

**INDIANA DEPARTMENT OF HEALTH – HIV SERVICES PROGRAM
ADAP/EIP FORMULARY**

The Indiana Department of Health (IDOH) AIDS Drug Assistance Program and Early Intervention Program (ADAP/EIP) functions as a temporary medication and fee-for-service assistance program. It provides a limited array of FDA-approved medications for the treatment of HIV and related conditions (ADAP Formulary: HIV Antiretrovirals and ADAP Formulary: All Other Drugs) and medical services (EIP Services). IDOH pays 100% for the prescription medications and the associated fees for the medical services. Payment for any non-formulary medication or service is the client's responsibility.

Important note regarding the ADAP Formulary (HIV Antiretrovirals and All Other Drugs): It is a requirement of Ryan White HIV/AIDS Program legislation that state ADAPs may only purchase medications approved by the FDA and the devices needed to administer them. An ADAP formulary must be consistent with the most recent Adolescent and Adult HIV/AIDS Treatment Guidelines published by the Department of Health and Human Services. All therapeutic treatment and ancillary devices included on the ADAP formulary, and all ADAP-funded services must be equally and consistently available to all eligible enrolled individuals throughout the State/Territory.

Additions and deletions made since the previous edition of this formulary are listed in **RED** and **RED**, respectively. Additions to the formulary are effective for prescriptions/services provided on or after **1/26/2024** unless other indicated.

For more information, contact the HIV Services Program at 1-866-588-4948 (option 1).

ADAP FORMULARY: HIV ANTIRETROVIRALS

Refer to the DHHS Prescribing Guidelines at www.aidsinfo.nih.gov/guidelines for information regarding the treatment of experienced and naive patients with highly active antiretroviral drugs.

Antiretrovirals: NRTI's

1. Abacavir (Ziagen, ABC)
2. Didanosine (Videx, Videx EC, ddl)
3. Emtricitabine (Emtriva, FTC)
4. Lamivudine (Epivir, 3TC)
5. Stavudine (Zerit, d4T)
6. Tenofovir (Viread, TDF)
7. Zidovudine (Retrovir, AZT, ZDV)

Antiretrovirals: NNRTI's

8. Delavirdine (Rescriptor, DLV)
9. Doravirine (Pifeltro, DOR)
10. Efavirenz (Sustiva, EFV)
11. Etravirine (Intelence, ETR)
12. Nevirapine (Viramune, Viramune XR, NVP)
13. Rilpivirine (Edurant, RPV)

Antiretrovirals: Protease Inhibitors

14. Atazanavir Sulfate (Reyataz, ATV)
15. Darunavir (Prezista, DRV)
16. Fosamprenavir (Lexiva, fAPV)
17. Indinavir (Crixivan, IDV)
18. Nelfinavir (Viracept, NFV)
19. Ritonavir (Norvir, RTV)
20. Saquinavir (Invirase, SQV)
21. Tipranavir (Aptivus, TPV)

Antiretrovirals: Integrase Inhibitors

22. Dolutegravir (Tivicay, DTG)
23. Elvitegravir (Vitekta)
24. Raltegravir (Isentress, RAL)

Antiretrovirals: Fusion Inhibitors

25. Enfuvirtide (Fuzeon, ENF)

Antiretrovirals: CCR5 Antagonists

26. Maraviroc (Selzentry, MVC)

Antiretrovirals: Post-attachment Inhibitors

27. Ibalizumab (Trogarzo, IBA)
28. Rukobia (Fostemsavir)

Antiretrovirals: Pharmacokinetic Enhancers

29. Cobicistat (Tybost)

Antiretrovirals: Capsid Inhibitor

30. Lenacapavir (Sunlenca)

Antiretrovirals: Combination Medications

31. Abacavir+Lamivudine (Epzicom)
32. Abacavir+Dolutegravir+Lamivudine (Triumeq)
33. Abacavir+Lamivudine+Zidovudine (Trizivir)
34. Atazanavir+Cobicistat (Evotaz)

35. Bictegravir+Emtricitabine+Tenofovir Alafenamide (Biktarvy)
36. Darunavir+Cobicistat (Prezcobix)
37. Darunavir+Cobicistat+Emtricitabine+Tenofovir Alafenamide (Symtuza)
38. Dolutegravir+Lamivudine (Dovato)
39. Dolutegravir+Rilpivirine (Juluca)
40. Doravirine+Lamivudine+Tenofovir Disoproxil Fumarate (Delstrigo)
41. Efavirenz+Emtricitabine+Tenofovir Disoproxil Fumarate (Atripla)
42. Efavirenz+Lamivudine+Tenofovir Disoproxil Fumarate (Symfi, Symfi Lo)
43. Cabotegravir+Rilpivirine (Cabenuva)
44. Cobicistat+Elvitegravir+Emtricitabine+Tenofovir Alafenamide (Genvoya)

45. Cobicistat+Elvitegravir+Emtricitabine+Tenofovir Disoproxil Fumarate (Stribild)
46. Emtricitabine+Rilpivirine+Tenofovir Alafenamide (Odefsey)
47. Emtricitabine+Rilpivirine+Tenofovir Disoproxil Fumarate (Complera)
48. Emtricitabine+Tenofovir Alafenamide (Descovy)
49. Emtricitabine+Tenofovir Disoproxil Fumarate (Truvada)
50. Lamivudine+Tenofovir Disoproxil Fumarate (Cimduo, Temixys)
51. Lamivudine+Zidovudine (Combivir)
52. Lopinavir+Ritonavir (Kaletra, LPV/RTV)

ADAP FORMULARY: ALL OTHER DRUGS

Generics are preferred. Branded medications must be pre-approved prior to each fill by IDOH.

Antibiotics

53. Amoxicillin (Amoxil)
54. Amoxicillin+Clavulanate Acid (Augmentin)
55. Atovaquone (Mepron)
56. Azithromycin (Zithromax)
57. Ceftriaxone (Rocephin)
58. Cephalexin (Keflex)
59. Chlorhexidine Gluconate (Peridex)
60. Ciprofloxacin (Cipro)
61. Ciprofloxacin+dexamethasone (Ciprodex)
62. Clarithromycin (Biaxin, Biaxin XL)
63. Clindamycin (Clindagel, Evoclin, ClindaMax)
64. Diaminodiphenylsulfone (Dapsone)
65. Doxycycline (Vibramycin)
66. Ethambutol (Myambutol)
67. Fidaxomicin (Difucid)
68. Isoniazid, INH
69. Levofloxacin (Levaquin)
70. Moxifloxacin (Avelox)
71. Mupirocin (Bactroban) *TOPICAL ONLY*
72. Nitrofurantoin (Macrobid)
73. Penicillin G Benzathine (Bicillin L-A)
74. Penicillin VK *TABLET ONLY*
75. Pentamidine (Nebupent)
76. Pyrimethamine (Daraprim)
77. Rifabutin (Mycobutin)
78. Rifampin (Rifadin)
79. Sulfadiazine (Microsulfon)
80. Suprax (Cefixime)
81. Trimethoprim+Sulfamethoxazole (Septra, Bactrim, TMP/SMZ)
82. Vancomycin (Vancocin) *ORAL ONLY*

Antifungals

83. Clotrimazole (Mycelex, Gyne-Lotrimin) *TROCHES, VAGINAL CREAM, OR TABLETS*
84. Fluconazole (Diflucan)
85. Flucytosine (Ancobon)
86. Fluocinonide (Lidex)
87. Itraconazole (Sporanox) *SOLUTION AND CAPSULES*
88. Ketoconazole (Nizoral) *CREAM AND SHAMPOO*
89. Mary's Magic Mouthwash
90. Metronidazole (Flagyl)
91. Nystatin (Mycostatin) *LIQUID, CREAM, OR TABLETS*
92. Terbinafine (Lamisil)
93. Voriconazole (Vfend)

Antivirals

94. Acyclovir (Zovirax) *ORAL OR TOPICAL*
95. Entecavir (Baraclude)
96. **Nirmatrelvir/Ritonavir (Paxlovid)**
97. Oseltamivir (Tamiflu)
98. Ribavirin (Copegus)
99. Tenofovir alafenamide (Vemlidy, TAF)
100. Valacyclovir (Valtrex)
101. Valganciclovir (Valcyte) *ORAL ONLY*

Cardiovascular Management

102. Amlodipine (Norvasc)
103. Apixaban (Eliquis)
104. Atorvastatin (Lipitor)
105. Carvedilol (Coreg)
106. Clonidine (Catapres)
107. Clopidogrel (Plavix)
108. Digoxin (Lanoxin, Digitek)
109. Fenofibrate (Tricor)

110. Furosemide (Lasix)
111. Gemfibrozil (Lopid)
112. Hydrochlorothiazide (Microzide, HCTZ)
113. Isosorbide Dinitrate (Isordil)
114. Isosorbide Mononitrate (Imdur)
115. Labetalol (Trandate, Normodyne)
116. Lisinopril (Prinivil, Zestril)
117. Lisinopril/Hydrochlorothiazide (Zestoretic)
118. Losartan (Cozaar)
119. Methyldopa (Aldomet)
120. Metoprolol (Lopressor, Toprol XL)
121. Nifedipine (Adalat CC, Procardia)
122. Nitroglycerin (Nitro-Bid, Nitro-Dur, Nitrostat, Nitrolingual)
123. Omega-3-Acid Ethyl Esters (Lovaza)
124. Pravastatin (Pravachol)
125. Spironolactone (Aldactone)
126. Warfarin (Coumadin)

Chemical Dependency

127. Acamprosate (Campral)
128. Buprenorphine+Naloxone (Suboxone)
129. Disulfiram (Antabuse)
130. Naloxone (Narcan)
131. Naltrexone (ReVia, Depade, Vivitrol)
132. Nicotine Patches (Nicoderm CQ) *MAX 14 PATCHES PER DISPENSE*
133. Varenicline (Chantix)

Diabetes Management/Endocrinology

134. Accu Check Aviva Test Strips
135. Accu Check Fastclix Lancets
136. Accu Check Guide Test Strips
137. Accu Chek Freestyle Lite Meter
138. Accu Chek Guide Meter
139. Conjugated Estrogen (Premarin)
140. Diabetic Alcohol Swabs (any brand) *MAX \$2 PER 100 CT BOX*
141. Diabetic Pen Needles *BD ONLY*
142. Diabetic Syringes *BD ONLY*
143. Empagliflozin (Jardiance)
144. Estradiol, Delestrogen
145. Ethinyl estradiol norethindrone (Loestrin)
146. Ethinyl estradiol norgestimate (Ortho Tri-Cyclen Lo)
147. Finasteride (Proscar)
148. Freestyle Lancets
149. Freestyle Lite Test Strips
150. Glipizide (Glucotrol, Glucotrol XL)
151. Glyburide (Diabeta, Glynase)
152. Insulin Detemir (Levemir)
153. Insulin Glargine (Lantus)
154. Insulin Lispro (Humalog)
155. Insulin NPH/Insulin Regular (Humulin 70/30, Novolin 70/30)
156. Levothyroxine (Levoxyl, Synthroid)

157. Medroxyprogesterone (Provera)
158. Metformin (Glucophage, Glucophage XR, Fortamet)
159. Methylprednisolone (Medrol)
160. Norethindrone (Aygestin, Camila, Errin, Incassia, Jolivette, Ortho Micronor, Tulana)
161. Pioglitazone (Actos)
162. Precision Xtra Test Strips
163. Prednisolone (Orapred)
164. Prednisone (Sterapred)
165. Progesterone
166. Semaglutide (Ozempic)
167. Sitagliptin (Januvia)
168. Softclix Lancets
169. Tamsulosin (Flomax)
170. Testosterone (Androderm, AndroGel, Testim) *TOPICAL AND INJECTABLE ONLY*

Gastrointestinal Care

171. Dicyclomine (Bentyl)
172. Diphenoxylate+Atropine (Lomotil)
173. Docusate Sodium (Colace)
174. Esomeprazole (Nexium)
175. Famotidine (Pepcid)
176. Loperamide (Imodium)
177. Omeprazole (Prilosec)
178. Ondansetron (Zuplenz, Zofran, Zofran ODT)
179. Pantoprazole (Protonix)
180. Polyethylene Glycol (Miralax)
181. Prochlorperazine (Compazine)
182. Promethazine (Phenergan)
183. Ranitidine (Zantac)

Hepatitis C Management

184. Glecaprevir+Pibrentasvir (Mavyret)
185. Ledipasvir +Sofosbuvir (Harvoni)
186. Ribavirin (Copegus)
187. Sofosbuvir (Sovaldi)
188. Velpatasvir+Sofosbuvir (Epclusa)
189. Velpatasvir+Sofosbuvir+Voxilaprevir (Vosevi)

Insomnia Management

190. Doxepin (Silenor, Sinequan)
191. Hydroxyzine (Atarax, Vistaril)
192. Temazepam (Restoril)
193. Trazodone (Desryl)
194. Zolpidem (Ambien)

Neurologic/Psychiatric Management

195. Alprazolam (Xanax)
196. Amitriptyline (Elavil)
197. Aripiprazole (Abilify)
198. Bupropion (Wellbutrin, Zyban)
199. Buspirone (BuSpar)
200. Carbamazepine (Tegretol)
201. Citalopram (Celexa)

- 202. Clonazepam (Klonopin)
- 203. Desipramine (Norpramine)
- 204. Duloxetine (Cymbalta)
- 205. Escitalopram (Lexapro)
- 206. Fluoxetine (Prozac)
- 207. Lamotrigine (Lamictal)
- 208. Levetiracetam (Keppra)
- 209. Lithium (Eskalith, Lithobid)
- 210. Lorazepam (Ativan)
- 211. Mirtazapine (Remeron)
- 212. Nortriptyline (Pamelor)
- 213. Olanzapine (Zyprexa)
- 214. Oxcarbazepine (Trileptal)
- 215. Paliperidone (Invega) *ORAL ONLY*
- 216. Paroxetine (Paxil)
- 217. Phenobarbital (Solfoton)
- 218. Phenytoin (Dilantin)
- 219. Quetiapine (Seroquel)
- 220. Risperidone (Risperdal)
- 221. Ropinirole (Requip)
- 222. Sertraline (Zoloft)
- 223. Sumatriptan (Imitrex)
- 224. Topiramate (Topamax)
- 225. Valproate (Depakote, Depakote ER)
- 226. Venlafaxine (Effexor, Effexor XR)
- 227. Ziprasidone Hydrochloride (Geodon)

Pain Management

- 228. Acetaminophen (Tylenol)
- 229. Acetaminophen+Codeine (Tylenol 3)
- 230. Acetaminophen+Hydrocodone (Vicodin, Norco;
2.5/325mg, 5/325mg, 7.5/325mg, 10/325mg)
MAX 8 TABS PER DAY
- 231. Acetaminophen+Oxycodone (Percocet;
2.5/325mg, 5/325, 7.5/325, 10/325mg) *MAX 8
TABS PER DAY*
- 232. Aspirin (Ecotrin, Fasprin, Rugby)
- 233. Cyclobenzaprine (Flexeril)
- 234. Diclofenac (Voltaren, Cambia, Solaraze)
- 235. Gabapentin (Neurontin)
- 236. Ibuprofen (Motrin)
- 237. Meloxicam (Mobic)
- 238. Morphine Sulfate (MSIR, MS Contin)
- 239. Naproxen (Naprosyn)
- 240. Oxycodone (Roxicodone, Oxycontin, OxyIR)
- 241. Pregabalin (Lyrica)
- 242. Tramadol (Ultram)

Respiratory/Allergy Management

- 243. Albuterol (ProAir, Ventolin) *HFA
FORMULATION ONLY*
- 244. Beclomethasone (QVAR)
- 245. Budesonide+Formoterol (Symbicort)
- 246. Cetirizine (Zyrtec)
- 247. Diphenhydramine (Benadryl)
- 248. Flunisolide (Aerobid, Aerospan)
- 249. Fluticasone Furoate+Vilanterol (Breo Ellipta)
- 250. Fluticasone NS (Flonase)
- 251. Hydroxyzine (Vistaril, Atarax)
- 252. Ipratropium+Albuterol (Combivent)
- 253. Loratadine (Claritin)
- 254. Montelukast Sodium (Singulair)
- 255. Tiotropium (Spiriva)
- 256. Triamcinolone Acetonide (Nasacort AQ)
- 257. Umeclidinium (Incruse Ellipta)
- 258. Umeclidinium+Vilanterol (Anoro Ellipta)

Miscellaneous

- 259. Alendronate (Fosamax)
- 260. Allopurinol (Aloprim, Zyloprim)
- 261. Benzonatate (Tessalon Perles)
- 262. Betamethasone (Diprolene) *TOPICAL ONLY*
- 263. Clobetasol
- 264. COVID-19 Vaccine (Comirnaty, Spikevax)
- 265. Dronabinol (Marinol)
- 266. Ferrous Sulfate
- 267. Flucelvax
- 268. Hydrocortisone *TOPICAL ONLY*
- 269. Imiquimod (Aldara)
- 270. Leucovorin
- 271. Permethrin (Elimite)
- 272. Polysaccharide Iron Complex (Ferrex 150,
Niferex 150 Forte)
- 273. Triamcinolone *TOPICAL ONLY*
- 274. Prenatal Vitamin
- 275. Prenatal Vitamin plus Low Iron
- 276. Pyridoxine (Vitamin B6)
- 277. Respiratory Syncytial Virus Vaccine (Abrysvo)
- 278. Folic Acid (Vitamin B9)
- 279. Ergocalciferol (Vitamin D2)
- 280. Cholecalciferol (Vitamin D3)
- 281. Multivitamins (formerly Vitamins)

Laboratory Studies

- 282. Human Chorionic Gonadotropin (HCG) 004416
- 283. NS5A Resistance Testing 87902
- 284. PT/INR 85610, 85611

EIP SERVICES: FEE-FOR-SERVICE

It is a requirement of Ryan White HIV/AIDS Program legislation that all services must be provided in an outpatient setting and be related to the provision of their HIV care. A client's public (Medicare, Medicaid) or private insurance should be billed prior to requesting reimbursement from IDOH for the services included below, as the Ryan White HIV/AIDS Program must be the payor of last resort.

SERVICE DESCRIPTION	CPT/HCPCS CODE	REVENUE CODE	EFFECTIVE DATE
EVALUATION & MANAGEMENT			
<i>The codes listed below are also acceptable as a telemedicine e-visit by adding a modifier "95" to the code listed.</i>			
Office/Outpatient Visit	99201-99205, 99211-99215, 99241-99245 99395	0510-0529	N/A
Telephone E/M Visit	99441, 99442, 99443		N/A
MEDICINE			
MENTAL HEALTH			
Diagnostic interview	90791-90792		N/A
Pharmacology management	90863		N/A
Psychotherapy	90832-90834, 90836-90838, 90785		N/A
Testing	96101-96103, 96105, 96110, 96111, 96116		N/A
VISION			
Exam	92002, 92004, 92012, 92014		N/A
Fundus A Scan Biometry	76519		N/A
Glaucoma Screening	92140 G0117-8		N/A
Nerve Fiber Scan	92133-92134		N/A
Refraction	92015		N/A
OTHER			
Injection, Penicillin G Benzathine (Bicillin L-A), 1000,000 units	J0561	0636	9/8/2023
Injection, Immune Globulin	90281, J1460, J1560	0636	N/A
Therapeutic, prophylactic, or diagnostic injection, subcutaneous (SQ) or intramuscular (IM)	96372	0636	N/A
Pentamidine, inhalation solution	94642, 94644, 94645, 94664, J2545	0410-0412 0636	N/A
VACCINES, TOXOIDS			
Administration	90460-90461, 90471-90474, G0008-G0010, S0195	0770-0779	N/A
COVID 19 (Comirnaty, Spikevax)	91318, 91319, 91320, 91321, 91322	636	11/17/2023
Diphtheria, Tetanus, Acellular Pertussis, Haemophilus Influenzae Type b and Polio	90715, 90698, 90723	0770-0779	N/A
Hepatitis A	90632-90634	0770-0779	N/A
Hepatitis A/B	90636	0770-0779	N/A
Hepatitis B	90739, 90740, 90743, 90744, 90746, 90747	0770-0779	N/A
Hepatitis B/ Haemophilus Influenzae Type b	90748	0770-0779	N/A

Human Papillomavirus (HPV)	87624, 90649, 90650, 90651, 90471, 90472		N/A
Influenza	90645-90648, 90655-90658, 90660, 90685-90688, 90674, 90682	0770-0779	N/A
Mumps	90704	0770-0779	N/A
Measles	90705	0770-0779	N/A
MMR (not MMRV)	90707	0770-0779	N/A
Measles/Rubella	90708	0770-0779	N/A
Meningococcal A/C/W/Y	90733, 90734	0770-0779	N/A
Pneumococcal	90670, 90677, 90732,	0770-0779	N/A
Polio	90712, 90713	0770-0779	N/A
Rubella	90706	0770-0779	N/A
Respiratory Syncytial Virus	90678	636	11/17/2023
Shingles	90750	0770-0779	N/A
Td	90714	0770-0779	N/A
Varicella	90716	0770-0779	N/A
PATHOLOGY & LABORATORY			
Acute Hepatitis	80074	0300-0309	N/A
Amylase	82150	0300-0309	N/A
Basic Metabolic	80048	0300-0309	N/A
Comprehensive Metabolic	80053	0300-0309	N/A
Creatine kinase	82550, 82552-82554	0300-0309	N/A
Fibrospect, Fibrosure	83883, 83520, 82397, 550123		N/A
General Health Panel	80050	0300-0309	N/A
Glucose	82947, 82948, 82950-82953, 82955, 82960, 82962	0300-0309	N/A
Hemoglobin A1C	83036	0300-0309	N/A
Hepatic Function	80076	0300-0309	N/A
HLA-B*5701 (Abacavir hypersensitivity)	81381	0300-0309	N/A
Lactate dehydrogenase	83615, 83625	0300-0309	N/A
Lipase	83690	0300-0309	N/A
Lipid	80061	0300-0309	N/A
Urinalysis	81000-81003, 81005, 81007, 81015, 81020, 81025, 81050	0300-0309	N/A
Testosterone (free and total)	84402, 84403	0300-0309	N/A
Thyroid Stimulating Hormone (TSH)	84443	0300-0309	N/A
Free T3, Free T4 W/ TSH	84481, 84439	0300-0309	N/A
Venipuncture	36400, 36405, 36406, 36410, 36415, 36416, 36420, 36425	0300-0309	N/A
Vitamin D Screening	82306, 82652		9/8/2023
Western Blot	84181, 84182, 88371, 88372	0300-0309	N/A
HEMATOLOGY & COAGULATION			
Blood Count	85004, 85007-85009, 85013, 85014, 85018, 85025, 85027, 85032, 85041, 85044, 85046, 85048, 85049, G0306, G0307	0300-0309	N/A
Prothrombin Time	85610, 85611	0300-0309	N/A
IMMUNOLOGY			
Chlamydia	86631, 86632	0300-0309	N/A
Cytomegalovirus (CMV)	86644, 86645	0300-0309	N/A
Hepatitis B	86704-86707	0300-0309	N/A
Hepatitis A	86708, 86709	0300-0309	N/A
Hepatitis C	86803, 86804, 87522, 140659, 550475	0300-0309	N/A

Syphilis	86592, 86593	0300-0309	N/A
TB	86480 (Quantiferon), 86481 (T-Spot), 86580	0300-0309	N/A
T-cell	86359-86361	0300-0309	N/A
Toxoplasma	86777, 86778	0300-0309	N/A
Treponema pallidum	86780		N/A
MICROBIOLOGY			
Bacillary angiomatosis (TB)	87116	0300-0309	N/A
Chlamydia	87110	0300-0309	N/A
Culture, bacterial (e.g., Gonorrhea)	87070, 87077	0300-0309	N/A
Hepatitis B Surface Antigen	87340, 87341, 87350, 87380	0300-0309	N/A
Histoplasma capsulatum	87385	0300-0309	N/A
HPV	87621	0300-0309	N/A
Infectious Agent Detection (includes HIV viral load, genotyping, phenotyping, co-receptor tropism assay, trichomonas testing)	87270, 87271, 87285, 87320, 87332, 87485-87487, 87490-87492, 87495- 87497, 87515-87517, 87520-87522, 87534-87539, 87555-87557, 87590- 87592, 87797-87799, 87801, 87810, 87850, 87900-87904, 87906, 87999	0300-0309	N/A
Varicella	87290	0300-0309	N/A
CYTOPATHOLOGY			
Flow Cytometry	88182, 88184, 88185, 88187-88189	0311	N/A
Pap (cervical or vaginal)	88141-88143, 88147, 88148, 88150, 88152-88155, 88164-88167, 88172- 88175, 87480, 87510, 87660, 99395, 99396, 99397 G0123, P3000-P3001, Q0091	0311, 0923	N/A
Pap (any other source)	88160-88162	0311, 0923	N/A
RADIOLOGY			
Chest X-ray	71010, 71015, 71020-71023, 71030, 71034, 71035	0324	N/A
Mammogram/preventative screening	77067	0403	N/A
CHEMICAL DEPENDENCY			
Methadone maintenance	H0020	Not to exceed \$25 per day	N/A
SURGERY			
<i>It is required that services be provided in an outpatient setting.</i>			
Biopsy (floor of mouth)	41108	0300-0309	N/A
Bronchoscopy	31622-31625, 31628-31633	0300-0309	N/A
DENTAL PROCEDURES			
<i>It is required that Delta Dental be billed prior to requesting reimbursement from IDOH.</i>			
Amalgam (filling)	D2140, D2150, D2160, D2161, D2330, D2331, D2332, D2335, D2940		N/A
Composite (materials)			
Sedative filling			
Extraction/ Root Removal/ Alveoloplasty	D7111, D7120, D7130, D7140, D7210, D7220, D7230, D7240, D7241, D7250, D7310, D7311		N/A
Oral Examination	D0120, D0140, D0150, D0160, D0170, D0180		N/A
Prophylaxis	D1110, D1120		N/A

X-ray	D0210, D0220, D0230, D0240, D0250, D0260, D0270, D0272, D0274, D0277, D0330		N/A
VISION SERVICES			
<i>It is required that a physician's statement that the eye condition is HIV-related be provided if eye wear is provided.</i>			
Eye Glass Frame (\$200 max.)	V2020		N/A
Eye Glass Lens	V2100-V2118, V2121, V2199, V2200-V2221, V2299, V2300-V2321		N/A