Healthcare and Family Services

School Based/Linked Fee Schedule Key

Effective 01-01-09

COLUMN HEADING		COLUMN DESCRIPTION
HCPCS		CPT-4 or HCPCS Procedure Code
Description		Brief literal description of HCPCS/CPT code
Prog Cov	Program Coverage	**02**-Title XIX coverage only (limited Transitional Assistance coverage) **04**-Medicaid covered services **09**-Qualified Medicare Beneficiary (QMB) coverage only (See Chap 100 Section 120.12, posted on our website at http://www.hfs.illinois.gov/assets/080708_chap100.pdf).
Eff Date	Effective Date	Date code added to fee schedule or date of change in department payment policy.
HP	Hand Price Indicator	If "Y", special pricing methodology is applied. Medical procedures/vaccines: The name of the procedure or supply and the quantity performed or administered must be submitted in the description field. Drugs: The name of the drug, strength of the drug, and the amount given must be submitted in the description/note field and must be billed according to NDC billing guidelines available on our website at http://www.hfs.illinois.gov/assets/ncd_112107.pdf. **To bill quantities**: The number listed in the days/units field must be "1" and the actual quantity must be included in the description/note field.
NDC Ind	NDC indicator	If "Y", the 11-digit NDC must be billed according to NDC billing guidelines available on our website at http://www.hfs.illinois.gov/assets/ncd_112107.pdf.
Unit Price		Price for each unit when multiple quantities are billable.
Max Qty	Maximum Quantity	The maximum quantity payable for the code. **To bill quantities** when HP is "N" and a quantity appears in the Max Qty field: Submit the procedure code, showing number of units in the days/units field.
State Max	State Maximum	The maximum allowable reimbursement.

Health Care and Famiy Services

School Based/Linked Health Centers Fee Schedule

Revised 01/01/09

HCPCS	DESCRIPTION	PROG COV	EFF DATE	HP	NDC IND	UNIT PRICE	MAX QTY	STATE MAX
0500F	INT PRENATAL VISIT	04	1/1/2005	N	N			$44.10
0502F	PRENATAL CARE VISIT SUBSEQUENT	04	1/1/2005	N	N			$44.10
0503F	POSTPARTUM CARE VISIT	04	1/1/2005	N	N			$50.15
10060	DRAINAGE OF SKIN ABSCESS	04	1/1/2006	N	N			$36.00
11975	INSERT IMPLANT CONTRACEPTIVE	04	1/1/2006	N	N			$108.00
11976	REMOVAL IMPLANT CONTRACEPTIVE	04	1/1/2006	N	N			$108.00
11977	REMOV/INSERT IMPLNT CONTRACEPT	04	1/1/2006	N	N			$108.00
11981	INSERTION NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	04	7/1/2004	N	N			$72.30
11982	REMOVAL OF NON BIODEGRADABLE DRUG DELIVERY IMPLANT	04	7/1/2004	N	N			$87.00
11983	REMOVAL W/REINSERTION NON-BIODEGRADE DRUG DELIVERY IMPLANT	04	7/1/2004	N	N			$108.00
12001	REPAIR SUPERFICIAL WOUND(S)	04	1/1/2006	N	N			$53.10
12002	REPAIR SUPERFICIAL WOUND(S)	04	1/1/2006	N	N			$58.40
12004	REPAIR SUPERFICIAL WOUND(S)	04	7/1/2004	N	N			$69.70
16020	TREATMENT OF BURN(S)	04	7/1/2004	N	N			$24.90
17110	DESTRUCTION, BENIGN LESIONS, UP TO 14	04	7/1/2004	N	N			$74.90
36415	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	04	4/1/2004	N	N			$4.10
36416	COLLECT CAPILLARY BLOOD SPECIMEN/FINGER/HEEL/EAR	04	1/1/2003	N	N			$4.10
57170	FITTING OF DIAPHRAGM	04	7/1/2002	N	N			$28.60

HCPCS	DESCRIPTION	PROG COV	EFF DATE	HP	NDC IND	UNIT PRICE	MAX QTY	STATE MAX
58300	INSERT INTRAUTERINE DEVICE	04	7/1/2002	N	N			$44.00
58301	REMOVE INTRAUTERINE DEVICE	04	7/1/2002	N	N			$37.40
59430	CARE AFTER DELIVERY	04	7/1/2002	N	N			$50.15
69210	REMOVE IMPACTED EAR WAX	04	7/1/2002	N	N			$21.40
81000	URINALYSIS BY DIPSTICK OR TABLET REAGENT	04	10/1/2008	N	N			$2.62
81002	ROUTINE URINE ANALYSIS	04	1/1/2003	N	N			$2.60
81025	URINE PREGNANCY TEST	04	10/1/2008	N	N			$2.58
82270	BLOOD, OCCULT; FECES	04	10/1/2008	N	N			$2.48
82272	BLOOD OCCULT BY PEROXIDASE ACTIVITY QUALITATIVE FECES	04	10/1/2008	N	N			$2.04
82465	ASSAY SERUM CHOLESTEROL	04	10/1/2008	N	N			$4.24
82947	GLUCOSE TEST (QUANTITATIVE)	04	10/1/2008	N	N			$3.82
82948	STICK ASSAY OF BLOOD GLUCOSE	04	10/1/2008	N	N			$1.72
82950	GLUCOSE TEST	04	10/1/2008	N	N			$4.66
82951	GLUCOSE TOLERANCE TEST	04	10/1/2008	N	N			$12.60
82962	GLUCOSE,BLD GLUC MONIT DEVICE	04	10/1/2008	N	N			$1.68
85007	DIFFERENTIAL WBC COUNT	04	1/1/2003	N	N			$3.50
85013	BLOOD COUNT;SPUN MICROHEMATOCR	04	10/1/2008	N	N			$2.32
85014	HEMATOCRIT	04	10/1/2008	N	N			$2.32
85018	HEMOGLOBIN, COLORIMETRIC	04	10/1/2008	N	N			$2.32
85025	AUTOMATED HEMOGRAM	04	10/1/2008	N	N			$5.74
85027	HEMOGRAM AUTOMATED & PLATELET	04	10/1/2008	N	N			$5.74

HCPCS	DESCRIPTION	PROG COV	EFF DATE	HP	NDC IND	UNIT PRICE	MAX QTY	STATE MAX
85032	MANUAL CELL COUNT EA, ERYTHROCYTE LEUKOCYTE OR PLATELET	04	1/1/2005	N	N			$3.01
85041	RED BLOOD CELL (RBC) COUNT	04	10/1/2008	N	N			$1.72
85048	WHITE BLOOD CELL (WBC) COUNT	04	10/1/2008	N	N			$1.72
86403	PARTICLE AGGLUTINATION	04	1/1/2003	N	N			$6.00
86580	TUBERCULOSIS SKIN TEST	04	7/1/2002	N	N			$4.00
87070	CULTURE SPECIMEN, BACTERIA	04	1/1/2003	N	N			$6.20
87081	BACTERIA CULTURE SCREEN	04	1/1/2003	N	N			$5.80
87210	SMEAR, STAIN & INTERPRET	04	4/1/2004	N	N			$4.70
87220	TISSUE FOR FUNGI	04	1/1/2003	N	N			$4.70
87880	INFECT AGENT DETECT STREPTOCOCCUS GR A (DR. OBSV)	04	3/8/2005	N	N			$4.20
90632	HEPATITIS A VACCINE, ADULT DOSAGE, INTRAMUSCULAR USE	04	6/1/2007	N	N			$56.15
90633	HEPATITIS A VACCINE, PEDS/ADOLESCENT DOSAGE-2 DOSE SCHED IM	04	6/1/2007	N	N			$6.40
90634	HEPATITIS A VACCINE PED/ADOL DOSAGE 3 DOSE SCHEDULE IM USE	04	1/1/2006	N	N			$6.40
90636	HEPATITIS A&B VACCINE ADULT DOSAGE INTRAMUSCULAR	04	6/1/2007	N	N			$6.40
90645	HEMOPHILUS FLU B VACCINE, HBOC CONJUGATE (4 DOSE),INTRAMUSCU	04	1/1/2006	N	N			$6.40
90646	HEMOPHILUS FLU B VACCINE, PRP-D CONJUGATE BOOSTER ONLY IM	04	6/1/2007	N	N			$6.40
90647	HEMOPHILUS FLU B VACCINE, PRP-OMP CONJUGATE (3 DOSE SCH) IM	04	1/1/2006	N	N			$6.40
90648	HEMOPHILUS FLU B VACCINE, PRP-D CONJUGATE (4 DOSE SCH) IM	04	1/1/2006	N	N			$6.40
90649	HUMAN PAPILLOMA VIRUS VAC. TYPES 6, 11, 16, 18, 3 DOSE SCHED	04	6/8/2006	N	N			$6.40
90656	INFLUENZA VIRUS VAC.SPLIT VIRUS IM	04	10/1/2008	N	N			$6.40
90657	INFLUENZA VIRUS VACCINE, SPLIT VIRUS,CHILDREN 6-35 MO OF A	04	1/1/2005	N	N			$6.40

HCPCS	DESCRIPTION	PROG COV	EFF DATE	HP	NDC IND	UNIT PRICE	MAX QTY	STATE MAX
90658	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, INDIVIDUAL 3YEARS AND	04	10/1/2008	N	N			$6.40
90660	FLU VIRUS VACCINE, LIVE FOR INTRANASAL USE	04	11/1/2007	N	N			$6.40
90669	PNEUMOCOCCAL CONJUGATE VACCINE, POLYVALENT, IM FOR UNDER 5	04	1/1/2006	N	N			$6.40
90675	RABIES VACCINE, INTRAMUSCULAR	04	1/1/1999	Y	N			
90676	RABIES VACCINE, INTRADERMAL	04	1/1/1999	Y	N			
90680	ROTAVIRUS VACCINE, LIVE, ORAL, PENTAVALENT	04	2/3/2006	N	N			$6.40
90681	ROTAVIRUS VACCINE,HUMAN, ATTENUATED, 2 DOSE SCHED. ORAL	04	1/1/2009	N	N			$6.40
90696	DIPTHERIA TETANUS PERTUSSIS, POLIO, VAC. (DTAP-IPV) AGES 4-6	04	1/1/2009	Y	N			$6.40
90698	DIPHTHERIA, TETANUS, ACCELLULAR PERTUSSIS, HAEMOPHILUS FLU	04	8/1/2008	N	N			$6.40
90700	DTAP VACCINE, IM FOR UNDER 7	04	1/1/2006	N	N			$6.40
90701	IMMUNIZATION ACTIVE DTP	04	6/1/2007	N	N			$6.40
90702	IMMUNIZATION, DT, IM FOR UNDER 7	04	6/1/2007	N	N			$2.70
90703	IMMUNIZATION TETANUS TOXOID	04	6/1/2007	N	N			$1.85
90704	IMMUNIZATION MUMPS VIR VAC LIV	04	6/1/2007	Y	N			
90705	IMMUNIZATION MEASLES VIRUS VAC	04	6/1/2007	Y	N			
90706	IMMUNIZATION RUBELLA VIRUS VAC	04	6/1/2007	Y	N			
90707	IMMUNIZATION MEASLES-MUMPS-RUB	04	7/1/2002	N	N			$6.40
90708	IMMUNIZATION MEASLES-RUBELLA	04	6/1/2007	Y	N			
90710	MEASLES, MUMPS, RUBELLA, VARICELLA VACCINE (MMRV),LIVE, SUBQ	04	9/6/2005	N	N			$6.40
90712	IMMUNIZATION POLIOVIRUS ORAL	04	6/1/2007	N	N			$14.00
90713	IMMUNIZATION POLIOMYELITIS VAC	04	1/1/2006	N	N			$6.40

HCPCS	DESCRIPTION	PROG COV	EFF DATE	HP	NDC IND	UNIT PRICE	MAX QTY	STATE MAX
90714	IMMUNIZATION, DT, PRES FREE, IM FOR 7 YEARS OR OLDER	04	7/1/2005	N	N			$6.40
90715	TETANUS, DIPHTHERIA, ACELLULAR PERTUSSIS VACCINE 7 OR OLDER	04	9/15/2005	N	N			$6.40
90716	VARICELLA CHICKEN POX VACCINE	04	7/1/2002	N	N			$6.40
90718	IMMUNIZATION, TETANUS & DIPTHERIA, IM, 7 YRS OR OLDER	04	6/1/2007	N	N			$6.40
90721	IMMUN ACTIVE-DIPHTH,TETANUS,TO X, PERTUSSIS & HEMOPHILUS FLU	04	6/1/2007	N	N			$35.25
90723	DTAP-HEP B-IPV IM	04	1/1/2006	N	N			$6.40
90732	PNEUMOCOCCAL VACCINE, SQ OR IM, 2YRS OR OLDER	04	6/1/2007	N	N			$6.40
90733	IMMUNIZATION MENINGOCOCCAL POLYSACCHARIDE VACCINE	04	6/1/2007	N	N			$85.00
90734	MENINGOCOCCAL POLYSACCH DIPHTHERIA TOXOID CONJUGATE VACCINE	04	10/1/2007	N	N			$6.40
90738	JAPANESE ENCEPHALITIS VACCINE, INACTIVATED, IM USE	04	1/1/2009	Y	N			$0.00
90744	HEPATITIS B VACCINE VACCINE PEDIATRIC/ADOLESCENT DOSEAGE	04	6/1/2007	N	N			$6.40
90746	HEPATITIS B VACCINE ADULT DOSAGE, FOR IM USE	04	6/1/2007	N	N			$74.38
90747	IMMUN. ACTIVE HEP B VACCINE, DIALYSIS OR IMMUNO SUP PATIENT	04	6/1/2007	Y	N			
90748	IMMUNIZATION ACTIVE HEPATITIS B & HEMO FLU B VACCINE	04	7/1/2002	N	N			$6.40
92551	PURE TONE HEARING TEST, AIR	04	1/1/2006	N	N			$15.20
94150	VITAL CAPACITY TEST	04	7/1/2002	N	N			$7.60
94640	NONPRESSURIZED INHALATION TREA	04	7/1/2002	N	N			$14.50
94760	NONINV EAR/PULSE OXIM SINGLE	04	7/1/2002	N	N			$4.40
95115	IMMUNOTHERAPY NO PROVISION	04	7/1/2002	N	N			$6.50
95117	IMMUNOTHERAPY ALLERG NOT MULTI	04	7/1/2002	N	N			$8.30
96110	DEVELOP. TESTING; LIMITED W/ I NTERPRETATION AND REPORT	04	1/1/2006	N	N			$32.15

HCPCS	DESCRIPTION	PROG COV	EFF DATE	HP	NDC IND	UNIT PRICE	MAX QTY	STATE MAX
96111	DEVELOP. TESTING; EXTENDED W/ INTERP & REPORT, PER HOUR	04	1/1/2006	N	N			$16.07
99173	SCREENING TEST VISUAL ACUITY QUANT, BILATERAL	04	1/1/2006	N	N			$7.45
99201	E/M OFFICE/OH VISIT NEW PT	04	7/1/2006	N	N			$27.95
99202	E/M OFFICE/OH VISIT NEW PT	04	7/1/2006	N	N			$32.00
99203	E/M OFFICE/OH NEW PATIENT	04	7/1/2006	N	N			$41.60
99204	E/M OFFICE NEW PATIENT OH	04	7/1/2006	N	N			$66.40
99205	E/M OFFICE/OH VISIT NEW PT	04	7/1/2006	N	N			$70.85
99211	E/M OFFICE/OH VISIT EST PT	04	7/1/2006	N	N			$12.30
99212	E/M OFFICE/OH VISIT EST PT	04	7/1/2006	N	N			$24.25
99213	E/M OFFICE/OH VISIT EST PT	04	7/1/2006	N	N			$28.35
99214	E/M OFFICE/OH VISIT EST PT	04	7/1/2006	N	N			$42.50
99215	E/M OFFICE/OH VISIT EST PT	04	7/1/2006	N	N			$48.00
99381	INITIAL EVAL HEALTHY INFANT < 1 YEAR; PREVENTATIVE	04	7/1/2006	N	N			$32.15
99382	INITIAL EVAL HEALTHY CHILD,1YR THRU 4YRS; PREVENTATIVE	04	7/1/2006	N	N			$32.15
99383	INITIAL EVAL HEALTHY CHILD, 5 YRS THRU 11 YRS; PREVENTATIVE	04	7/1/2006	N	N			$32.15
99384	INITIAL EVAL HEALTHY ADOLESC 12YR THRU 17YRS; PREVENTATIVE	04	7/1/2006	N	N			$32.15
99385	INITIAL EVAL HEALTHY/18-39YR ; PREVENTATIVE	04	7/1/2007	N	N			$32.15
99391	PERIODIC REEVAL ESTAB INFANT, <1 YEAR	04	7/1/2006	N	N			$32.15
99392	PERIODIC REEVAL HEALTHY CHILD 1 THRU 4 YEARS; PREVENTATIVE	04	7/1/2006	N	N			$32.15
99393	PERIODIC REEVAL HEALTHY CHILD 5 THRU 11 YEARS; PREVENTATIVE	04	7/1/2006	N	N			$32.15
99394	PERIODIC REEVAL HEALTHY ADOLES 12 THRU 17 YRS; PREVENTATIVE	04	7/1/2006	N	N			$32.15

HCPCS	DESCRIPTION	PROG COV	EFF DATE	HP	NDC IND	UNIT PRICE	MAX QTY	STATE MAX
99395	PERIODIC REEVAL/MGMT. 18-39 YRS; PREVENTATIVE	04	7/1/2007	N	N			$32.15
99420	ADM/INTERP HEALTH RISK ASSESS	04	7/1/2006	N	N	$14.60	2	$29.20
A4267	CONTRACEPTIVE SUPPLY CONDOM, MALE EACH	04	1/1/2005	N	N	$0.45	30	$13.62
A4268	CONTRACEPTIVE SUPPLY CONDOM FEMALE EACH	04	1/1/2005	N	N	$1.12	30	$33.82
A4269	CONTRACEPTIVE SUPPLY, SPERMICIDE EACH	04	4/1/2004	Y	Y			
G0306	AUTOMATED HEMOGRAM W/0 PLATELET COUNT & WBC DIFFERENTIAL	04	1/1/2005	N	N			$5.39
G0307	AUTOMATED HEMOGRAM W/O PLATELET COUNT	04	1/1/2006	N	N			$6.42
G0394	BLOOD OCCULT TEST (FECES) SINGLE DETERM. COLORECTAL NEOPLASM	04	1/1/2007	N	N			$2.72
H1000	PRENATAL CARE, AT RISK ASSESSMENT	04	7/1/2007	N	N			$14.60
J1055	INJ, MEDROXYPROGESTERONE ACETATE/ CONTRACEPTIVE USE, 150MG	04	1/1/2005	N	Y	$61.69	1	$61.69
J7300	INTRAUTERINE COPPER CONTRACEPTIVE	04	4/1/2006	N	Y	$423.10	1	$423.10
J7302	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE 52 MG	04	9/10/2007	N	Y	$530.86	1	$530.86
J7304	CONTRACEPTIVE SUPPLY PATCH	04	8/1/2005	N	Y	$15.67	9	$141.03
J7306	LEVONORGESTREL IMPLANT SYSTEM, INCLUDING IMPLANT & SUPPLIES	04	1/1/2006	Y	Y			
J7307	ETONOGESTREL IMPLANT SYSTEM	04	1/1/2008	N	Y	$651.69	1	$651.69
S0195	PNEUMOCOCCAL CONJUGATE VACCINE IM	04	1/1/2003	N	N	$1.35	91	$122.85
S4993	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	04	1/1/2006	N	Y			$72.27