HIP BONES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27147 | REVISION OF HIP BONE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27146 | INCISION OF HIP BONE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27140 | TRANSPLANT FEMUR RIDGE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 27138 | REVISE HIP JOINT REPLACEMENT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27137 | REVISE HIP JOINT REPLACEMENT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27134 | REVISE HIP JOINT REPLACEMENT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27132 | TOTAL HIP ARTHROPLASTY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27130 | TOTAL HIP ARTHROPLASTY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27125 | PARTIAL HIP REPLACEMENT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27122 | RECONSTRUCTION OF HIP SOCKET | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27120 | RECONSTRUCTION OF HIP SOCKET | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27111 | TRANSFER OF ILIOPSOAS MUSCLE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27110 | TRANSFER OF ILIOPSOAS MUSCLE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27105 | TRANSFER OF SPINAL MUSCLE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27100 | TRANSFER OF ABDOMINAL MUSCLE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27098 | TRANSFER TENDON TO PELVIS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27097 | REVISION OF HIP TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27095 | INJECTION FOR HIP X-RAY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27093 | INJECTION FOR HIP X-RAY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 27091 | REMOVAL OF HIP PROSTHESIS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27090 | REMOVAL OF HIP PROSTHESIS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27087 | REMOVE HIP FOREIGN BODY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27086 | REMOVE HIP FOREIGN BODY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27080 | REMOVAL OF TAIL BONE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27078 | RSECT HIP TUM INCL FEMUR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27077 | RESECT HIP TUM W/INNOM BONE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27076 | RESECT HIP TUM INCL ACETABUL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27075 | RESECT HIP TUMOR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27071 | PART REMOVAL HIP BONE DEEP | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27070 | PART REMOVE HIP BONE SUPER | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27067 | REMOVE/GRAFT HIP BONE LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27066 | REMOVE HIP BONE LES DEEP | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27065 | REMOVE HIP BONE LES SUPER | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27062 | REMOVE FEMUR LESION/BURSA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27060 | REMOVAL OF ISCHIAL BURSA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 27059 | RESECT HIP/PELV TUM 5 CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27057 | BUTTOCK FASCIOTOMY W/DBRDMT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27054 | REMOVAL OF HIP JOINT LINING | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27052 | BIOPSY OF HIP JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27050 | BIOPSY OF SACROILIAC JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27049 | RESECT HIP/PELV TUM LT 5 CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27048 | EXC HIP/PELV TUM DEEP LT 5 CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27047 | EXC HIP/PELVIS LES SC LT 3 CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27045 | EXC HIP/PELV TUM DEEP 5 CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27043 | EXC HIP PELVIS LES SC 3 CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27041 | BIOPSY OF SOFT TISSUES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27040 | BIOPSY OF SOFT TISSUES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 27035 | DENERVATION OF HIP JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26992 | DRAINAGE OF BONE LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26991 | DRAINAGE OF PELVIS BURSA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26990 | DRAINAGE OF PELVIS LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 26952 | AMPUTATION OF FINGER/THUMB | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26951 | AMPUTATION OF FINGER/THUMB | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26910 | AMPUTATE METACARPAL BONE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26863 | FUSE/GRAFT ADDED JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26862 | FUSION/GRAFT OF FINGER JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26861 | FUSION OF FINGER JNT ADD-ON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26860 | FUSION OF FINGER JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26852 | FUSION OF KNUCKLE WITH GRAFT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26850 | FUSION OF KNUCKLE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26844 | FUSION/GRAFT OF HAND JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26843 | FUSION OF HAND JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26842 | THUMB FUSION WITH GRAFT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26841 | FUSION OF THUMB | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26820 | THUMB FUSION WITH GRAFT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26785 | TREAT FINGER DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26776 | PIN FINGER DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 26775 | TREAT FINGER DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26770 | TREAT FINGER DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26765 | TREAT FINGER FRACTURE EACH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26756 | PIN FINGER FRACTURE EACH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26755 | TREAT FINGER FRACTURE EACH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26750 | TREAT FINGER FRACTURE EACH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26746 | TREAT FINGER FRACTURE EACH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26742 | TREAT FINGER FRACTURE EACH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26740 | TREAT FINGER FRACTURE EACH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26735 | TREAT FINGER FRACTURE EACH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26727 | TREAT FINGER FRACTURE EACH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26725 | TREAT FINGER FRACTURE EACH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26720 | TREAT FINGER FRACTURE EACH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26715 | TREAT KNUCKLE DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26706 | PIN KNUCKLE DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26705 | TREAT KNUCKLE DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 26700 | TREAT KNUCKLE DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26686 | TREAT HAND DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26685 | TREAT HAND DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26676 | PIN HAND DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26675 | TREAT HAND DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26670 | TREAT HAND DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26665 | TREAT THUMB FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26650 | TREAT THUMB FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26645 | TREAT THUMB FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26641 | TREAT THUMB DISLOCATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26615 | TREAT METACARPAL FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26608 | TREAT METACARPAL FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26607 | TREAT METACARPAL FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26605 | TREAT METACARPAL FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26600 | TREAT METACARPAL FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26596 | EXCISION CONSTRICTING TISSUE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 26593 | RELEASE MUSCLES OF HAND | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26591 | REPAIR MUSCLES OF HAND | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26590 | REPAIR FINGER DEFORMITY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26587 | RECONSTRUCT EXTRA FINGER | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26568 | LENGTHEN METACARPAL/FINGER | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26567 | CORRECT FINGER DEFORMITY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26565 | CORRECT METACARPAL FLAW | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26562 | REPAIR OF WEB FINGER | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26561 | REPAIR OF WEB FINGER | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26560 | REPAIR OF WEB FINGER | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26556 | TOE JOINT TRANSFER | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26555 | POSITIONAL CHANGE OF FINGER | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26554 | DOUBLE TRANSFER TOE-HAND | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26553 | SINGLE TRANSFER TOE-HAND | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26551 | GREAT TOE-HAND TRANSFER | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26548 | RECONSTRUCT FINGER JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 26546 | REPAIR NONUNION HAND | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26545 | RECONSTRUCT FINGER JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26542 | REPAIR HAND JOINT WITH GRAFT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26541 | REPAIR HAND JOINT WITH GRAFT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26540 | REPAIR HAND JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26536 | REVISE/IMPLANT FINGER JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26535 | REVISE FINGER JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26531 | REVISE KNUCKLE WITH IMPLANT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26530 | REVISE KNUCKLE JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26525 | RELEASE FINGER CONTRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26520 | RELEASE KNUCKLE CONTRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26518 | FUSION OF KNUCKLE JOINTS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26517 | FUSION OF KNUCKLE JOINTS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26516 | FUSION OF KNUCKLE JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26510 | THUMB TENDON TRANSFER | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26508 | RELEASE THUMB CONTRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 26502 | HAND TENDON RECONSTRUCTION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26500 | HAND TENDON RECONSTRUCTION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26498 | FINGER TENDON TRANSFER | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26497 | FINGER TENDON TRANSFER | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26496 | REVISE THUMB TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26494 | HAND TENDON/MUSCLE TRANSFER | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26492 | TENDON TRANSFER WITH GRAFT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26490 | REVISE THUMB TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26489 | TRANSPLANT/GRAFT PALM TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26485 | TRANSPLANT PALM TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26483 | TRANSPLANT/GRAFT HAND TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26480 | TRANSPLANT HAND TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26479 | SHORTENING OF HAND TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26478 | LENGTHENING OF HAND TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26477 | TENDON SHORTENING | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26476 | TENDON LENGTHENING | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 26474 | FUSION OF FINGER TENDONS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26471 | FUSION OF FINGER TENDONS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26460 | INCISE HAND/FINGER TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26455 | INCISION OF FINGER TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26450 | INCISION OF PALM TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26449 | RELEASE FOREARM/HAND TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26445 | RELEASE HAND/FINGER TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26442 | RELEASE PALM & FINGER TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26440 | RELEASE PALM/FINGER TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26437 | REALIGNMENT OF TENDONS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26434 | REPAIR/GRAFT FINGER TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26433 | REPAIR FINGER TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26432 | REPAIR FINGER TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26428 | REPAIR/GRAFT FINGER TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26426 | REPAIR FINGER/HAND TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26420 | REPAIR/GRAFT FINGER TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 26418 | REPAIR FINGER TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26416 | GRAFT HAND OR FINGER TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26415 | EXCISION HAND/FINGER TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26412 | REPAIR/GRAFT HAND TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26410 | REPAIR HAND TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26392 | REPAIR/GRAFT HAND TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26390 | REVISE HAND/FINGER TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26373 | REPAIR FINGER/HAND TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26372 | REPAIR/GRAFT HAND TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26370 | REPAIR FINGER/HAND TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26358 | REPAIR/GRAFT HAND TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26357 | REPAIR FINGER/HAND TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26356 | REPAIR FINGER/HAND TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26352 | REPAIR/GRAFT HAND TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26350 | REPAIR FINGER/HAND TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26341 | MANIPULAT PALM CORD POST INJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 26340 | MANIPULATE FINGER W/ANESTH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26320 | REMOVAL OF IMPLANT FROM HAND | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26262 | RESECT DISTAL FINGER TUMOR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26260 | RESECT PROX FINGER TUMOR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26250 | EXTENSIVE HAND SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26236 | PARTIAL REMOVAL FINGER BONE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26235 | PARTIAL REMOVAL FINGER BONE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26230 | PARTIAL REMOVAL OF HAND BONE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26215 | REMOVE/GRAFT FINGER LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26210 | REMOVAL OF FINGER LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26205 | REMOVE/GRAFT BONE LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26200 | REMOVE HAND BONE LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26185 | REMOVE FINGER BONE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26180 | REMOVAL OF FINGER TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26170 | REMOVAL OF PALM TENDON EACH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26160 | REMOVE TENDON SHEATH LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 26145 | TENDON EXCISION PALM/FINGER | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26140 | REVISE FINGER JOINT EACH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26135 | REVISE FINGER JOINT EACH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26130 | REMOVE WRIST JOINT LINING | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26125 | RELEASE PALM CONTRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26123 | RELEASE PALM CONTRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26121 | RELEASE PALM CONTRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26118 | RAD RESECT HAND TUMOR 3 CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26117 | RAD RESECT HAND TUMOR LT 3 CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26116 | EXC HAND TUM DEEP LT 1.5 CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26115 | EXC HAND LES SC LT 1.5 CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26113 | EXC HAND TUM DEEP 1.5 CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26111 | EXC HAND LES SC 1.5 CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26110 | BIOPSY FINGER JOINT LINING | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26105 | BIOPSY FINGER JOINT LINING | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26100 | BIOPSY HAND JOINT LINING | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 26080 | EXPLORE/TREAT FINGER JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26075 | EXPLORE/TREAT FINGER JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26070 | EXPLORE/TREAT HAND JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26060 | INCISION OF FINGER TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26055 | INCISE FINGER TENDON SHEATH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26045 | RELEASE PALM CONTRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26040 | RELEASE PALM CONTRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26037 | DECOMPRESS FINGERS/HAND | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26035 | DECOMPRESS FINGERS/HAND | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26034 | TREAT HAND BONE LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26030 | DRAINAGE OF PALM BURSAS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26025 | DRAINAGE OF PALM BURSA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26020 | DRAIN HAND TENDON SHEATH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26011 | DRAINAGE OF FINGER ABSCESS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 26010 | DRAINAGE OF FINGER ABSCESS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25931 | AMPUTATION FOLLOW-UP SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 25929 | AMPUTATION FOLLOW-UP SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25927 | AMPUTATION OF HAND | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25924 | AMPUTATION FOLLOW-UP SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25922 | AMPUTATE HAND AT WRIST | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25920 | AMPUTATE HAND AT WRIST | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25915 | AMPUTATION OF FOREARM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25909 | AMPUTATION FOLLOW-UP SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25907 | AMPUTATION FOLLOW-UP SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25905 | AMPUTATION OF FOREARM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25900 | AMPUTATION OF FOREARM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25431 | REPAIR NONUNION CARPAL BONE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25430 | VASC GRAFT INTO CARPAL BONE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25426 | REPAIR/GRAFT RADIUS & ULNA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25425 | REPAIR/GRAFT RADIUS OR ULNA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25420 | REPAIR/GRAFT RADIUS & ULNA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25415 | REPAIR RADIUS & ULNA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 25405 | REPAIR/GRAFT RADIUS OR ULNA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25400 | REPAIR RADIUS OR ULNA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25394 | REPAIR CARPAL BONE SHORTEN | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25393 | LENGTHEN RADIUS & ULNA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25392 | SHORTEN RADIUS & ULNA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25391 | LENGTHEN RADIUS OR ULNA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25390 | SHORTEN RADIUS OR ULNA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25375 | REVISE RADIUS & ULNA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25370 | REVISE RADIUS OR ULNA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25365 | REVISE RADIUS & ULNA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25360 | REVISION OF ULNA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25355 | REVISION OF RADIUS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25350 | REVISION OF RADIUS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25337 | RECONSTRUCT ULNA/RADIOULNAR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25332 | REVISE WRIST JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25320 | REPAIR/REVISE WRIST JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 25316 | REVISE PALSY HAND TENDON(S) | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25315 | REVISE PALSY HAND TENDON(S) | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25312 | TRANSPLANT FOREARM TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25310 | TRANSPLANT FOREARM TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25301 | FUSION OF TENDONS AT WRIST | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25300 | FUSION OF TENDONS AT WRIST | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25295 | RELEASE WRIST/FOREARM TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25290 | INCISE WRIST/FOREARM TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25280 | REVISE WRIST/FOREARM TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25275 | REPAIR FOREARM TENDON SHEATH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25274 | REPAIR FOREARM TENDON/MUSCLE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25272 | REPAIR FOREARM TENDON/MUSCLE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25270 | REPAIR FOREARM TENDON/MUSCLE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25265 | REPAIR FOREARM TENDON/MUSCLE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25263 | REPAIR FOREARM TENDON/MUSCLE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25260 | REPAIR FOREARM TENDON/MUSCLE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 25259 | MANIPULATE WRIST W/ANESTHES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25251 | REMOVAL OF WRIST PROSTHESIS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25250 | REMOVAL OF WRIST PROSTHESIS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25248 | REMOVE FOREARM FOREIGN BODY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25246 | INJECTION FOR WRIST X-RAY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25240 | PARTIAL REMOVAL OF ULNA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25230 | PARTIAL REMOVAL OF RADIUS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25215 | REMOVAL OF WRIST BONES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25210 | REMOVAL OF WRIST BONE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25170 | RESECT RADIUS/ULNAR TUMOR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25151 | PARTIAL REMOVAL OF RADIUS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25150 | PARTIAL REMOVAL OF ULNA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25145 | REMOVE FOREARM BONE LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25136 | REMOVE & GRAFT WRIST LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25135 | REMOVE & GRAFT WRIST LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25130 | REMOVAL OF WRIST LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 25126 | REMOVE/GRAFT FOREARM LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25125 | REMOVE/GRAFT FOREARM LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25120 | REMOVAL OF FOREARM LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25119 | PARTIAL REMOVAL OF ULNA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25118 | EXCISE WRIST TENDON SHEATH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25116 | REMOVE WRIST/FOREARM LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25115 | REMOVE WRIST/FOREARM LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25112 | REREMOVE WRIST TENDON LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25111 | REMOVE WRIST TENDON LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25110 | REMOVE WRIST TENDON LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25109 | EXCISE TENDON FOREARM/WRIST | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25107 | REMOVE WRIST JOINT CARTILAGE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25105 | REMOVE WRIST JOINT LINING | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25101 | EXPLORE/TREAT WRIST JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25100 | BIOPSY OF WRIST JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25085 | INCISION OF WRIST CAPSULE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 25078 | RESECT FORARM/WRIST TUM 3CMGT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25077 | RESECT FOREARM/WRIST TUMLT 3CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25076 | EXC FOREARM TUM DEEP LT 3 CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25075 | EXC FOREARM LES SC LT 3 CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25073 | EXC FOREARM TUM DEEP 3 CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25071 | EXC FOREARM LES SC 3 CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25066 | BIOPSY FOREARM SOFT TISSUES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25065 | BIOPSY FOREARM SOFT TISSUES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25025 | DECOMPRESS FOREARM 2 SPACES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25024 | DECOMPRESS FOREARM 2 SPACES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25023 | DECOMPRESS FOREARM 1 SPACE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25020 | DECOMPRESS FOREARM 1 SPACE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25001 | INCISE FLEXOR CARPI RADIALIS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 25000 | INCISION OF TENDON SHEATH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24940 | REVISION OF UPPER ARM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24935 | REVISION OF AMPUTATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 24931 | AMPUTATE UPPER ARM & IMPLANT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24930 | AMPUTATION FOLLOW-UP SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24925 | AMPUTATION FOLLOW-UP SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24920 | AMPUTATION OF UPPER ARM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24900 | AMPUTATION OF UPPER ARM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24366 | RECONSTRUCT HEAD OF RADIUS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24365 | RECONSTRUCT HEAD OF RADIUS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24363 | REPLACE ELBOW JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24362 | RECONSTRUCT ELBOW JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24361 | RECONSTRUCT ELBOW JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24360 | RECONSTRUCT ELBOW JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24359 | REPAIR ELBOW DEB/ATTCH OPEN | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24358 | REPAIR ELBOW W/DEB OPEN | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24357 | REPAIR ELBOW PERC | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24346 | RECONSTRUCT ELBOW MED LIGMNT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24345 | REPR ELBW MED LIGMNT W/TISSU | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 24344 | RECONSTRUCT ELBOW LAT LIGMNT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24343 | REPR ELBOW LAT LIGMNT W/TISS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24342 | REPAIR OF RUPTURED TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24149 | RADICAL RESECTION OF ELBOW | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24076 | EX ARM/ELBOW TUM DEEP LT 5 CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24075 | EXC ARM/ELBOW LES SC LT 3 CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24073 | EX ARM/ELBOW TUM DEEP 5 CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24071 | EXC ARM/ELBOW LES SC 3 CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24066 | BIOPSY ARM/ELBOW SOFT TISSUE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24065 | BIOPSY ARM/ELBOW SOFT TISSUE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23491 | REINFORCE SHOULDER BONES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23490 | REINFORCE CLAVICLE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23485 | REVISION OF COLLAR BONE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23480 | REVISION OF COLLAR BONE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23472 | RECONSTRUCT SHOULDER JOINT | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 23470 | RECONSTRUCT SHOULDER JOINT | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 23466 | REPAIR SHOULDER CAPSULE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23465 | REPAIR SHOULDER CAPSULE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23462 | REPAIR SHOULDER CAPSULE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23460 | REPAIR SHOULDER CAPSULE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23455 | REPAIR SHOULDER CAPSULE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23450 | REPAIR SHOULDER CAPSULE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23440 | REMOVE/TRANSPLANT TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23430 | REPAIR BICEPS TENDON | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23420 | REPAIR OF SHOULDER | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23415 | RELEASE OF SHOULDER LIGAMENT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23412 | REPAIR ROTATOR CUFF CHRONIC | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23410 | REPAIR ROTATOR CUFF ACUTE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23406 | INCISE TENDON(S) & MUSCLE(S) | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23405 | INCISION OF TENDON & MUSCLE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23400 | FIXATION OF SHOULDER BLADE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23397 | MUSCLE TRANSFERS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 23395 | MUSCLE TRANSFER SHOULDER/ARM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23350 | INJECTION FOR SHOULDER X-RAY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23335 | SHOULDER PROSTHESIS REMOVAL | SURGERY - MUSKULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23334 | SHOULDER PROSTHESIS REMOVAL | SURGERY - MUSKULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23333 | REMOVE SHOULDER FB DEEP | SURGERY - MUSKULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23330 | REMOVE SHOULDER FOREIGN BODY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23156 | REMOVAL OF HUMERUS LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23155 | REMOVAL OF HUMERUS LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23150 | REMOVAL OF HUMERUS LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23146 | REMOVAL OF BONE LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23145 | REMOVAL OF BONE LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23140 | REMOVAL OF BONE LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23076 | EXC SHOULDER TUM DEEP LT 5 CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23075 | EXC SHOULDER LES SC LT 3 CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23073 | EXC SHOULDER TUM DEEP 5 CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23071 | EXC SHOULDER LES SC 3 CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 23066 | BIOPSY SHOULDER TISSUES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23065 | BIOPSY SHOULDER TISSUES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22905 | RAD RESECT ABD TUMOR 5 CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22904 | RADICAL RESECT ABD TUMORLT 5CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22903 | EXC ABD LES SC 3 CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22902 | EXC ABD LES SC LT 3 CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22901 | EXC ABDL TUM DEEP 5 CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22900 | EXC ABDL TUM DEEP LT 5 CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22870 | INSJ STABLJ DEV W/O DCMPRN | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22869 | INSJ STABLJ DEV W/O DCMPRN | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22868 | INSJ STABLJ DEV W/DCMPRN | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22867 | INSJ STABLJ DEV W/DCMPRN | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22859 | INSJ BIOMECHANICAL DEVICE | 2009 Code Set | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22854 | INSJ BIOMECHANICAL DEVICE | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22853 | INSJ BIOMECHANICAL DEVICE | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22849 | REINSERT SPINAL FIXATION | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 22830 | EXPLORATION OF SPINAL FUSION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22819 | KYPHECTOMY 3 OR MORE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22818 | KYPHECTOMY 1-2 SEGMENTS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22505 | MANIPULATION OF SPINE | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 22328 | TREAT EACH ADD SPINE FX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22327 | TREAT THORAX SPINE FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22326 | TREAT NECK SPINE FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22319 | TREAT ODONTOID FX W/GRAFT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22318 | TREAT ODONTOID FX W/O GRAFT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22315 | CLOSED TX VERT FX W/MANJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22310 | CLOSED TX VERT FX W/O MANJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22216 | INCIS ADDL SPINE SEGMENT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22212 | INCIS 1 VERTEBRAL SEG THORAC | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22210 | INCIS 1 VERTEBRAL SEG CERV | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22208 | INCIS SPINE 3 COLUMN ADL SEG | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22207 | INCIS SPINE 3 COLUMN LUMBAR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 22206 | INCIS SPINE 3 COLUMN THORAC | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22116 | REMOVE EXTRA SPINE SEGMENT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22114 | REMOVE PART LUMBAR VERTEBRA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22112 | REMOVE PART THORAX VERTEBRA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22110 | REMOVE PART OF NECK VERTEBRA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22103 | REMOVE EXTRA SPINE SEGMENT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22102 | REMOVE PART LUMBAR VERTEBRA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22101 | REMOVE PART THORAX VERTEBRA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22100 | REMOVE PART OF NECK VERTEBRA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 22015 | I&D ABSCESS P-SPINE L/S/LS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21936 | RESECT BACK TUM 5 CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21935 | RESECT BACK TUM LT 5 CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21933 | EXC BACK TUM DEEP 5 CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21932 | EXC BACK TUM DEEP LT 5 CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21931 | EXC BACK LES SC 3 CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21930 | EXC BACK LES SC LT 3 CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 21925 | BIOPSY SOFT TISSUE OF BACK | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21920 | BIOPSY SOFT TISSUE OF BACK | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21825 | TREAT STERNUM FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21820 | TREAT STERNUM FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21813 | TREATMENT OF RIB FRACTURE | SURGERY - MUSKULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21812 | TREATMENT OF RIB FRACTURE | SURGERY - MUSKULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21811 | OPTX OF RIB FX W/FIXJ SCOPE | SURGERY - MUSKULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21750 | REPAIR OF STERNUM SEPARATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21742 | REPAIR STERN/NUSS W/O SCOPE | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21725 | REVISION OF NECK MUSCLE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21720 | REVISION OF NECK MUSCLE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21705 | REVISION OF NECK MUSCLE/RIB | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21700 | REVISION OF NECK MUSCLE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21603 | EXC CH WAL TUM W/LYMPHADEC | SURGERY-MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21602 | EXC CH WAL TUM W/O LYMPHADEC | SURGERY-MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21601 | EXC CHEST WALL TUMOR W/RIBS | SURGERY-MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 21600 | PARTIAL REMOVAL OF RIB | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21558 | RESECT NECK TUMOR 5 CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21557 | RESECT NECK THORAX TUMORLT 5CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21556 | EXC NECK TUM DEEP LT 5 CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21555 | EXC NECK LES SC LT 3 CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21554 | EXC NECK TUM DEEP 5 CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21552 | EXC NECK LES SC 3 CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21550 | BIOPSY OF NECK/CHEST | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21408 | OPN TX ORBIT FX W/BONE GRFT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21407 | OPN TX ORBIT FX W/IMPLANT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21406 | OPN TX ORBIT FX W/O IMPLANT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21401 | CLOSED TX ORBIT W/MANIPULJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21400 | CLOSED TX ORBIT W/O MANIPULJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21395 | OPN TX ORBIT PERIORBT W/GRFT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21390 | OPN TX ORBIT PERIORBTL IMPLT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21387 | OPN TX ORBIT FX COMBINED | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 21386 | OPN TX ORBIT FX PERIORBITAL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21385 | OPN TX ORBIT FX TRANSANTRAL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21366 | OPN TX COMPLX MALAR W/GRFT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21365 | OPN TX COMPLX MALAR FX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21360 | OPN TX DPRSD MALAR FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21356 | OPN TX DPRSD ZYGOMATIC ARCH | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21355 | PERQ TX MALAR FRACTURE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21348 | OPN TX NASOMAX FX W/GRAFT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21347 | OPN TX NASOMAX FX MULTPLE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21346 | OPN TX NASOMAX FX W/FIXJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21345 | CLOSED TX NOSE/JAW FX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21344 | OPEN TX COMPL FRONT SINUS FX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21343 | OPEN TX DPRSD FRONT SINUS FX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21340 | PERQ TX NASOETHMOID FX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21339 | OPEN NASOETHMOID FX W/ FIXJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21338 | OPEN NASOETHMOID FX W/O FIXJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 21337 | CLOSED TX SEPTAL&NOSE FX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21336 | OPEN TX SEPTAL FX W/WO STABJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21335 | OPEN TX NOSE & SEPTAL FX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21330 | OPEN TX NOSE FX W/SKELE FIXJ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21325 | OPEN TX NOSE FX UNCOMPLICATD | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21296 | REVISION OF JAW MUSCLE/BONE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21295 | REVISION OF JAW MUSCLE/BONE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21275 | REVISION ORBITOFACIAL BONES | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21270 | AUGMENTATION CHEEK BONE | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21268 | REVISE EYE SOCKETS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21267 | REVISE EYE SOCKETS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21263 | REVISE EYE SOCKETS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21261 | REVISE EYE SOCKETS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21260 | REVISE EYE SOCKETS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21256 | RECONSTRUCTION OF ORBIT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21255 | RECONSTRUCT LOWER JAW BONE | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 21249 | RECONSTRUCTION OF JAW | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21248 | RECONSTRUCTION OF JAW | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21247 | RECONSTRUCT LOWER JAW BONE | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21246 | RECONSTRUCTION OF JAW | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21245 | RECONSTRUCTION OF JAW | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21244 | RECONSTRUCTION OF LOWER JAW | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21243 | RECONSTRUCTION OF JAW JOINT | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21242 | RECONSTRUCTION OF JAW JOINT | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21240 | RECONSTRUCTION OF JAW JOINT | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21215 | LOWER JAW BONE GRAFT | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21210 | FACE BONE GRAFT | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21209 | REDUCTION OF FACIAL BONES | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21208 | AUGMENTATION OF FACIAL BONES | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21206 | RECONSTRUCT UPPER JAW BONE | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21199 | RECONSTR LWR JAW W/ADVANCE | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21198 | RECONSTR LWR JAW SEGMENT | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 21196 | RECONST LWR JAW W/FIXATION | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21195 | RECONST LWR JAW W/O FIXATION | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21194 | RECONST LWR JAW W/GRAFT | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21193 | RECONST LWR JAW W/O GRAFT | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21188 | RECONSTRUCTION OF MIDFACE | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21184 | RECONSTRUCT CRANIAL BONE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21183 | RECONSTRUCT CRANIAL BONE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21182 | RECONSTRUCT CRANIAL BONE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21116 | INJECTION JAW JOINT X-RAY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21110 | INTERDENTAL FIXATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21100 | MAXILLOFACIAL FIXATION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21073 | MNPJ OF TMJ W/ANESTH | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21070 | REMOVE CORONOID PROCESS | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21060 | REMOVE JAW JOINT CARTILAGE | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21050 | REMOVAL OF JAW JOINT | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 21049 | EXCIS UPPR JAW CYST W/REPAIR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 21048 | REMOVE MAXILLA CYST COMPLEX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21047 | EXCISE LWR JAW CYST W/REPAIR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21046 | REMOVE MANDIBLE CYST COMPLEX | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21045 | EXTENSIVE JAW SURGERY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21044 | REMOVAL OF JAW BONE LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21040 | EXCISE MANDIBLE LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21034 | EXCISE MAX/ZYGOMA MAL TUMOR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21032 | REMOVE EXOSTOSIS MAXILLA | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21031 | REMOVE EXOSTOSIS MANDIBLE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21030 | EXCISE MAX/ZYGOMA B9 TUMOR | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21029 | CONTOUR OF FACE BONE LESION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21026 | EXCISION OF FACIAL BONE(S) | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21025 | EXCISION OF BONE LOWER JAW | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21016 | RESECT FACE/SCALP TUM 2 CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21015 | RESECT FACE/SCALP TUM LT 2 CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21014 | EXC FACE TUM DEEP 2 CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 21013 | EXC FACE TUM DEEP LT 2 CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21012 | EXC FACE LES SBQ 2 CM/GT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21011 | EXC FACE LES SC LT 2 CM | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21010 | INCISION OF JAW JOINT | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 20985 | CPTR-ASST DIR MS PX | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 20983 | ABLATE BONE TUMOR(S) PERQ | SURGERY - MUSKULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 20982 | ABLATE BONE TUMOR(S) PERQ | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20973 | BONE/SKIN GRAFT GREAT TOE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20972 | BONE/SKIN GRAFT METATARSAL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20970 | BONE/SKIN GRAFT ILIAC CREST | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20969 | BONE/SKIN GRAFT MICROVASC | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20962 | OTHER BONE GRAFT MICROVASC | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20957 | MT BONE GRAFT MICROVASC | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20956 | ILIAC BONE GRAFT MICROVASC | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20955 | FIBULA BONE GRAFT MICROVASC | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20924 | REMOVAL OF TENDON FOR GRAFT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 20922 | REMOVAL OF FASCIA FOR GRAFT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20920 | REMOVAL OF FASCIA FOR GRAFT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20912 | REMOVE CARTILAGE FOR GRAFT | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 20910 | REMOVE CARTILAGE FOR GRAFT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20902 | REMOVAL OF BONE FOR GRAFT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20900 | REMOVAL OF BONE FOR GRAFT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20838 | REPLANTATION FOOT COMPLETE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20827 | REPLANTATION THUMB COMPLETE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20824 | REPLANTATION THUMB COMPLETE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20822 | REPLANTATION DIGIT COMPLETE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20816 | REPLANTATION DIGIT COMPLETE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20808 | REPLANTATION HAND COMPLETE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20805 | REPLANT FOREARM COMPLETE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20802 | REPLANTATION ARM COMPLETE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20705 | RMVL I-ARTIC RX DELIVERY DEV | SURGERY-MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20704 | MNL PREP&INSJ I-ARTIC RX DEV | SURGERY-MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 20703 | RMVL IMED RX DELIVERY DEVICE | SURGERY-MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20702 | MNL PREP&INSJ IMED RX DEV | SURGERY-MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20701 | RMVL DEEP RX DELIVERY DEVICE | SURGERY-MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20700 | MNL PREP&INSJ DP RX DLVR DEV | SURGERY-MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20660 | APPLY REM FIXATION DEVICE | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20650 | INSERT AND REMOVE BONE PIN | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20615 | TREATMENT OF BONE CYST | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20612 | ASPIRATE/INJ GANGLION CYST | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20611 | DRAIN/INJ JOINT/BURSA W/US | SURGERY - MUSKULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20610 | DRAIN/INJ JOINT/BURSA W/O US | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20606 | DRAIN/INJ JOINT/BURSA W/US | SURGERY - MUSKULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20605 | DRAIN/INJ JOINT/BURSA W/O US | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20604 | DRAIN/INJ JOINT/BURSA W/US | SURGERY - MUSKULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20600 | DRAIN/INJ JOINT/BURSA W/O US | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20561 | NDL INSJ W/O NJX 3+ MUSC | SURGERY-MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 20560 | NDL INSJ W/O NJX 1 OR 2 MUSC | SURGERY-MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 20555 | PLACE NDL MUSC/TIS FOR RT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20526 | THER INJECTION CARP TUNNEL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20245 | BONE BIOPSY OPEN DEEP | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20240 | BONE BIOPSY OPEN SUPERFICIAL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 20205 | DEEP MUSCLE BIOPSY | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19396 | DESIGN CUSTOM BREAST IMPLANT | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 19355 | CORRECT INVERTED NIPPLE(S) | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 19307 | MAST MOD RAD | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19306 | MAST RAD URBAN TYPE | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19305 | MAST RADICAL | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19303 | MAST SIMPLE COMPLETE | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | Submission of valid patient consent form required with claim. Prior Auth required when related to Gender Reassignment. | |
| ABH of Illinois-Medicaid | 19302 | P-MASTECTOMY W/LN REMOVAL | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19301 | PARTIAL MASTECTOMY | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19298 | PLACE BREAST RAD TUBE/CATHS | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19297 | PLACE BREAST CATH FOR RAD | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19296 | PLACE PO BREAST CATH FOR RAD | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 19288 | PERQ DEV BREAST ADD MR GUIDE | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19287 | PERQ DEV BREAST 1ST MR GUIDE | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19286 | PERQ DEV BREAST ADD US IMAG | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19285 | PERQ DEV BREAST 1ST US IMAG | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19284 | PERQ DEV BREAST ADD STRTCTC | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19283 | PERQ DEV BREAST 1ST STRTCTC | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19282 | PERQ DEVICE BREAST EA IMAG | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19281 | PERQ DEVICE BREAST 1ST IMAG | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19126 | EXCISION ADDL BREAST LESION | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19125 | EXCISION BREAST LESION | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19120 | REMOVAL OF BREAST LESION | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19112 | EXCISE BREAST DUCT FISTULA | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19105 | CRYOSURG ABLATE FA EACH | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19101 | BIOPSY OF BREAST OPEN | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19100 | BX BREAST PERCUT W/O IMAGE | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19086 | BX BREAST ADD LESION MR IMAG | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 19085 | BX BREAST 1ST LESION MR IMAG | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19084 | BX BREAST ADD LESION US IMAG | 2010 Code Set | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19083 | BX BREAST 1ST LESION US IMAG | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19082 | BX BREAST ADD LESION STRTCTC | 2010 Code Set | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19081 | BX BREAST 1ST LESION STRTCTC | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 17315 | MOHS SURG ADDL BLOCK | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 17314 | MOHS ADDL STAGE T/A/L | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 17313 | MOHS 1 STAGE T/A/L | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 17312 | MOHS ADDL STAGE | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 17311 | MOHS 1 STAGE H/N/HF/G | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 17250 | CHEM CAUT OF GRANLTJ TISSUE | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 17004 | DESTROY PREMAL LESIONS 15/GT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 17003 | DESTRUCT PREMALG LES 2-14 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 17000 | DESTRUCT PREMALG LESION | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 16030 | DRESS/DEBRID P-THICK BURN L | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 16025 | DRESS/DEBRID P-THICK BURN M | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 16020 | DRESS/DEBRID P-THICK BURN S | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 16000 | INITIAL TREATMENT OF BURN (S) | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15879 | SUCTION LIPECTOMY LWR EXTREM | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 15878 | SUCTION LIPECTOMY UPR EXTREM | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 15877 | SUCTION LIPECTOMY TRUNK | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 15876 | SUCTION LIPECTOMY HEAD&NECK | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 15852 | DRESSING CHANGE NOT FOR BURN | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15847 | EXC SKIN ABD ADD-ON | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 15845 | SKIN AND MUSCLE REPAIR FACE | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15842 | NERVE PALSY MICROSURG GRAFT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15841 | NERVE PALSY MUSCLE GRAFT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15840 | NERVE PALSY FASCIAL GRAFT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15777 | ACELLULAR DERM MATRIX IMPLT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15774 | GFRG AUTOL FAT LIPO EA ADDL | SURGERY- INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 15773 | GRFG AUTOL FAT LIPO 25 CC/LT | SURGERY- INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 15772 | GRFG AUTOL FAT LIPO EA ADDL | SURGERY- INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 15771 | GRFG AUTOL FAT LIPO 50 CC/LT | SURGERY-INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 15770 | DERMA-FAT-FASCIA GRAFT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15769 | GRFG AUTOL SOFT TISS DIR EXC | SURGERY-INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 15760 | COMPOSITE SKIN GRAFT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15758 | FREE FASCIAL FLAP MICROVASC | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15757 | FREE SKIN FLAP MICROVASC | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15756 | FREE MYO/SKIN FLAP MICROVASC | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15750 | NEUROVASCULAR PEDICLE FLAP | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15738 | MUSCLE-SKIN GRAFT LEG | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15736 | MUSCLE-SKIN GRAFT ARM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15734 | MUSCLE-SKIN GRAFT TRUNK | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15733 | MUSC MYOQ/FSCQ FLP H&N PEDCL | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15731 | FOREHEAD FLAP W/VASC PEDICLE | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15730 | MDFC FLAP W/PRSRV VASC PEDCL | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15650 | TRANSFER SKIN PEDICLE FLAP | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15630 | DELAY FLAP EYE/NOS/EAR/LIP | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 15620 | DELAY FLAP F/C/C/N/AX/G/H/F | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15610 | DELAY FLAP ARMS/LEGS | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15600 | DELAY FLAP TRUNK | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15576 | PEDICLE E/N/E/L/NTRORAL | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15574 | PEDCLE FH/CH/CH/M/N/AX/G/H/F | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15572 | SKIN PEDICLE FLAP ARMS/LEGS | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15570 | SKIN PEDICLE FLAP TRUNK | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15278 | SKN SUB GRFT F/N/HF/G CH ADD | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15277 | SKN SUB GRFT F/N/HF/G CHILD | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15276 | SKIN SUB GRAFT F/N/HF/G ADDL | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15275 | SKIN SUB GRAFT FACE/NK/HF/G | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15274 | SKN SUB GRFT T/A/L CHILD ADD | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15273 | SKIN SUB GRFT T/ARM/LG CHILD | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15272 | SKIN SUB GRAFT T/A/L ADD-ON | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15271 | SKIN SUB GRAFT TRNK/ARM/LEG | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15040 | HARVEST CULTURED SKIN GRAFT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 15005 | WND PREP F/N/HF/G ADDL CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15004 | WOUND PREP F/N/HF/G | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15003 | WOUND PREP ADDL 100 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15002 | WOUND PREP TRK/ARM/LEG | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 14350 | FILLETED FINGER/TOE FLAP | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 14302 | TIS TRNFR ADDL 30 SQ CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 14301 | TIS TRNFR ANY 30.1-60 SQ CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 14061 | TIS TRNFR E/N/E/L10.1-30SQCM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 14060 | TIS TRNFR E/N/E/L 10 SQ CM/LT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 14041 | TIS TRNFR F/C/C/M/N/A/G/H/F | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 14040 | TIS TRNFR F/C/C/M/N/A/G/H/F | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 14021 | TIS TRNFR S/A/L 10.1-30 SQCM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 14020 | TIS TRNFR S/A/L 10 SQ CM/LT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 14001 | TIS TRNFR TRUNK 10.1-30SQCM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 14000 | TIS TRNFR TRUNK 10 SQ CM/LT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 13153 | CMPLX RPR E/N/E/L ADDL 5CM/LT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 13152 | CMPLX RPR E/N/E/L 2.6-7.5 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 13151 | CMPLX RPR E/N/E/L 1.1-2.5 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 13133 | CMPLX RPR F/C/C/M/N/AX/G/H/F | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 13132 | CMPLX RPR F/C/C/M/N/AX/G/H/F | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 13131 | CMPLX RPR F/C/C/M/N/AX/G/H/F | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 13122 | CMPLX RPR S/A/L ADDL 5 CM/GT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 13121 | CMPLX RPR S/A/L 2.6-7.5 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 13120 | CMPLX RPR S/A/L 1.1-2.5 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 13102 | CMPLX RPR TRUNK ADDL 5CM/LT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 13101 | CMPLX RPR TRUNK 2.6-7.5 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 13100 | CMPLX RPR TRUNK 1.1-2.5 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 12057 | INTMD RPR FACE/MM GT 30.0 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 12056 | INTMD RPR FACE/MM 20.1-30.0 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 12055 | INTMD RPR FACE/MM 12.6-20 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 12054 | INTMD RPR FACE/MM 7.6-12.5CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 12053 | INTMD RPR FACE/MM 5.1-7.5 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 12052 | INTMD RPR FACE/MM 2.6-5.0 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 12051 | INTMD RPR FACE/MM 2.5 CM/LT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 12047 | INTMD RPR N-HF/GENIT GT 30.0CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 12046 | INTMD RPR N-HF/GENIT20.1-30 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 12045 | INTMD RPR N-HF/GENIT12.6-20 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 12044 | INTMD RPR N-HF/GENIT7.6-12.5 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 12042 | INTMD RPR N-HF/GENIT2.6-7.5 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 12041 | INTMD RPR N-HF/GENIT 2.5CM/LT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 12037 | INTMD RPR S/TR/EXT GT 30.0 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 12036 | INTMD RPR S/A/T/EXT 20.1-30 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 12035 | INTMD RPR S/A/T/EXT 12.6-20 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 12034 | INTMD RPR S/TR/EXT 7.6-12.5 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 12032 | INTMD RPR S/A/T/EXT 2.6-7.5 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 12031 | INTMD RPR S/A/T/EXT 2.5 CM/LT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 12018 | RPR F/E/E/N/L/M GT 30.0 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 12017 | RPR FE/E/EN/L/M 20.1-30.0 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 12016 | RPR FE/E/EN/L/M 12.6-20.0 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 12015 | RPR F/E/E/N/L/M 7.6-12.5 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 12014 | RPR F/E/E/N/L/M 5.1-7.5 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 12013 | RPR F/E/E/N/L/M 2.6-5.0 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 12011 | RPR F/E/E/N/L/M 2.5 CM/LT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 12007 | RPR S/N/AX/GEN/TRNK GT 30.0 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 12006 | RPR S/N/A/GEN/TRK20.1-30.0CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 12005 | RPR S/N/A/GEN/TRK12.6-20.0CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 12004 | RPR S/N/AX/GEN/TRK7.6-12.5CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 12002 | RPR S/N/AX/GEN/TRNK2.6-7.5CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 12001 | RPR S/N/AX/GEN/TRNK 2.5CM/LT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11983 | REMOVE/INSERT DRUG IMPLANT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11982 | REMOVE DRUG IMPLANT DEVICE | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11980 | IMPLANT HORMONE PELLET(S) | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11976 | REMOVE CONTRACEPTIVE CAPSULE | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11960 | INSERT TISSUE EXPANDER(S) | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 11922 | CORRECT SKIN COLOR EA 20.0CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11921 | CORRECT SKN COLOR 6.1-20.0CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11920 | CORRECT SKIN COLOR 6.0 CM/LT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11901 | INJECT SKIN LESIONS GT 7 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11900 | INJECT SKIN LESIONS LT /W 7 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11762 | RECONSTRUCTION OF NAIL BED | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11760 | REPAIR OF NAIL BED | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11755 | BIOPSY NAIL UNIT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11721 | DEBRIDE NAIL 6 OR MORE | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11720 | DEBRIDE NAIL 1-5 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11719 | TRIM NAIL(S) ANY NUMBER | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11646 | EXC F/E/E/N/L MAL+MRG GT 4 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11644 | EXC F/E/E/N/L MAL+MRG 3.1-4 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11643 | EXC F/E/E/N/L MAL+MRG 2.1-3 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11642 | EXC F/E/E/N/L MAL+MRG 1.1-2 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11641 | EXC F/E/E/N/L MAL+MRG 0.6-1 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 11640 | EXC F/E/E/N/L MAL+MRG 0.5CMLT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11626 | EXC S/N/H/F/G MAL+MRG GT 4 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11624 | EXC S/N/H/F/G MAL+MRG 3.1-4 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11623 | EXC S/N/H/F/G MAL+MRG 2.1-3 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11622 | EXC S/N/H/F/G MAL+MRG 1.1-2 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11621 | EXC S/N/H/F/G MAL+MRG 0.6-1 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11620 | EXC H-F-NK-SP MAL+MARG 0.5/LT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11606 | EXC TR-EXT MAL+MARG GT 4 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11604 | EXC TR-EXT MAL+MARG 3.1-4 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11603 | EXC TR-EXT MAL+MARG 2.1-3 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11602 | EXC TR-EXT MAL+MARG 1.1-2 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11601 | EXC TR-EXT MAL+MARG 0.6-1 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11600 | EXC TR-EXT MAL+MARG 0.5 CM/LT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11446 | EXC FACE-MM B9+MARG GT 4 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11444 | EXC FACE-MM B9+MARG 3.1-4 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11443 | EXC FACE-MM B9+MARG 2.1-3 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 11442 | EXC FACE-MM B9+MARG 1.1-2 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11441 | EXC FACE-MM B9+MARG 0.6-1 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11440 | EXC FACE-MM B9+MARG 0.5 CM/LT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11426 | EXC H-F-NK-SP B9+MARG GT 4 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11424 | EXC H-F-NK-SP B9+MARG 3.1-4 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11423 | EXC H-F-NK-SP B9+MARG 2.1-3 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11422 | EXC H-F-NK-SP B9+MARG 1.1-2 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11421 | EXC H-F-NK-SP B9+MARG 0.6-1 | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11420 | EXC H-F-NK-SP B9+MARG 0.5/LT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11406 | EXC TR-EXT B9+MARG GT 4.0 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11404 | EXC TR-EXT B9+MARG 3.1-4 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11403 | EXC TR-EXT B9+MARG 2.1-3CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11402 | EXC TR-EXT B9+MARG 1.1-2 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11401 | EXC TR-EXT B9+MARG 0.6-1 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11400 | EXC TR-EXT B9+MARG 0.5 CMLT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11313 | SHAVE SKIN LESION GT 2.0 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 11312 | SHAVE SKIN LESION 1.1-2.0 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11311 | SHAVE SKIN LESION 0.6-1.0 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11310 | SHAVE SKIN LESION 0.5 CM/LT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11308 | SHAVE SKIN LESION GT 2.0 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11307 | SHAVE SKIN LESION 1.1-2.0 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11306 | SHAVE SKIN LESION 0.6-1.0 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11305 | SHAVE SKIN LESION 0.5 CM/LT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11303 | SHAVE SKIN LESION GT 2.0 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11302 | SHAVE SKIN LESION 1.1-2.0 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11301 | SHAVE SKIN LESION 0.6-1.0 CM | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11300 | SHAVE SKIN LESION 0.5 CM/LT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11107 | INCAL BX SKN EA SEP/ADDL | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11106 | INCAL BX SKN SINGLE LES | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11105 | PUNCH BX SKIN EA SEP/ADDL | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11104 | PUNCH BX SKIN SINGLE LESION | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11103 | TANGNTL BX SKIN EA SEP/ADDL | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 11102 | TANGNTL BX SKIN SINGLE LES | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11012 | DEB SKIN BONE AT FX SITE | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11011 | DEBRIDE SKIN MUSC AT FX SITE | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 11010 | DEBRIDE SKIN AT FX SITE | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 10021 | FNA BX W/O IMG GDN 1ST LES | SURGERY - GENERAL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 10009 | FNA BX W/CT GDN 1ST LES | SURGERY - INTEGUMENTARY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 10008 | FNA BX W/FLUOR GDN EA ADDL | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 10007 | FNA BX W/FLUOR GDN 1ST LES | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 10006 | FNA BX W/US GDN EA ADDL | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 10005 | FNA BX W/US GDN 1ST LES | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 10004 | FNA BX W/O IMG GDN EA ADDL | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0509T | PATTERN ERG W/I&R | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0500F | INITIAL PRENATAL CARE VISIT | CATEGORY II CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0479T | FXJL ABL LSR 1ST 100 SQ CM | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0373T | ADAPT BHV TX EA 15 MIN | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0362T | BHV ID SUPRT ASSMT EA 15 MIN | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | | |

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|---|---|---|---|---|---|---|---|---|---|
| ABH of Illinois-Medicaid | 0237T | TRLUML PERIP ATHRC BRCHIOCPH | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 0095T | RMVL ARTIFIC DISC ADDL CRVCL | CATEGORY III CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00813 | ANES UPR LWR GI NDSC PX | ANESTH - LOWER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00812 | ANES LWR INTST SCR COLSC | ANESTH - LOWER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00811 | ANES LWR INTST NDSC NOS | ANESTH - LOWER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 0076T | S&I STENT/CHEST VERT ART | CATEGORY III CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 00732 | ANES UPR GI NDSC PX ERCP | ANESTH - UPPER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 00731 | ANES UPR GI NDSC PX NOS | ANESTH - UPPER ABDOMEN | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 59300 | EPISIOTOMY OR VAGINAL REPAIR | SURGERY - MATERNITY CARE AND D | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 57155 | INSERT UTERI TANDEM/OVOIDS | SURGERY - FEMALE GENITAL SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54437 | REPAIR CORPOREAL TEAR | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 54160 | CIRCUMCISION NEONATE | SURGERY - MALE GENITAL SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 49185 | SCLEROTX FLUID COLLECTION | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 52287 | CYSTOSCOPY CHEMODENERVATION | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50706 | BALLOON DILATE URTRL STRIX | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50705 | URETERAL EMBOLIZATION/OCCL | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 50694 | PLMT URETERAL STENT PRQ | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50695 | PLMT URETERAL STENT PRQ | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50693 | PLMT URETERAL STENT PRQ | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50606 | ENDOLUMINAL BX URTR RNL PLVS | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50434 | CONVERT NEPHROSTOMY CATHETER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50435 | EXCHANGE NEPHROSTOMY CATH | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50433 | PLMT NEPHROURETERAL CATHETER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50431 | NJX PX NFROSGRM &/URTRGRM | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50432 | PLMT NEPHROSTOMY CATHETER | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 50430 | NJX PX NFROSGRM &/URTRGRM | SURGERY - URINARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 43206 | ESOPH OPTICAL ENDOMICROSCOPY | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37253 | INTRVASC US NONCORONARY ADDL | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37252 | INTRVASC US NONCORONARY 1ST | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47543 | ENDOLUMINAL BX BILIARY TREE | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47544 | REMOVAL DUCT GLBLDR CALCULI | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47542 | DILATE BILIARY DUCT/AMPULLA | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 47540 | PERQ PLMT BILE DUCT STENT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47541 | PLMT ACCESS BIL TREE SM BWL | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47538 | PERQ PLMT BILE DUCT STENT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47539 | PERQ PLMT BILE DUCT STENT | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47536 | EXCHANGE BILIARY DRG CATH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47537 | REMOVAL BILIARY DRG CATH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47534 | PLMT BILIARY DRAINAGE CATH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47535 | CONVERSION EXT BIL DRG CATH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47533 | PLMT BILIARY DRAINAGE CATH | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47531 | INJECTION FOR CHOLANGIOGRAM | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 47532 | INJECTION FOR CHOLANGIOGRAM | SURGERY - DIGESTIVE SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33368 | REPLACE AORTIC VALVE W/BYP | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33369 | REPLACE AORTIC VALVE W/BYP | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33367 | REPLACE AORTIC VALVE W/BYP | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31592 | Cricotracheal resection | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31587 | LARYNGOPLASTY CRICOID SPLIT | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | D5987 | COMMISSURE SPLINT | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5988 | SURGICAL SPLINT | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5985 | RADIATION CONE LOCATOR | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5986 | FLUORIDE GEL CARRIER | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5984 | RADIATION SHIELD | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5983 | RADIATION CARRIER | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5960 | SPEECH AID PROSTHESIS MODIFICATION | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5955 | PALATAL LIFT PROSTHESIS DEFINITIVE | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5958 | PALATAL LIFT PROSTHESIS INTERIM | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5953 | SPEECH AID PROSTHESIS ADULT | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5954 | PALATAL AUGMENTATION PROSTHESIS | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5952 | SPEECH AID PROSTHESIS PEDIATRIC | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |

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| ABH of Illinois-Medicaid | D5951 | FEEDING AID | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5932 | OBTURATOR PROSTHESIS DEFINITIVE | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5933 | OBTURATOR PROSTHESIS MODIFICATION | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5929 | FACIAL PROSTHESIS REPLACEMENT | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5928 | ORBITAL PROSTHESIS REPLACEMENT | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5927 | AURICULAR PROSTHESIS REPLACEMENT | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5926 | NASAL PROSTHESIS REPLACEMENT | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5923 | OCULAR PROSTHESIS INTERIM | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5924 | CRANIAL PROSTHESIS | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5922 | NASAL SEPTAL PROSTHESIS | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5919 | FACIAL PROSTHESIS | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5916 | OCULAR PROSTHESIS | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |

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| ABH of Illinois-Medicaid | D5915 | ORBITAL PROSTHESIS | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5914 | AURICULAR PROSTHESIS | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5913 | NASAL PROSTHESIS | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | 39401 | MEDIASTINOSCPY W/MEDSTNL BX | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 39402 | MEDIASTINOSCPY W/LMPH NOD BX | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D5912 | FACIAL MOULAGE COMPLETE | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5911 | FACIAL MOULAGE SECTIONAL | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2543 | ONLAY METALLIC THREE SURFACES | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2542 | ONLAY - METALLIC - TWO SURFACES | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5931 | OBTURATOR PROSTHESIS SURGICAL | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | G0482 | DR TST DEFN DR ID M P D 15-21 DR CL | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | G0483 | DR TST DEFIN DR ID M P D 22/M DR CL | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | J7525 | TACROLIMUS PARENTERAL 5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | Regulatory | | |
| ABH of Illinois-Medicaid | 37214 | CESSJ THERAPY CATH REMOVAL | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 37213 | THROMBLYTIC ART/VEN THERAPY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37211 | THROMBOLYTIC ART THERAPY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37212 | THROMBOLYTIC VENOUS THERAPY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 37197 | REMOVE INTRVAS FOREIGN BODY | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2212 | INJECTION METHYLNALTREXONE 0.1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | Regulatory | | |
| ABH of Illinois-Medicaid | J2501 | INJECTION PARICALCITOL 1 MCG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | Regulatory | | |
| ABH of Illinois-Medicaid | J1744 | INJECTION ICATIBANT 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | Regulatory | | |
| ABH of Illinois-Medicaid | J0485 | INJECTION BELATACEPT 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | Regulatory | | |
| ABH of Illinois-Medicaid | J0480 | INJECTION BASILIXIMAB 20 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | Regulatory | | |
| ABH of Illinois-Medicaid | 36228 | PLACE CATH INTRACRANIAL ART | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36227 | PLACE CATH XTRNL CAROTID | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36226 | PLACE CATH VERTEBRAL ART | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36224 | PLACE CATH CAROTD ART | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36225 | PLACE CATH SUBCLAVIAN ART | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36223 | PLACE CATH CAROTID/INOM ART | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 36222 | PLACE CATH CAROTID/INOM ART | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 36221 | PLACE CATH THORACIC AORTA | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D9920 | BEHAVIOR MANAGEMENT BY REPORT | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | 36010 | PLACE CATHETER IN VEIN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D8680 | ORTHODONTIC RETENTION | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D7963 | FRENULOPLASTY | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D7810 | OPEN REDUCTION OF DISLOCATION | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D7630 | MANDIBLE-OPEN REDUCTION | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D7610 | MAXILLA-OPEN REDUCTION | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D7620 | MAXILLA-CLOSED REDUCTION | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D6212 | PONTIC - CAST NOBLE METAL | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5140 | IMMEDIATE DENTURE - MANDIBULAR | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5130 | IMMEDIATE DENTURE - MAXILLARY | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D5110 | COMPLETE DENTURE - MAXILLARY | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |

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| ABH of Illinois-Medicaid | D5120 | COMPLETE DENTURE - MANDIBULAR | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D4910 | PERIODONTAL MAINTENANCE | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D4270 | PEDICLE SOFT TISSUE GRAFT PROCEDURE | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D3310 | ENDODONTIC THERAPY ANTERIOR TOOTH | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2932 | PREFABRICATED RESIN CROWN | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D2920 | RECEMENT CROWN | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D1527 | SPACE MNTAIN- REMOVE-BILAT, MANDIB | HCPCS-DENTAL-Space Maint | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D1516 | SPACE MAINTAIN-FIXED-BILAT MAXIL | HCPCS-DENTAL-Space Maint | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D1517 | SPACE MAINTAIN-FIXED BILAT MANDIB | HCPCS-DENTAL-Space Maint | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | D1208 | TOPICAL APPLICATION OF FLUORIDE | HCPCS - DENTAL | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact DentaQuest for prior authorization of these services at https://www.dentaquest.com or call 1-800-294-9650 or fax 262-241-7150. |
| ABH of Illinois-Medicaid | 33477 | IMPLANT TCAT PULM VLV PERQ | SURGERY - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33475 | REPLACEMENT PULMONARY VALVE | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33365 | REPLACE AORTIC VALVE OPEN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 33364 | REPLACE AORTIC VALVE OPEN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33363 | REPLACE AORTIC VALVE OPEN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33362 | REPLACE AORTIC VALVE OPEN | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 33361 | REPLACE AORTIC VALVE PERQ | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | V2744 | TINT PHOTOCHROMATIC PER LENS | HCPCS - VISION SERVICES | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | V2715 | PRISM PER LENS | HCPCS - VISION SERVICES | YES | 11/20/2020 | 12/31/2078 | carve out | | Please contact March Vision Care for prior authorization of these services at https://www.marchvisioncare.com or call 1-844-456-2724. |
| ABH of Illinois-Medicaid | 33225 | L VENTRIC PACING LEAD ADD-ON | SURGERY - CARDIOVASCULAR SYSTE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32701 | THORAX STEREO RAD TARGETW/TX | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32650 | THORACOSCOPY W/PLEURODESIS | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32557 | INSERT CATH PLEURA W/ IMAGE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32555 | ASPIRATE PLEURA W/ IMAGING | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32556 | INSERT CATH PLEURA W/O IMAGE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32554 | ASPIRATE PLEURA W/O IMAGING | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 32551 | INSERTION OF CHEST TUBE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31654 | BRONCH EBUS IVNTJ PERPH LES | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 31652 | BRONCH EBUS SAMPLNG 1/2 NODE | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 31647 | BRONCHIAL VALVE INIT INSERT | SURGERY - RESPIRATORY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | S0514 | COLOR CONTACT LENS PER LENS | HCPCS - TEMP NATIONAL CODES | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J3396 | INJECTION VERTEPORFIN 0.1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 27326 | NEURECTOMY POPLITEAL | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24332 | TENOLYSIS TRICEPS | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24371 | REVISE RECONST ELBOW JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 24370 | REVISE RECONST ELBOW JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23473 | REVIS RECONST SHOULDER JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 23474 | REVIS RECONST SHOULDER JOINT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21685 | HYOID MYOTOMY & SUSPENSION | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 21627 | STERNAL DEBRIDEMENT | SURGERY - MUSCULOSKELETAL SYST | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 19110 | NIPPLE EXPLORATION | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 15740 | ISLAND PEDICLE FLAP GRAFT | SURGERY - INTEGUMENTARY SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | S5199 | PERSONAL CARE ITEM NOS EACH | HCPCS - TEMP NATIONAL CODES | NON-COV | 11/20/2020 | 11/20/2020 | Other | | |
| ABH of Illinois-Medicaid | S0209 | WHEELCHAIR VAN MILEAGE PER MILE | HCPCS - TEMP NATIONAL CODES | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4130 | STRATTICE PER SQ CM | HCPCS - TEMP CODES | NON-COV | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | Q3031 | COLLAGEN SKIN TEST | HCPCS - TEMP CODES | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A0390 | ALS MILEAGE | HCPCS - TRANSPORTATION (INCL A | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A0382 | BLS ROUTINE DISPOSABLE SUPPLIES | HCPCS - TRANSPORTATION (INCL A | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A0380 | BLS MILEAGE | HCPCS - TRANSPORTATION (INCL A | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | V5299 | HEARING SERVICE MISCELLANEOUS | HCPCS - HEARING SERVICES | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | V5150 | BINAURAL GLASSES | HCPCS - HEARING SERVICES | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | V5080 | GLASSES BONE CONDUCTION | HCPCS - HEARING SERVICES | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | V5100 | HEARING AID BILATERAL BODY WORN | HCPCS - HEARING SERVICES | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | V5070 | GLASSES AIR CONDUCTION | HCPCS - HEARING SERVICES | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5999 | LOWER EXTREMITY PROSTHESIS NOS | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | L7499 | UPPER EXTREMITY PROSTHESIS NOS | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | L8612 | AQUEOUS SHUNT | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L8610 | OCULAR IMPLANT | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | L8609 | ARTIFICIAL CORNEA | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1229 | WHEELCHAIR PEDIATRIC SIZE NOS | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | B9999 | NOC FOR PARENTERAL SUPPLIES | HCPCS - ENTERAL & PARENTERAL | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |

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| ABH of Illinois-Medicaid | B9998 | NOC FOR ENTERAL SUPPLIES | HCPCS - ENTERAL & PARENTERAL | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | L7900 | MALE VACUUM ERECTION SYSTEM | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L7364 | TWELVE VOLT BATTERY EACH | HCPCS - PROSTHETIC PROCED | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A9900 | DME SUP/ACCESS/SRV-COMPON/OTH HCPCS | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | A9699 | RADIOPHARMACEUTICAL THERAPEUTIC NOC | HCPCS - ADMIN MISC & INVEST | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | A4421 | OSTOMY SUPPLY; MISCELLANEOUS | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | A4649 | SURGICAL SUPPLY; MISCELLANEOUS | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | L3977 | SEWHFO SHOULD CAP DESIGN CUSTOM FAB | HCPCS - ORTHOTIC PROCEDURES | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L3971 | SEWHO SHOULDER CAP DESIGN CSTM FAB | HCPCS - ORTHOTIC PROCEDURES | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E1310 | WHIRLPOOL NONPORTABLE | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81599 | UNLISTED MAAA | PATH & LAB - CYTOGENETIC STUDI | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | 81479 | UNLISTED MOLECULAR PATHOLOGY | PATH & LAB - CYTOGENETIC STUDI | NO | 11/20/2020 | 11/20/2020 | | Submit claims with Medical Records | |
| ABH of Illinois-Medicaid | E0670 | SEG PNEU APPL P C INT 2 F LEG TRNK | HCPCS - DME | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0625 | PATIENT LIFT BATHROOM OR TOILET NOC | HCPCS - DME | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | K0009 | OTHER MANUAL WHEELCHAIR/BASE | HCPCS - K CODES -DMERCS ONLY | NON-COV | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | V5290 | ALD TRANSMITT MICROPHONE ANY TYPE | HCPCS - HEARING SERVICES | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | V5288 | ALD PERS FM/DM TRANSMITTER ALD | HCPCS - HEARING SERVICES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | V5289 | ALD PERS FM/DM ADPTR/BOOT CPLG RECV | HCPCS - HEARING SERVICES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | V5287 | ALD PERS FM/DM RECEIVER NOS | HCPCS - HEARING SERVICES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | V5286 | ALD PERS BLUE TOOTH FM/DM RECEIVR | HCPCS - HEARING SERVICES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | A4210 | NEEDLE-FREE INJECTION DEVICE EACH | HCPCS - MED-SURG SUPPLIES | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A0999 | UNLISTED AMBULANCE SERVICE | HCPCS - TRANSPORTATION (INCL A | NON-COV | 11/20/2020 | 11/20/2020 | Other | | |
| ABH of Illinois-Medicaid | A0398 | ALS ROUTINE DISPOSABLE SUPPLIES | HCPCS - TRANSPORTATION (INCL A | NON-COV | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | V5284 | ALD PERS FM/DM EAR LEVEL RECEIVER | HCPCS - HEARING SERVICES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | V5285 | ALD PERS FM/DM DIR AUDIO INPUT RECV | HCPCS - HEARING SERVICES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | V5283 | ALD PERS FM/DM NCK LOOP INDUCT RECV | HCPCS - HEARING SERVICES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | V5281 | ALD PERS FM/DM SYS MONAURL ANY TYPE | HCPCS - HEARING SERVICES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | T2020 | DAY HABILITATION WAIVER; PER DIEM | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | T1020 | PERSONAL CARE SERVICES PER DIEM | HCPCS - STATE MEDICAID AGENCY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | S5165 | HOME MODIFICATIONS; PER SERVICE | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | S0190 | MIFEPRISTONE ORAL 200 MG | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | S0191 | MISOPROSTOL ORAL 200 MCG | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | Q4159 | AFFINITY PER SQUARE CENTIMETER | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4160 | NUSHIELD PER SQUARE CENTIMETER | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4154 | BIOVANCE PER SQUARE CENTIMETER | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | Q4121 | THERASKIN PER SQ CM | HCPCS - TEMP CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | S2080 | LASER-ASSISTED UVULOPALATOPLASTY | HCPCS - TEMP NATIONAL CODES | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0040 | ADJUSTABLE ANGLE FOOTPLATE EACH | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0038 | LEG STRAP EACH | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0037 | HIGH MOUNT FLIP-UP FOOTREST EACH | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0008 | CUSTOM MANUAL WHEELCHAIR/BASE | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0006 | HEAVY-DUTY WHEELCHAIR | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0007 | EXTRA HEAVY-DUTY WHEELCHAIR | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0005 | ULTRALIGHTWEIGHT WHEELCHAIR | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0003 | LIGHTWEIGHT WHEELCHAIR | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0001 | STANDARD WHEELCHAIR | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0002 | STANDARD HEMI WHEELCHAIR | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J9210 | INJECTION EMAPALUMAB-LZSG 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | K0105 | IV HANGER EACH | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | K0065 | SPOKE PROTECTORS EACH | HCPCS - K CODES -DMERCS ONLY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7205 | INJ FACTOR VIII FC FUS PROTEIN IU | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7200 | INJECTION FACTOR IX RIXUBIS PER IU | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7182 | INJECTION FACTOR VIII PER IU | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7180 | INJECTION FACTOR XIII 1 I.U. | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J3465 | INJECTION VORICONAZOLE 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J3485 | INJECTION ZIDOVUDINE 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7199 | HEMOPHILIA CLOTTING FACTOR NOC | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7198 | ANTI-INHIBITOR PER IU | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7197 | ANTITHROMBIN III PER IU | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7194 | FACTOR IX COMPLEX PER IU | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1826 | INJECTION INTERFERON BETA-1A 30 MCG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1786 | INJECTION IMIGLUCERASE 10 UNITS | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1743 | INJECTION IDURSULFASE 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1740 | INJECTION IBANDRONATE SODIUM 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | J1575 | INJ IG/HYALURONIDASE 100 MG IG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1595 | INJECTION GLATIRAMER ACETATE 20 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2547 | INJECTION PERAMIVIR 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J7185 | INJECTION FACTOR VIII PER IU | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2507 | INJECTION PEGLOTICASE 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2502 | INJ PASIREOTIDE LONG ACTING 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2469 | INJECTION PALONOSETRON HCL 25 MCG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J3285 | INJECTION TREPROSTINIL 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J3111 | INJECTION ROMOSOZUMAB-AQQG 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2941 | INJECTION SOMATROPIN 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J3031 | INJECTION FREMANEZUMAB-VFRM 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2798 | INJECTION RISPERIDONE 0.5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2425 | INJECTION PALIFERMIN 50 MICROGRAMS | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2793 | INJECTION RILONACEPT 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2357 | INJECTION OMALIZUMAB 5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2350 | INJECTION OCRELIZUMAB 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | J2326 | INJECTION NUSINERSEN 0.1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2323 | INJECTION NATALIZUMAB 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2278 | INJECTION ZICONOTIDE 1 MICROGRAM | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2248 | INJECTION MICAFUNGIN SODIUM 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J2020 | INJECTION LINEZOLID 200 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1931 | INJECTION LARONIDASE 0.1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1833 | INJECTION ISAVUCONAZONIUM 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1458 | INJECTION GALSULFASE 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1555 | INJECTION IMMUNE GLOBULIN 100 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1428 | INJECTION ETEPLIRSEN 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1324 | INJECTION ENFUVIRTIDE 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1325 | INJECTION EPOPROSTENOL 0.5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1322 | INJECTION ELOSULFASE ALFA 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0875 | INJECTION DALBAVANCIN 5MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J1303 | INJECTION RAVULIZUMAB-CWVZ 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0638 | INJECTION CANAKINUMAB 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | J1290 | INJECTION ECALLANTIDE 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0606 | INJECTION ETELCALCETIDE 0.1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0596 | INJ C1 ESTERASE INHIB RUCONEST 10 U | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0593 | INJECTION LANADELUMAB-FLYO 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0585 | BOTULINUM TOXIN TYPE A PER UNIT | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0565 | INJECTION BEZLOTOXUMAB 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0490 | INJECTION BELIMUMAB 10 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0291 | INJECTION PLAZOMICIN 5 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0222 | INJECTION PATISIRAN 0.1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0180 | INJECTION AGALSIDASE BETA 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0888 | INJECTION EPOETIN BETA 1 MICROGRAM | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0122 | INJECTION ERAVACYCLINE 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0887 | INJECTION EPOETIN BETA 1 MICROGRAM | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0121 | INJECTION OMADACYCLINE 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | J0878 | INJECTION DAPTOMYCIN 1 MG | HCPCS - DRUGS (NOT ORAL) | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1300 | WHIRLPOOL PORTABLE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | E1227 | SPECIAL HEIGHT ARMS FOR WHEELCHAIR | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1228 | SPECIAL BACK HEIGHT FOR WHEELCHAIR | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1037 | TRANSPORT CHAIR PEDIATRIC SIZE | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E1012 | WC ACCESS PWR SEAT SYS CNTR MNT EA | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0466 | HOME VENT TYPE USED NON-INVASV INTF | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0465 | HOME VENT ANY TYPE USED INVASV INTF | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0952 | TOE LOOP/HOLDER ANY TYPE EACH | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0950 | WHEELCHAIR ACCESSORY TRAY EACH | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0994 | ARMREST EACH | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0980 | SAFETY VEST WHEELCHAIR | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0969 | NARROWING DEVICE WHEELCHAIR | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0193 | POWERED AIR FLOTATION BED | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | E0194 | AIR FLUIDIZED BED | HCPCS - DME | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81536 | ONCOLOGY GYNECOLOGIC | PATH & LAB - MICROBIOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81535 | ONCOLOGY GYNECOLOGIC | PATH & LAB - MICROBIOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 92538 | CALORIC VSTBLR TEST W/REC | MEDICINE - SPECIAL OTORHINOLAR | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 92537 | CALORIC VSTBLR TEST W/REC | MEDICINE - SPECIAL OTORHINOLAR | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 91112 | GI WIRELESS CAPSULE MEASURE | MEDICINE - GASTROENTEROLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 90875 | PSYCHOPHYSIOLOGICAL THERAPY | MEDICINE - PSYCHIATRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 90625 | CHOLERA VACCINE LIVE ORAL | MEDICINE - VACCINES, TOXOIDS | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81425 | GENOME SEQUENCE ANALYSIS | PATH & LAB - MICROBIOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81415 | EXOME SEQUENCE ANALYSIS | PATH & LAB - MICROBIOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81412 | ASHKENAZI JEWISH ASSOC DIS | PATH & LAB - MICROBIOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81324 | PMP22 GENE DUP/DELET | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81322 | PTEN GENE KNOWN FAM VARIANT | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81403 | MOPATH PROCEDURE LEVEL 4 | PATH & LAB - MICROBIOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81402 | MOPATH PROCEDURE LEVEL 3 | PATH & LAB - MICROBIOLOGY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81326 | PMP22 GENE KNOWN FAM VARIANT | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81325 | PMP22 GENE FULL SEQUENCE | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81273 | KIT GENE ANALYS D816 VARIANT | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81253 | GJB2 GENE KNOWN FAM VARIANTS | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81254 | GJB6 GENE COM VARIANTS | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |

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| ABH of Illinois-Medicaid | 81238 | F9 FULL GENE SEQUENCE | PATH & LAB - CYTOGENETIC STUDI | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 81218 | CEBPA GENE FULL SEQUENCE | PATH & LAB - CHEMISTRY | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 65785 | IMPLTJ NTRSTRML CRNL RNG SEG | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 64561 | IMPLANT NEUROELECTRODES | SURGERY - NERVOUS SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 43210 | EGD ESOPHAGOGASTRC FNDOPLSTY | SURGERY - DIGESTIVE SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 38242 | TRANSPLT ALLO LYMPHOCYTES | SURGERY - HEMIC AND LYMPHATIC | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 38243 | TRANSPLJ HEMATOPOIETIC BOOST | SURGERY - HEMIC AND LYMPHATIC | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 38241 | TRANSPLT AUTOL HCT/DONOR | SURGERY - HEMIC AND LYMPHATIC | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 38240 | TRANSPLT ALLO HCT/DONOR | SURGERY - HEMIC AND LYMPHATIC | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 38205 | HARVEST ALLOGENEIC STEM CELL | SURGERY - HEMIC AND LYMPHATIC | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 28890 | HI ENRGY ESWT PLANTAR FASCIA | SURGERY - MUSCULOSKELETAL SYST | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 33289 | TCAT IMPL WRLS P-ART PRS SNR | SURGERY - CARDIOVASCULAR SYSTE | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | 31660 | BRONCH THERMOPLSTY 1 LOBE | SURGERY - RESPIRATORY SYSTEM | YES | 11/20/2020 | 12/31/2078 | | | |
| ABH of Illinois-Medicaid | S8999 | RESUSCITATION BAG | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | S2325 | HIP CORE DECOMPRESSION | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | S2225 | MYRINGOTOMY LASER-ASSISTED | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | S2079 | LAP ESOPHAGOMYOTOMY HELLER TYPE | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | S1015 | IV TUBING EXTENSION SET | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | S4005 | INTERIM LABOR FACILITY GLOBAL | HCPCS - TEMP NATIONAL CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | Q0113 | PINWORM EXAMINATION | HCPCS - TEMP CODES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | P9050 | GRANULOCYTES PHERESIS EACH UNIT | HCPCS - PATH & LAB | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L6110 | BELOW ELBOW MOLDED SOCKET | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L7360 | SIX VOLT BATTERY EACH | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5341 | SINGLE AXIS KNEE SACH FOOT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5331 | JOINT SINGLE AXIS KNEE SACH FOOT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L4010 | REPLACE TRILATERAL SOCKET BRIM | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L4000 | REPLACE GIRDLE FOR SPINAL ORTHOSIS | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L2526 | ADD LW EXTRM ISCH M-L BRIM CSTM FIT | HCPCS - ORTHOTIC PROCEDURES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J3430 | INJECTION PHYTONADIONE PER 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J3415 | INJECTION PYRIDOXINE HCL 100 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J3411 | INJECTION THIAMINE HCL 100 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J3360 | INJECTION DIAZEPAM UP TO 5 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | J3246 | INJECTION TIROFIBAN HCI 0.25 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J3101 | INJECTION TENECTEPLASE 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J3095 | INJECTION TELAVANCIN 10 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J3090 | INJECTION TEDIZOLID PHOSPHATE 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J3010 | INJECTION FENTANYL CITRATE 0.1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J3000 | INJECTION STREPTOMYCIN UP TO 1 G | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2800 | INJECTION METHOCARBAMOL UP TO 10 ML | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J7131 | HYPERTONIC SALINE SOLUTION 1 ML | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2785 | INJECTION REGADENOSON 0.1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2704 | INJECTION PROPOFOL 10 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2675 | INJECTION PROGESTERONE PER 50 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1742 | INJ IBUTILIDE FUMARATE 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2590 | INJECTION OXYTOCIN UP TO 10 UNITS | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1650 | INJECTION ENOXAPARIN SODIUM 10 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1640 | INJECTION HEMIN 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1630 | INJECTION HALOPERIDOL UP TO 5 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | J1570 | INJECTION GANCICLOVIR SODIUM 500 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2300 | INJECTION NALBUPHINE HCL PER 10 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2280 | INJECTION MOXIFLOXACIN 100 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2260 | INJECTION MILRINONE LACTATE 5 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2250 | INJECTION MIDAZOLAM HCL PER 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J2185 | INJECTION MEROPENEM 100 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1451 | INJECTION FOMEPIZOLE 15 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1450 | INJECTION FLUCONAZOLE 200 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | L5050 | ANKLE SYMES MOLDED SOCKET SACH FOOT | HCPCS - PROSTHETIC PROCED | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1335 | INJECTION ERTAPENEM SODIUM 500 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1327 | INJECTION EPTIFIBATIDE 5 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1270 | INJECTION DOXERCALCIFEROL 1 MCG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1265 | INJECTION DOPAMINE HCL 40 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1250 | INJECTION DOBUTAMINE HCI PER 250 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1956 | INJECTION LEVOFLOXACIN 250 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1953 | INJECTION LEVETIRACETAM 10 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | J1955 | INJECTION LEVOCARNITINE PER 1 G | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1245 | INJECTION DIPYRIDAMOLE PER 10 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1815 | INJECTION INSULIN PER 5 UNITS | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1756 | INJECTION IRON SUCROSE 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1790 | INJECTION DROPERIDOL UP TO 5 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1750 | INJECTION IRON DEXTRAN 50 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1160 | INJECTION DIGOXIN UP TO 0.5 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0716 | INJ CENTRUROIDS IMM FAB2 TO 120 MCI | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0714 | INJ CFTAZDM & AVIBCTM 0.5 G/0.125 G | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0713 | INJECTION CEFTAZIDIME PER 500 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0712 | INJECTION CEFTAROLINE FOSAMIL 10 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 72083 | X-RAY EXAM ENTIRE SPI 4/5 VW | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 72082 | X-RAY EXAM ENTIRE SPI 2/3 VW | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 72081 | X-RAY EXAM ENTIRE SPI 1 VW | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 72050 | X-RAY EXAM NECK SPINE 4/5VWS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0698 | INJECTION CEFOTAXIME SODIUM PER G | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | J0695 | INJ CEFTOLOZANE 50 MG & TAZ 25 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0690 | INJECTION CEFAZOLIN SODIUM 500 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0637 | INJECTION CASPOFUNGIN ACETATE 5 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0636 | INJECTION CALCITRIOL 0.1 MCG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82397 | CHEMILUMINESCENT ASSAY | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81511 | FTL CGEN ABNOR FOUR ANAL | PATH & LAB - CYTOGENETIC STUDI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81512 | FTL CGEN ABNOR FIVE ANAL | PATH & LAB - CYTOGENETIC STUDI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81510 | FTL CGEN ABNOR THREE ANAL | PATH & LAB - CYTOGENETIC STUDI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81508 | FTL CGEN ABNOR TWO PROTEINS | PATH & LAB - CYTOGENETIC STUDI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81509 | FTL CGEN ABNOR 3 PROTEINS | PATH & LAB - CYTOGENETIC STUDI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81506 | ENDO ASSAY SEVEN ANAL | PATH & LAB - CYTOGENETIC STUDI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81503 | ONCO (OVAR) FIVE PROTEINS | PATH & LAB - CYTOGENETIC STUDI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 81500 | ONCO (OVAR) TWO PROTEINS | PATH & LAB - CYTOGENETIC STUDI | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86835 | HLA CLASS II SEMIQUANT PANEL | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86834 | HLA CLASS I SEMIQUANT PANEL | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86833 | HLA CLASS II HIGH DEFIN QUAL | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 86832 | HLA CLASS I HIGH DEFIN QUAL | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86830 | HLA CLASS I PHENOTYPE QUAL | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86831 | HLA CLASS II PHENOTYPE QUAL | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86829 | HLA CLASS I/II ANTIBODY QUAL | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86828 | HLA CLASS I&II ANTIBODY QUAL | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82105 | ALPHA-FETOPROTEIN SERUM | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64463 | PVB THORACIC CONT INFUSION | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64462 | PVB THORACIC 2ND+ INJ SITE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 64461 | PVB THORACIC SINGLE INJ SITE | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J1050 | INJ MEDROXYPROGESTERNE ACETATE 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0834 | INJECTION COSYNTROPIN 0.25 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0740 | INJECTION CIDOFOVIR 375 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80061 | LIPID PANEL | PATH & LAB - ORGAN OR DISEASE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80051 | ELECTROLYTE PANEL | PATH & LAB - ORGAN OR DISEASE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86329 | IMMUNODIFFUSION NES | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86157 | COLD AGGLUTININ TITER | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 85337 | THROMBOMODULIN | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 75898 | FOLLOW-UP ANGIOGRAPHY | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85525 | HEPARIN NEUTRALIZATION | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85475 | HEMOLYSIN ACID | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85520 | HEPARIN ASSAY | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90791 | PSYCH DIAGNOSTIC EVALUATION | MEDICINE - PSYCHIATRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90792 | PSYCH DIAG EVAL W/MED SRVCS | MEDICINE - PSYCHIATRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 84145 | PROCALCITONIN (PCT) | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99174 | OCULAR INSTRUMNT SCREEN BIL | MEDICINE - OTHER SERVICES AND | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87632 | RESP VIRUS 6-11 TARGETS | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87633 | RESP VIRUS 12-25 TARGETS | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95962 | ELECTRODE STIM BRAIN ADD-ON | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95961 | ELECTRODE STIMULATION BRAIN | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95954 | EEG MONITORING/GIVING DRUGS | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95940 | IONM IN OPERATNG ROOM 15 MIN | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95912 | NRV CNDJ TEST 11-12 STUDIES | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 95911 | NRV CNDJ TEST 9-10 STUDIES | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95910 | NRV CNDJ TEST 7-8 STUDIES | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95907 | NVR CNDJ TST 1-2 STUDIES | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95908 | NRV CNDJ TST 3-4 STUDIES | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95909 | NRV CNDJ TST 5-6 STUDIES | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95924 | ANS PARASYMP & SYMP W/TILT | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95134 | IMMNTX 5 STING INSECTS | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95133 | IMMNTX 4 STING INSECTS | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95132 | IMMNTX 3 STING INSECTS | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95130 | IMMNTX 1 STING INSECT | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95131 | IMMNTX 2 STING INSECTS | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95120 | IMMUNOTHERAPY ONE INJECTION | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95079 | INGEST CHALLENGE ADDL 60 MIN | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94016 | REVIEW PATIENT SPIROMETRY | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94014 | PATIENT RECORDED SPIROMETRY | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 94618 | PULMONARY STRESS TESTING | MEDICINE - PULMONARY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 95076 | INGEST CHALLENGE INI 120 MIN | MEDICINE - ALLERGY AND CLINICA | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93293 | PM PHONE R-STRIP DEVICE EVAL | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93292 | WCD DEVICE INTERROGATE | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D5820 | INTERIM PARTIAL DENTURE MAXILLARY | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93610 | INTRA-ATRIAL PACING | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93602 | INTRA-ATRIAL RECORDING | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93600 | BUNDLE OF HIS RECORDING | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99466 | PED CRIT CARE TRANSPORT | E & M - PATIENT TRANSPORT | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99467 | PED CRIT CARE TRANSPORT ADDL | E & M - PATIENT TRANSPORT | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 99464 | ATTENDANCE AT DELIVERY | E & M - NEWBORN CARE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C9606 | PC TL REV AC TOT/SUBTOT OCCL 1 VES | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C9605 | PERQ TL REV OF/THRU CABG;EA ADD BR | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C9603 | PERQ TL COR ATHERECT;EA ADD BR MCA | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C9601 | PC TRNSCATH PLCMT; EA ADD BR MAJ CA | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E0776 | IV POLE | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0456 | INJECTION AZITHROMYCIN 500 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | J0348 | INJECTION ANIDULAFUNGIN 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0595 | INJECTION BUTORPHANOL TARTRATE 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0290 | INJECTION AMPICILLIN SODIUM 500 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0583 | INJECTION BIVALIRUDIN 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0285 | INJECTION AMPHOTERICIN B 50 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0278 | INJECTION AMIKACIN SULFATE 100 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0475 | INJECTION BACLOFEN 10 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E0202 | PHOTOTHERAPY LIGHT WITH PHOTOMETER | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0307 | COMPLETE CBC AUTOMATED | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0153 | INJECTION ADENOSINE 1 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0133 | INJECTION ACYCLOVIR 5 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | J0132 | INJECTION ACETYLCYSTEINE 100 MG | HCPCS - DRUGS (NOT ORAL) | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | H1000 | PRENATAL CARE AT-RISK ASSESSMENT | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | H0049 | ALCOHOL AND/OR DRUG SCREENING | HCPCS - ALCOHOL/DRUG ABUSE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G9001 | COORDINATED CARE FEE INITIAL RATE | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0103 | PROSTATE CANCER SCREENING; PSA TEST | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | G0481 | DR TST DEFIN DR ID M P D 8-14 DR CL | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0480 | DR TST DEFIN DR ID M P D 1-7 DR CL | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0475 | HIV ANTIGEN/ANTIBODY COMB ASSAY SCR | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0453 | C IO NEUROPHYS MON OUTSD OR EA 15 M | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | G0296 | CNSL VST DISCUSS LDCT LW DS CT SCAN | HCPCS - PROC/PROF SERVICES (TE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E1700 | JAW MOTION REHABILITATION SYSTEM | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E1639 | SCALE EACH | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E0575 | NEBULIZER ULTRASONIC LARGE VOLUME | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E0236 | PUMP FOR WATER CIRCULATING PAD | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | E0235 | PARAFFIN BATH UNIT PORTABLE | HCPCS - DME | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D9944 | OCCLUS GUARD HARD APLINCE FULL ARCH | HCPCS-DENTAL-Misc Svcs | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | D6985 | PEDIATRIC PARTIAL DENTURE FIXED | HCPCS - DENTAL | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | C1772 | INFUSION PUMP PROGRAMMABLE | HCPCS - C CODES - OUTPATIENT PP | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A6512 | COMPRESSION BURN GARMENT NOC | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | A4619 | FACE TENT | HCPCS - MED-SURG SUPPLIES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 96020 | FUNCTIONAL BRAIN MAPPING | MEDICINE - CENTRAL NERVOUS SYS | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 96004 | PHYS REVIEW OF MOTION TESTS | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 95830 | INSERT ELECTRODES FOR EEG | MEDICINE - NEUROLOGY AND NEURO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93745 | SET-UP CARDIOVERT-DEFIBRILL | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93750 | INTERROGATION VAD IN PERSON | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93657 | TX L/R ATRIAL FIB ADDL | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93281 | PM DEVICE PROGR EVAL MULTI | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93280 | PM DEVICE PROGR EVAL DUAL | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93272 | ECG/REVIEW INTERPRET ONLY | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93268 | ECG RECORD/REVIEW | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93228 | REMOTE 30 DAY ECG REV/REPORT | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93229 | REMOTE 30 DAY ECG TECH SUPP | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 93050 | ART PRESSURE WAVEFORM ANALYS | MEDICINE - CARDIOVASCULAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 92567 | TYMPANOMETRY | MEDICINE - SPECIAL OTORHINOLAR | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90962 | ESRD SERV 1 VISIT P MO 20+ | MEDICINE - DIALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90961 | ESRD SRV 2-3 VSTS P MO 20+ | MEDICINE - DIALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90959 | ESRD SERV 1 VST P MO 12-19 | MEDICINE - DIALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 90960 | ESRD SRV 4 VISITS P MO 20+ | MEDICINE - DIALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90958 | ESRD SRV 2-3 VSTS P MO 12-19 | MEDICINE - DIALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90956 | ESRD SRV 1 VISIT P MO 2-11 | MEDICINE - DIALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90957 | ESRD SRV 4 VSTS P MO 12-19 | MEDICINE - DIALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90954 | ESRD SERV 4 VSTS P MO 2-11 | MEDICINE - DIALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90955 | ESRD SRV 2-3 VSTS P MO 2-11 | MEDICINE - DIALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90945 | DIALYSIS ONE EVALUATION | MEDICINE - DIALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90947 | DIALYSIS REPEATED EVAL | MEDICINE - DIALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90935 | HEMODIALYSIS ONE EVALUATION | MEDICINE - DIALYSIS | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 90839 | PSYTX CRISIS INITIAL 60 MIN | MEDICINE - PSYCHIATRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 88375 | OPTICAL ENDOMICROSCPY INTERP | PATH & LAB - SURGICAL PATHOLOG | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87539 | HIV-2 QUANT&REVRSE TRNSCRIPJ | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87538 | HIV-2 PROBE&REVRSE TRNSCRIPJ | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87536 | HIV-1 QUANT&REVRSE TRNSCRPJ | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87535 | HIV-1 PROBE&REVERSE TRNSCRPJ | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87522 | HEPATITIS C REVRS TRNSCRPJ | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |

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| ABH of Illinois-Medicaid | 87521 | HEPATITIS C PROBE&RVRS TRNSC | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 87498 | ENTEROVIRUS PROBE&REVRS TRNS | PATH & LAB - MICROBIOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86711 | JOHN CUNNINGHAM ANTIBODY | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86337 | INSULIN ANTIBODIES | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 86140 | C-REACTIVE PROTEIN | PATH & LAB - IMMUNOLOGY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85549 | MURAMIDASE | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 85130 | CHROMOGENIC SUBSTRATE ASSAY | PATH & LAB - HEMATOLOGY AND CO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 83950 | ONCOPROTEIN HER-2/NEU | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82626 | DEHYDROEPIANDROSTERONE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82610 | CYSTATIN C | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82240 | BILE ACIDS CHOLYLGLYCINE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 82154 | ANDROSTANEDIOL GLUCURONIDE | PATH & LAB - CHEMISTRY | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 80436 | METYRAPONE PANEL | PATH & LAB - EVOCATIVE/SUPPRES | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78071 | PARATHYRD PLANAR W/WO SUBTRJ | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78072 | PARATHYRD PLANAR W/SPECT&CT | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78070 | PARATHYROID PLANAR IMAGING | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |

| LOB | CPT | CPT Description | CPT Group | Prior Auth Required? | PA Eff Date | PA Term Date | PA Exception | Variance Detail | Service Partner Detail |
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| ABH of Illinois-Medicaid | 78014 | THYROID IMAGING W/BLOOD FLOW | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78012 | THYROID UPTAKE MEASUREMENT | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 78013 | THYROID IMAGING W/BLOOD FLOW | RADIOLOGY - NUCLEAR MEDICINE | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76885 | US EXAM INFANT HIPS DYNAMIC | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 76886 | US EXAM INFANT HIPS STATIC | RADIOLOGY - DIAGNOSTIC ULTRASO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73551 | X-RAY EXAM OF FEMUR 1 | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73522 | X-RAY EXAM HIPS BI 3-4 VIEWS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73521 | X-RAY EXAM HIPS BI 2 VIEWS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73502 | X-RAY EXAM HIP UNI 2-3 VIEWS | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 73501 | X-RAY EXAM HIP UNI 1 VIEW | RADIOLOGY - DIAGNOSTIC RADIOLO | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 69209 | REMOVE IMPACTED EAR WAX UNI | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 65800 | DRAINAGE OF EYE | SURGERY - EYE AND OCULAR ADNEX | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61650 | EVASC PRLNG ADMN RX AGNT 1ST | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61651 | EVASC PRLNG ADMN RX AGNT ADD | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |
| ABH of Illinois-Medicaid | 61645 | PERQ ART M-THROMBECT &/NFS | SURGERY - NERVOUS SYSTEM | NO | 11/20/2020 | 11/20/2020 | | | |