

**Illinois Department of Healthcare and
 Family Services Podiatry Fee Schedule**

<u>HCPCS</u>	<u>NOTE</u>	<u>Prior Approval</u>	<u>Prog. Cov.</u>	<u>Effective Dt</u>	<u>Hand Price</u>	<u>NDC Ind</u>	<u>Surg Ind</u>	<u>Asst Surg</u>	<u>State Max after 2.7% reduction</u>
10060			04	10/01/14					\$35.03
10061			04	10/01/14					\$64.70
10120			04	10/01/14					\$38.00
10121			04	10/01/14					\$75.50
10140			04	10/01/14					\$40.38
10160			04	10/01/14					\$34.98
11042			04	10/01/14					\$68.65
11043			04	10/01/14					\$165.95
11044			04	10/01/14					\$213.43
11045			04	10/01/14	Y				
11046			04	10/01/14	Y				
11047			04	10/01/14	Y				
11055	D		04	10/01/14					\$21.55
11056	D		04	10/01/14	Y				
11057	D		04	10/01/14	Y				
11100			04	10/01/14					\$48.84
11420			04	10/01/14					\$37.27
11421			04	10/01/14					\$49.48
11422			04	10/01/14					\$63.05
11423			04	10/01/14					\$75.80
11424			04	10/01/14					\$89.91
11426			04	10/01/14					\$124.04
11719	D		04	10/01/14					\$15.47
11720	D		04	10/01/14					\$15.47
11721	D		04	10/01/14					\$17.61
11730			04	10/01/14					\$33.37
11732			04	10/01/14					\$14.06
11740			04	10/01/14					\$35.03
11750			04	10/01/14					\$60.18
11755			04	10/01/14					\$37.75
11760			04	10/01/14					\$59.16
11762			04	10/01/14					\$85.38
11765			04	10/01/14					\$37.36
12001			04	10/01/14					\$51.67

Notes:

- B: Initial visit only covered once per patient per provider or group.
- C-G0247 must be submitted with either G0245 or G0246
- D- Routine Foot Care Services payable per Chapter F-200, Section F-210.2

**Illinois Department of Healthcare and
 Family Services Podiatry Fee Schedule**

HCPCS	NOTE	Prior Approval	Prog. Cov.	Effective Dt	Hand Price	NDC Ind	Surg Ind	Asst Surg	State Max after 2.7% reduction
12041			04	10/01/14			I		\$70.15
13131			04	10/01/14			I		\$124.40
15271			04	10/01/14			I		\$51.44
15272			04	10/01/14	Y		I		
15273			04	10/01/14			I		\$122.68
15274			04	10/01/14	Y		I		
15275			04	10/01/14			I		\$59.95
15276			04	10/01/14	Y		I		
15277			04	10/01/14			I		\$126.94
15278			04	10/01/14	Y		I		
16000			04	10/01/14			I		\$44.56
17000			04	10/01/14			I		\$51.28
17003			04	10/01/14	Y		I		
17004			04	10/01/14			I		\$84.25
17110			04	10/01/14			I		\$72.88
17111			04	10/01/14			I		\$41.89
17270			04	10/01/14			I		\$44.03
17271			04	10/01/14			I		\$62.76
17272			04	10/01/14			I		\$83.29
17273			04	10/01/14			I		\$103.87
17274			04	10/01/14			I		\$114.04
17276			04	10/01/14			I		\$157.63
20550			04	10/01/14			I		\$30.89
20600			04	10/01/14			I		\$29.58
20605			04	10/01/14			I		\$32.11
20680			04	10/01/14			M	Y	\$226.71
27605			04	10/01/14			I	Y	\$349.60
27606			04	10/01/14			I		\$349.60
27607			04	10/01/14			M		\$284.41
27610			04	10/01/14			M		\$467.04
27612			04	10/01/14			M	Y	\$364.44
27613			04	10/01/14			I		\$110.53
27614			04	10/01/14			M		\$257.12
27615			04	10/01/14			M	Y	\$507.48

Notes:

- B: Initial visit only covered once per patient per provider or group.
- C-G0247 must be submitted with either G0245 or G0246
- D- Routine Foot Care Services payable per Chapter F-200, Section F-210.2

**Illinois Department of Healthcare and
 Family Services Podiatry Fee Schedule**

<u>HCPCS</u>	<u>NOTE</u>	<u>Prior Approval</u>	<u>Prog. Cov.</u>	<u>Effective Dt</u>	<u>Hand Price</u>	<u>NDC Ind</u>	<u>Surg Ind</u>	<u>Asst Surg</u>	<u>State Max after 2.7% reduction</u>
27616			04	10/01/14			M	Y	\$702.71
27618			04	10/01/14			M		\$181.85
27619			04	10/01/14			M		\$261.15
27620			04	10/01/14			M	Y	\$467.04
27625			04	10/01/14			M	Y	\$467.04
27626			04	10/01/14			M	Y	\$467.04
27630			04	10/01/14			M		\$183.56
27632			04	10/01/14			M	Y	\$224.28
27634			04	10/01/14			M	Y	\$366.67
27635			04	10/01/14			M		\$364.44
27637			04	10/01/14			M	Y	\$583.17
27638			04	10/01/14			M	Y	\$583.17
27640			04	10/01/14			M		\$396.79
27641			04	10/01/14			M		\$325.96
27645			04	10/01/14			M	Y	\$583.17
27646			04	10/01/14			M	Y	\$583.17
27647			04	10/01/14			M	Y	\$486.01
27648			04	10/01/14			I		\$80.52
27650			04	10/01/14			M	Y	\$349.60
27652			04	10/01/14			M	Y	\$467.04
27654			04	10/01/14			M	Y	\$437.36
27656			04	10/01/14			M	Y	\$291.61
27658			04	10/01/14			M	Y	\$218.63
27659			04	10/01/14			M	Y	\$404.96
27664			04	10/01/14			M	Y	\$177.57
27665			04	10/01/14			M	Y	\$294.24
27675			04	10/01/14			M	Y	\$232.84
27676			04	10/01/14			M	Y	\$304.74
27680			04	10/01/14			M		\$371.20
27681			04	10/01/14			M		\$224.76
27685			04	10/01/14			M	Y	\$255.12
27686			04	10/01/14			M		\$250.06
27687			04	10/01/14			M	Y	\$255.12
27690			04	10/01/14			M	Y	\$291.61

Notes:

B: Initial visit only covered once per patient per provider or group.

C-G0247 must be submitted with either G0245 or G0246

D- Routine Foot Care Services payable per Chapter F-200, Section F-210.2

**Illinois Department of Healthcare and
 Family Services Podiatry Fee Schedule**

<u>HCPCS</u>	<u>NOTE</u>	<u>Prior Approval</u>	<u>Prog. Cov.</u>	<u>Effective Dt</u>	<u>Hand Price</u>	<u>NDC Ind</u>	<u>Surg Ind</u>	<u>Asst Surg</u>	<u>State Max after 2.7% reduction</u>
27691			04	10/01/14			M	Y	\$510.24
27692			04	10/01/14			M	Y	\$145.76
27695			04	10/01/14			M		\$364.44
27696			04	10/01/14			M		\$546.68
27698			04	10/01/14			M	Y	\$441.45
27700			04	10/01/14			M	Y	\$699.30
27702			04	10/01/14			M	Y	\$728.97
27703			04	10/01/14			M	Y	\$662.89
27704			04	10/01/14			M		\$242.62
27705			04	10/01/14			M	Y	\$400.88
27707			04	10/01/14			M		\$349.60
27709			04	10/01/14			M	Y	\$510.24
27712			04	10/01/14			M	Y	\$656.00
27715			04	10/01/14			M	Y	\$728.97
27720			04	10/01/14			M	Y	\$612.89
27722			04	10/01/14			M	Y	\$714.04
27724			04	10/01/14			M	Y	\$818.05
27725			04	10/01/14			M	Y	\$818.05
27732			04	10/01/14			M		\$306.45
27734			04	10/01/14			M		\$583.17
27760			04	10/01/14			M		\$161.91
27762			04	10/01/14			M		\$229.43
27766			04	10/01/14			M		\$520.99
27780			04	10/01/14			M		\$148.48
27781			04	10/01/14			M		\$211.92
27786			04	10/01/14			M		\$148.48
27788			04	10/01/14			M		\$216.01
27792			04	10/01/14			M		\$291.61
27808			04	10/01/14			M		\$202.43
27810			04	10/01/14			M		\$296.91
27814			04	10/01/14			M	Y	\$593.97
27816			04	10/01/14			M		\$218.63
27818			04	10/01/14			M		\$359.09
27822			04	10/01/14			M	Y	\$583.17

Notes:

B: Initial visit only covered once per patient per provider or group.

C-G0247 must be submitted with either G0245 or G0246

D- Routine Foot Care Services payable per Chapter F-200, Section F-210.2

**Illinois Department of Healthcare and
 Family Services Podiatry Fee Schedule**

HCPCS	NOTE	Prior Approval	Prog. Cov.	Effective Dt	Hand Price	NDC Ind	Surg Ind	Asst Surg	State Max after 2.7% reduction
27823			04	10/01/14			M	Y	\$583.17
27824			04	10/01/14			M		\$225.93
27825			04	10/01/14			M	Y	\$278.47
27826			04	10/01/14			M	Y	\$501.78
27827			04	10/01/14			M	Y	\$620.77
27828			04	10/01/14			M	Y	\$678.08
27829			04	10/01/14			M	Y	\$400.88
27840			04	10/01/14			M		\$134.47
27842			04	10/01/14			M		\$202.43
27846			04	10/01/14			M	Y	\$368.48
27848			04	10/01/14			M	Y	\$468.89
27860			04	10/01/14			I		\$75.02
27870			04	10/01/14			M	Y	\$641.21
27888			04	10/01/14			M	Y	\$583.17
28001			04	10/01/14			I		\$132.38
28002			04	10/01/14			I		\$140.06
28003			04	10/01/14			M		\$240.19
28005			04	10/01/14			M		\$263.20
28008			04	10/01/14			M		\$143.96
28010			04	10/01/14			M		\$120.02
28011			04	10/01/14			M		\$163.03
28020			04	10/01/14			M		\$218.63
28022			04	10/01/14			M		\$149.50
28024			04	10/01/14			M		\$142.20
28035			04	10/01/14			M		\$510.24
28039			04	10/01/14			M	Y	\$183.99
28041			04	10/01/14			M	Y	\$242.18
28043			04	10/01/14			M		\$145.76
28045			04	10/01/14			M	Y	\$218.63
28046			04	10/01/14			M		\$397.07
28047			04	10/01/14			M	Y	\$513.69
28050			04	10/01/14			M		\$291.61
28052			04	10/01/14			M		\$291.61
28054			04	10/01/14			M	Y	\$218.63

Notes:

- B: Initial visit only covered once per patient per provider or group.
- C-G0247 must be submitted with either G0245 or G0246
- D- Routine Foot Care Services payable per Chapter F-200, Section F-210.2

**Illinois Department of Healthcare and
 Family Services Podiatry Fee Schedule**

HCPCS	NOTE	Prior Approval	Prog. Cov.	Effective Dt	Hand Price	NDC Ind	Surg Ind	Asst Surg	State Max after 2.7% reduction
28055			04	10/01/14			M	Y	\$294.24
28060			04	10/01/14			M		\$218.63
28062			04	10/01/14			M		\$233.57
28070			04	10/01/14			M		\$218.63
28072			04	10/01/14			M		\$157.53
28080			04	10/01/14			M	Y	\$175.43
28086			04	10/01/14			M	Y	\$179.52
28088			04	10/01/14			M	Y	\$179.52
28090			04	10/01/14			M		\$171.00
28092			04	10/01/14			M		\$205.64
28100			04	10/01/14			M	Y	\$218.63
28102			04	10/01/14			M	Y	\$699.30
28103			04	10/01/14			M	Y	\$699.30
28104			04	10/01/14			M	Y	\$252.40
28106			04	10/01/14			M	Y	\$437.36
28107			04	10/01/14			M	Y	\$437.36
28108			04	10/01/14			M		\$252.40
28110			04	10/01/14			M		\$349.60
28111			04	10/01/14			M		\$349.60
28112			04	10/01/14			M		\$306.45
28113			04	10/01/14			M	Y	\$306.45
28114			04	10/01/14			M	Y	\$917.93
28116			04	10/01/14			M		\$337.39
28118			04	10/01/14			M	Y	\$337.39
28119			04	10/01/14			M		\$257.75
28120			04	10/01/14			M		\$252.40
28122			04	10/01/14			M	Y	\$247.04
28124			04	10/01/14			M		\$252.40
28126			04	10/01/14			M		\$203.75
28130			04	10/01/14			M	Y	\$400.88
28140			04	10/01/14			M		\$383.36
28150			04	10/01/14			M		\$203.75
28153			04	10/01/14			M		\$140.79
28160			04	10/01/14			M		\$218.63

Notes:

- B: Initial visit only covered once per patient per provider or group.
- C-G0247 must be submitted with either G0245 or G0246
- D- Routine Foot Care Services payable per Chapter F-200, Section F-210.2

**Illinois Department of Healthcare and
 Family Services Podiatry Fee Schedule**

<u>HCPCS</u>	<u>NOTE</u>	<u>Prior Approval</u>	<u>Prog. Cov.</u>	<u>Effective Dt</u>	<u>Hand Price</u>	<u>NDC Ind</u>	<u>Surg Ind</u>	<u>Asst Surg</u>	<u>State Max after 2.7% reduction</u>
28171			04	10/01/14			M	Y	\$454.55
28173			04	10/01/14			M		\$407.21
28175			04	10/01/14			M		\$255.09
28190			04	10/01/14			I		\$104.11
28192			04	10/01/14			M		\$155.49
28193			04	10/01/14			M		\$175.43
28200			04	10/01/14			M		\$344.20
28202			04	10/01/14			M	Y	\$467.04
28208			04	10/01/14			M		\$291.61
28210			04	10/01/14			M	Y	\$367.84
28220			04	10/01/14			M		\$206.57
28222			04	10/01/14			M		\$241.68
28225			04	10/01/14			M		\$206.57
28226			04	10/01/14			M		\$241.68
28230			04	10/01/14			M		\$168.72
28232			04	10/01/14			M		\$117.83
28234			04	10/01/14			M		\$117.78
28238			04	10/01/14			M	Y	\$291.61
28240			04	10/01/14			M		\$136.95
28250			04	10/01/14			M	Y	\$349.60
28260			04	10/01/14			M	Y	\$291.61
28261			04	10/01/14			M	Y	\$353.64
28262			04	10/01/14			M	Y	\$510.24
28264			04	10/01/14			M	Y	\$437.36
28270			04	10/01/14			M		\$291.61
28272			04	10/01/14			M		\$218.63
28280			04	10/01/14			M	Y	\$157.97
28285			04	10/01/14			M		\$263.20
28286			04	10/01/14			M		\$328.00
28288			04	10/01/14			M		\$291.61
28289			04	10/01/14			M	Y	\$349.60
28291			04	01/01/17			M	Y	284.5830
28292			04	10/01/14			M	Y	\$349.60
28295			04	01/01/17			M	Y	315.5828

Notes:

- B: Initial visit only covered once per patient per provider or group.
- C-G0247 must be submitted with either G0245 or G0246
- D- Routine Foot Care Services payable per Chapter F-200, Section F-210.2

**Illinois Department of Healthcare and
 Family Services Podiatry Fee Schedule**

<u>HCPCS</u>	<u>NOTE</u>	<u>Prior Approval</u>	<u>Prog. Cov.</u>	<u>Effective Dt</u>	<u>Hand Price</u>	<u>NDC Ind</u>	<u>Surg Ind</u>	<u>Asst Surg</u>	<u>State Max after 2.7% reduction</u>
28296			04	10/01/14			M	Y	\$407.69
28297			04	10/01/14			M	Y	\$407.69
28298			04	10/01/14			M	Y	\$349.60
28299			04	10/01/14			M	Y	\$418.89
28300			04	10/01/14			M	Y	\$364.44
28302			04	10/01/14			M	Y	\$328.78
28304			04	10/01/14			M	Y	\$275.94
28305			04	10/01/14			M	Y	\$363.61
28306			04	10/01/14			M	Y	\$255.12
28307			04	10/01/14			M	Y	\$291.61
28308			04	10/01/14			M	Y	\$197.03
28309			04	10/01/14			M	Y	\$348.38
28310			04	10/01/14			M		\$255.12
28312			04	10/01/14			M		\$165.26
28313			04	10/01/14			M		\$162.59
28315			04	10/01/14			M		\$218.63
28320			04	10/01/14			M	Y	\$367.84
28322			04	10/01/14			M	Y	\$238.29
28340			04	10/01/14			M		\$262.71
28341			04	10/01/14			M		\$299.59
28344			04	10/01/14			M		\$168.13
28345			04	10/01/14			M	Y	\$210.17
28360			04	10/01/14			M	Y	537.31979
28400			04	10/01/14			M		\$111.12
28405			04	10/01/14			M	Y	\$222.72
28406			04	10/01/14			M	Y	\$225.40
28415			04	10/01/14			M	Y	\$625.10
28420			04	10/01/14			M	Y	\$653.71
28430			04	10/01/14			M		\$106.06
28435			04	10/01/14			M	Y	\$209.24
28436			04	10/01/14			M		\$310.00
28445			04	10/01/14			M	Y	\$699.30
28446			04	10/01/14			M	Y	\$609.82
28450			04	10/01/14			M		\$95.35

Notes:

- B: Initial visit only covered once per patient per provider or group.
- C-G0247 must be submitted with either G0245 or G0246
- D- Routine Foot Care Services payable per Chapter F-200, Section F-210.2

**Illinois Department of Healthcare and
Family Services Podiatry Fee Schedule**

HCPCS	NOTE	Prior Approval	Prog. Cov.	Effective Dt	Hand Price	NDC Ind	Surg Ind	Asst Surg	State Max after 2.7% reduction
28455			04	10/01/14			M		\$270.01
28456			04	10/01/14			M		\$304.74
28465			04	10/01/14			M		\$583.17
28470			04	10/01/14			M		\$94.43
28475			04	10/01/14			M		\$168.72
28476			04	10/01/14			M	Y	\$231.43
28485			04	10/01/14			M		\$292.87
28490			04	10/01/14			M		\$53.90
28495			04	10/01/14			M		\$67.43
28496			04	10/01/14			M		\$110.53
28505			04	10/01/14			M		\$224.57
28510			04	10/01/14			M		\$40.48
28515			04	10/01/14			M		\$94.43
28525			04	10/01/14			M	Y	\$197.42
28530			04	10/01/14			M		\$55.75
28531			04	10/01/14			M		\$218.63
28540			04	10/01/14			M		\$135.00
28545			04	10/01/14			M		\$148.48
28546			04	10/01/14			M	Y	\$130.97
28555			04	10/01/14			M	Y	\$467.04
28570			04	10/01/14			M		\$110.58
28575			04	10/01/14			M		\$147.07
28576			04	10/01/14			M	Y	\$255.12
28585			04	10/01/14			M	Y	\$415.67
28600			04	10/01/14			M		\$291.61
28605			04	10/01/14			M		\$291.61
28606			04	10/01/14			M		\$291.61
28615			04	10/01/14			M	Y	\$358.50
28630			04	10/01/14			I		\$109.37
28635			04	10/01/14			I		\$255.12
28636			04	10/01/14			I		\$255.12
28645			04	10/01/14			M		\$233.52
28660			04	10/01/14			I		\$101.29
28665			04	10/01/14			I		\$114.67

Notes:

B: Initial visit only covered once per patient per provider or group.

C-G0247 must be submitted with either G0245 or G0246

D- Routine Foot Care Services payable per Chapter F-200, Section F-210.2

**Illinois Department of Healthcare and
 Family Services Podiatry Fee Schedule**

HCPCS	NOTE	Prior Approval	Prog. Cov.	Effective Dt	Hand Price	NDC Ind	Surg Ind	Asst Surg	State Max after 2.7% reduction
28666			04	10/01/14			I		\$129.75
28675			04	10/01/14			M		\$234.83
28705			04	10/01/14			M	Y	\$583.17
28715			04	10/01/14			M	Y	\$583.17
28725			04	10/01/14			M	Y	\$467.04
28730			04	10/01/14			M	Y	\$467.04
28735			04	10/01/14			M	Y	\$583.17
28737			04	10/01/14			M	Y	\$583.17
28740			04	10/01/14			M	Y	\$328.00
28750			04	10/01/14			M	Y	\$255.12
28755			04	10/01/14			M		\$164.53
28760			04	10/01/14			M	Y	\$232.64
28800			04	10/01/14			M	Y	\$472.39
28805			04	10/01/14			M	Y	\$469.76
28810			04	10/01/14			M	Y	\$407.69
28820			04	10/01/14			M		\$162.59
28825			04	10/01/14			M		\$141.67
28899			04	10/01/14	Y		M	Y	
29405			04	10/01/14			I		\$68.11
29425			04	10/01/14			I		\$73.27
29450			04	10/01/14			I		\$42.33
29515			04	10/01/14			I		\$34.88
29540			04	10/01/14			I		\$14.98
29550			04	10/01/14			I		\$13.82
29580			04	10/01/14			I		\$26.27
29700			04	10/01/14			I		\$23.50
29730			04	10/01/14			I		\$35.03
29740			04	10/01/14			I		\$45.29
29750			04	10/01/14			I		\$43.10
29799			04	10/01/14	Y		I		
29891			04	10/01/14			M	Y	\$467.04
29892			04	10/01/14			M	Y	\$467.04
29893			04	10/01/14			M		\$167.26
29894			04	10/01/14			M	Y	\$467.04

Notes:

B: Initial visit only covered once per patient per provider or group.

C-G0247 must be submitted with either G0245 or G0246

D- Routine Foot Care Services payable per Chapter F-200, Section F-210.2

**Illinois Department of Healthcare and
 Family Services Podiatry Fee Schedule**

<u>HCPCS</u>	<u>NOTE</u>	<u>Prior Approval</u>	<u>Prog. Cov.</u>	<u>Effective Dt</u>	<u>Hand Price</u>	<u>NDC Ind</u>	<u>Surg Ind</u>	<u>Asst Surg</u>	<u>State Max after 2.7% reduction</u>
29895			04	10/01/14			M	Y	\$467.04
29897			04	10/01/14			M	Y	\$467.04
29898			04	10/01/14			M	Y	\$467.04
29899			04	10/01/14			M	Y	\$641.21
64455			04	10/01/14			I		\$37.90
64632			04	10/01/14			I		\$88.08
64640			04	10/01/14			I		88.0565
64704			04	10/01/14			M	Y	186.1154
73600			04	10/01/14					\$20.92
73610			04	10/01/14					\$27.93
73620			04	10/01/14					\$16.54
73630			04	10/01/14					\$20.92
73650			04	10/01/14					\$16.54
73660			04	10/01/14					\$13.96
76499			04	10/01/14	Y				
81000			04	10/01/14					\$2.55
82947			04	10/01/14					\$3.72
84550			04	10/01/14					\$4.30
85002			04	10/01/14					\$1.67
85014			04	10/01/14					\$2.26
85345			04	10/01/14					\$2.92
85610			04	10/01/14					\$3.72
85651			04	10/01/14					\$4.48
85652			04	10/01/14					\$2.55
87101			04	10/01/14					\$6.03
87220			04	10/01/14					\$4.57
97597			04	10/01/14			I		\$27.03
97598			04	10/01/14	Y		I		
99070			04	10/01/14	Y				
99199		Y	04	10/01/14	Y		I		
99201	B		04	10/01/14					\$27.20
99202	B		04	10/01/14					\$31.14
99203	B		04	10/01/14					\$40.48
99204	B		04	10/01/14					\$64.61

Notes:

- B: Initial visit only covered once per patient per provider or group.
- C-G0247 must be submitted with either G0245 or G0246
- D- Routine Foot Care Services payable per Chapter F-200, Section F-210.2

**Illinois Department of Healthcare and
 Family Services Podiatry Fee Schedule**

<u>HCPCS</u>	<u>NOTE</u>	<u>Prior Approval</u>	<u>Prog. Cov.</u>	<u>Effective Dt</u>	<u>Hand Price</u>	<u>NDC Ind</u>	<u>Surg Ind</u>	<u>Asst Surg</u>	<u>State Max after 2.7% reduction</u>
99205	B		04	10/01/14					\$7.64
99211			04	10/01/14					\$11.97
99212			04	10/01/14					\$23.60
99213			04	10/01/14					\$27.58
99214			04	10/01/14					\$41.35
99215			04	10/01/14					\$46.70
99231			04	10/01/14					\$15.96
99232			04	10/01/14					\$24.23
99233			04	10/01/14					\$34.10
99241			04	10/01/14					\$31.28
99242			04	10/01/14					\$39.11
99243			04	10/01/14					\$49.91
99244			04	10/01/14					\$69.47
99245			04	10/01/14					\$90.29
99251			04	10/01/14					\$31.28
99252			04	10/01/14					\$33.03
99253			04	10/01/14					\$45.20
99254			04	10/01/14					\$64.61
99255			04	10/01/14					\$84.75
99281			04	10/01/14					\$13.96
99282			04	10/01/14					\$23.55
99283			04	10/01/14					\$31.33
99284			04	10/01/14					\$42.81
99285			04	10/01/14					\$67.38
99307			04	10/01/14					\$14.40
99308			04	10/01/14					\$18.40
99309			04	10/01/14					\$22.77
99310			04	10/01/14					\$31.18
99324	B		04	10/01/14					\$18.10
99325	B		04	10/01/14					\$25.98
99326	B		04	10/01/14					\$33.91
99327	B		04	10/01/14					\$41.79
99328	B		04	10/01/14					\$49.67
99334			04	10/01/14					\$15.57

Notes:

- B: Initial visit only covered once per patient per provider or group.
- C-G0247 must be submitted with either G0245 or G0246
- D- Routine Foot Care Services payable per Chapter F-200, Section F-210.2

**Illinois Department of Healthcare and
 Family Services Podiatry Fee Schedule**

<u>HCPCS</u>	<u>NOTE</u>	<u>Prior Approval</u>	<u>Prog. Cov.</u>	<u>Effective Dt</u>	<u>Hand Price</u>	<u>NDC Ind</u>	<u>Surg Ind</u>	<u>Asst Surg</u>	<u>State Max after 2.7% reduction</u>
99335			04	10/01/14					\$20.43
99336			04	10/01/14					\$25.35
99337			04	10/01/14					\$30.21
99341			04	10/01/14					\$27.20
99342			04	10/01/14					\$36.39
99343			04	10/01/14					\$53.42
99344			04	10/01/14					\$68.65
99345			04	10/01/14					\$83.24
99347			04	10/01/14					\$23.60
99348			04	10/01/14					\$30.45
99349			04	10/01/14					\$46.22
99350			04	10/01/14					\$66.99
A5500		Y	04	07/01/12					\$42.29
A5501		Y	04	07/01/12					\$147.81
A5503		Y	04	07/01/12					\$24.14
A5504		Y	04	07/01/12					\$24.14
A5505		Y	04	07/01/12					\$24.14
A5506		Y	04	07/01/12					\$24.14
A5507		Y	04	07/01/12					\$24.14
A5512		Y	04	07/01/12					\$22.15
A5513		Y	04	07/01/12					\$33.05
G0127	D		04	10/01/14			I		\$13.96
G0245	B,C		04	10/01/14					\$24.41
G0246	C,D		04	10/01/14					\$12.26
G0247	C,D		04	10/01/14					\$13.88
G0380			04	10/01/14					\$13.96
J0278			04	10/01/14	Y	Y			
J0290			04	10/01/14	Y	Y			
J0295			04	10/01/14	Y	Y			
J0300			04	10/01/14	Y	Y			
J0456			04	10/01/14	Y	Y			
J0595			04	10/01/14	Y	Y			
J0637			04	10/01/14	Y	Y			
J0690			04	10/01/14	Y	Y			

Notes:

- B: Initial visit only covered once per patient per provider or group.
- C-G0247 must be submitted with either G0245 or G0246
- D- Routine Foot Care Services payable per Chapter F-200, Section F-210.2

**Illinois Department of Healthcare and
 Family Services Podiatry Fee Schedule**

<u>HCPCS</u>	<u>NOTE</u>	<u>Prior Approval</u>	<u>Prog. Cov.</u>	<u>Effective Dt</u>	<u>Hand Price</u>	<u>NDC Ind</u>	<u>Surg Ind</u>	<u>Asst Surg</u>	<u>State Max after 2.7% reduction</u>
J0694			04	10/01/14	Y	Y			
J0696			04	10/01/14	Y	Y			
J0697			04	10/01/14	Y	Y			
J0698			04	10/01/14	Y	Y			
J0702			04	10/01/14	Y	Y			
J0713			04	10/01/14	Y	Y			
J0720			04	10/01/14	Y	Y			
J0743			04	10/01/14	Y	Y			
J0744			04	10/01/14	Y	Y			
J0770			04	10/01/14	Y	Y			
J0780			04	10/01/14	Y	Y			
J0878			04	10/01/14	Y	Y			
J1020			04	10/01/14	Y	Y			
J1030			04	10/01/14	Y	Y			
J1040			04	10/01/14	Y	Y			
J1100			04	10/01/14	Y	Y			
J1170			04	10/01/14	Y	Y			
J1200			04	10/01/14	Y	Y			
J1335			04	10/01/14	Y	Y			
J1364			04	10/01/14	Y	Y			
J1450			04	10/01/14	Y	Y			
J1580			04	10/01/14	Y	Y			
J1626			04	10/01/14	Y	Y			
J1700			04	10/01/14	Y	Y			
J1720			04	10/01/14	Y	Y			
J1790			04	10/01/14	Y	Y			
J1810			04	10/01/14	Y	Y			
J1885			04	10/01/14	Y	Y			
J1890			04	10/01/14	Y	Y			
J1956			04	10/01/14	Y	Y			
J2010			04	10/01/14	Y	Y			
J2020			04	10/01/14	Y	Y			
J2060			04	10/01/14	Y	Y			
J2175			04	10/01/14	Y	Y			

Notes:

- B- Initial visit only covered once per patient per provider or group.
- C-G0247 must be submitted with either G0245 or G0246
- D- Routine Foot Care Services payable per Chapter F-200, Section F-210.2

**Illinois Department of Healthcare and
 Family Services Podiatry Fee Schedule**

<u>HCPCS</u>	<u>NOTE</u>	<u>Prior Approval</u>	<u>Prog. Cov.</u>	<u>Effective Dt</u>	<u>Hand Price</u>	<u>NDC Ind</u>	<u>Surg Ind</u>	<u>Asst Surg</u>	<u>State Max after 2.7% reduction</u>
J2180			04	10/01/14	Y	Y			
J2185			04	10/01/14	Y	Y			
J2250			04	10/01/14	Y	Y			
J2270			04	10/01/14	Y	Y			
J2300			04	10/01/14	Y	Y			
J2310			04	10/01/14	Y	Y			
J2370			04	10/01/14	Y	Y			
J2410			04	10/01/14	Y	Y			
J2430			04	10/01/14	Y	Y			
J2469			04	10/01/14	Y	Y			
J2510			04	10/01/14	Y	Y			
J2515			04	10/01/14	Y	Y			
J2540			04	10/01/14	Y	Y			
J2543			04	10/01/14	Y	Y			
J2550			04	10/01/14	Y	Y			
J2560			04	10/01/14	Y	Y			
J2650			04	10/01/14	Y	Y			
J2700			04	10/01/14	Y	Y			
J2800			04	10/01/14	Y	Y			
J2920			04	10/01/14	Y	Y			
J2930			04	10/01/14	Y	Y			
J3010			04	10/01/14	Y	Y			
J3070			04	10/01/14	Y	Y			
J3250			04	10/01/14	Y	Y			
J3260			04	10/01/14	Y	Y			
J3280			04	10/01/14	Y	Y			
J3301			04	10/01/14	Y	Y			
J3360			04	10/01/14	Y	Y			
J3370			04	10/01/14	Y	Y			
J3410			04	10/01/14	Y	Y			
J3430			04	10/01/14	Y	Y			
J3465			04	10/01/14	Y	Y			
L1940			04	06/01/16					\$338.60
L2330		Y	04	06/01/16					\$255.31

Notes:

- B: Initial visit only covered once per patient per provider or group.
- C-G0247 must be submitted with either G0245 or G0246
- D- Routine Foot Care Services payable per Chapter F-200, Section F-210.2

**Illinois Department of Healthcare and
 Family Services Podiatry Fee Schedule**

HCPCS	NOTE	Prior Approval	Prog. Cov.	Effective Dt	Hand Price	NDC Ind	Surg Ind	Asst Surg	State Max after 2.7% reduction
L2820			04	06/01/16					\$56.45
L3000		Y	04	10/01/14					\$110.32
L3001		Y	04	10/01/14					\$58.08
L3002		Y	04	10/01/14					\$107.24
L3003		Y	04	10/01/14					\$43.85
L3010		Y	04	10/01/14					\$107.24
L3030		Y	04	10/01/14					\$22.09
L3217		Y	04	10/01/14					\$80.03
L3260		Y	04	10/01/14					\$62.65
L3649		Y	04	10/01/14	Y				
Q3014			04	10/01/14					\$24.33
Q4100			04	10/01/14	Y				
Q4101			04	10/01/14	Y				
Q4102			04	10/01/14	Y				
Q4103			04	10/01/14	Y				
Q4104			04	10/01/14	Y				
Q4105			04	10/01/14	Y				
Q4106			04	10/01/14	Y				
Q4107			04	10/01/14	Y				
Q4108			04	10/01/14	Y				
Q4110			04	10/01/14	Y				
Q4111			04	10/01/14	Y				
Q4112			04	10/01/14	Y				
Q4113			04	10/01/14	Y				
Q4114			04	10/01/14	Y				
Q4115			04	10/01/14	Y				
Q4116			04	10/01/14	Y				
Q4121			04	10/01/14	Y				
Q4122			04	10/01/14	Y				
Q4124			04	06/01/15	Y				
Q4131			04	10/01/14	Y				
Q4132			04	06/01/15	Y				
Q4133			04	06/01/15	Y				

Notes:

- B: Initial visit only covered once per patient per provider or group.
- C-G0247 must be submitted with either G0245 or G0246
- D- Routine Foot Care Services payable per Chapter F-200, Section F-210.2