**Section 140.TABLE E Time Limits for Processing of Prior Approval Requests**

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| ITEM/SERVICE | NUMBER OF DAYS |
|  |  |
| 1. Routine transportation within Illinois or to facilities normally utilized by Illinois residents  | 10 |
|  |  |
| 2 Supplies/sickroom needs costing less than $100 | 21 |
|  |  |
| 3. Standard wheel chairs | 21 |
|  |  |
| 4. Standard hospital beds | 21 |
|  |  |
| 5. Specialty-equipped hospital beds | 21 |
|  |  |
| 6. Custom wheel chairs | 30 |
|  |  |
| 7. Respiratory equipment | 30 |
|  |  |
| 8. Other durable equipment | 30 |
|  |  |
| 9. Braces, artificial limbs and other prosthetic devices | 21 |
|  |  |
| 10. Custom-built shoes and shoes to which a brace or other corrective device is attached. | 30 |
|  |  |
| 11. Hearing aids | 30 |
|  |  |
| 12. In-patient hospital physical rehabilitation services | 30 |
|  |  |
| 13. Supplies/sickroom needs over $100 | 30 |
|  |  |
| 14. Transportation to remote facilities outside Illinois and extra-ordinary modes of transportation | 21 |
|  |  |
| 15. Physical therapy | 30 |
|  |  |
| 16. Speech therapy | 30 |
|  |  |
| 17. Occupational therapy | 30 |
|  |  |
| 18. Home Health Agency | 21 |
|  |  |
| 19. Intermittent services in the home by a registered nurse | 21 |
|  |  |
| 20. Private duty registered nurse service in a hospital | 10 |
|  |  |
| 21. Dental Services | 30 |
|  |  |
| 22. Dental Services for GA/AMI/Refugee Programs | 30 |
|  |  |
| 23. Eye Care Services | 30 |
|  |  |
| 24. Chiropractic Services | 30 |
|  |  |
| 25. Podiatric Services | 30 |
|  |  |
| 26. All other items or services requiring prior approval. | 30 |

 (Source: Added (by codification with no substantive change) at 8 Ill. Reg. 17899)