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DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

- 1) Heading of the Part: Medical Payment
- 2) Code Citation: 89 Ill. Adm. Code 140
- 3) 

<u>Section Numbers:</u>	<u>Emergency Action:</u>
140.400	Amendment
140.433	Amendment
140.438	Amendment
140.445	Amendment
140.459	Amendment
140.474	Amendment
140.481	Amendment
140.492	Amendment
140.493	Amendment
- 4) Statutory Authority: Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/12-13].
- 5) Effective Date: May 1, 2015
- 6) If these emergency amendments are to expire before the end of the 150-day period, please specify the date on which it is to expire: June 30, 2015
- 7) Date Filed with the Index Department:
- 8) A copy of the emergency amendments, including any materials incorporated by reference, is on file in the agency's principal office and is available for public inspection.
- 9) Reason for Emergency: Public Act 99-0002 gives the Department of Healthcare and Family Services the ability to adopt rules through emergency rulemaking in order to provide for the expeditious and timely implementation of the provisions of Public Act 99-0002. The adoption of this emergency rulemaking is deemed to be necessary for the public interest, safety, and welfare.
- 10) Complete Description of the Subjects and Issues Involved: These emergency amendments are pursuant to Public Act 99-0002 that requires the Department to reduce reimbursement rates and payments paid to providers of certain services delivered on or after May 1, 2015 through June 30, 2015. Services exempt from the rate reductions include services paid to a provider that is operated by a unit of local government that provides the non-federal share of such services, inpatient and outpatient services

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delivered by a hospital, services mandated by a court order or services prohibited from a reduction under federal law or regulation.

- 11) Are there any other rulemakings pending on this Part? Yes

<u>Sections</u>	<u>Proposed Action</u>	<u>Illinois Register Citation</u>
140.497	Amendment	38 Ill. Reg. 18308; September 5, 2014
140.462	Amendment	38 Ill. Reg. 19054; September 26, 2014
140.412	Amendment	39 Ill. Reg. 182; January 2, 2015

- 12) Statement of Statewide Policy Objectives: These emergency amendments neither create nor expand any State mandate affecting units of local government.

- 13) Information and questions regarding these amendments shall be directed to:

Mollie Zito  
General Counsel  
Illinois Department of Healthcare and Family Services  
201 South Grand Avenue East, 3<sup>rd</sup> Floor  
Springfield IL 62763-0002

217/782-1233

[HFS.Rules@illinois.gov](mailto:HFS.Rules@illinois.gov)

The full text of the Emergency Amendments begins on the next page:

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DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

NOTICE OF EMERGENCY AMENDMENTS

TITLE 89: SOCIAL SERVICES

CHAPTER I: DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

SUBCHAPTER d: MEDICAL PROGRAMS

PART 140

MEDICAL PAYMENT

SUBPART A: GENERAL PROVISIONS

Section

- 140.1 Incorporation By Reference
- 140.2 Medical Assistance Programs
- 140.3 Covered Services Under Medical Assistance Programs
- 140.4 Covered Medical Services Under AFDC-MANG for non-pregnant persons who are 18 years of age or older (Repealed)
- 140.5 Covered Medical Services Under General Assistance
- 140.6 Medical Services Not Covered
- 140.7 Medical Assistance Provided to Individuals Under the Age of Eighteen Who Do Not Qualify for AFDC and Children Under Age Eight
- 140.8 Medical Assistance For Qualified Severely Impaired Individuals
- 140.9 Medical Assistance for a Pregnant Woman Who Would Not Be Categorically Eligible for AFDC/AFDC-MANG if the Child Were Already Born Or Who Do Not Qualify As Mandatory Categorically Needy
- 140.10 Medical Assistance Provided to Persons Confined or Detained by the Criminal Justice System

SUBPART B: MEDICAL PROVIDER PARTICIPATION

Section

- 140.11 Enrollment Conditions for Medical Providers
- 140.12 Participation Requirements for Medical Providers
- 140.13 Definitions
- 140.14 Denial of Application to Participate in the Medical Assistance Program
- 140.15 Suspension and Denial of Payment, Recovery of Money and Penalties
- 140.16 Termination, Suspension or Exclusion of a Vendor's Eligibility to Participate in the Medical Assistance Program
- 140.17 Suspension of a Vendor's Eligibility to Participate in the Medical Assistance Program
- 140.18 Effect of Termination, Suspension, Exclusion or Revocation on Persons Associated with Vendor

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- 140.19 Application to Participate or for Reinstatement Subsequent to Termination, Suspension, Exclusion or Barring
- 140.20 Submittal of Claims
- 140.21 Reimbursement for QMB Eligible Medical Assistance Recipients and QMB Eligible Only Recipients and Individuals Who Are Entitled to Medicare Part A or Part B and Are Eligible for Some Form of Medicaid Benefits
- 140.22 Magnetic Tape Billings (Repealed)
- 140.23 Payment of Claims
- 140.24 Payment Procedures
- 140.25 Overpayment or Underpayment of Claims
- 140.26 Payment to Factors Prohibited
- 140.27 Assignment of Vendor Payments
- 140.28 Record Requirements for Medical Providers
- 140.30 Audits
- 140.31 Emergency Services Audits
- 140.32 Prohibition on Participation, and Special Permission for Participation
- 140.33 Publication of List of Sanctioned Entities
- 140.35 False Reporting and Other Fraudulent Activities
- 140.40 Prior Approval for Medical Services or Items
- 140.41 Prior Approval in Cases of Emergency
- 140.42 Limitation on Prior Approval
- 140.43 Post Approval for Items or Services When Prior Approval Cannot Be Obtained
- 140.44 Withholding of Payments Due to Fraud or Misrepresentation
- 140.45 Withholding of Payments Upon Provider Audit, Quality of Care Review, Credible Allegation of Fraud or Failure to Cooperate
- 140.55 Electronic Data Interchange Service
- 140.71 Reimbursement for Medical Services Through the Use of a C-13 Invoice Voucher Advance Payment and Expedited Payments
- 140.72 Drug Manual (Recodified)
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- 140.82 Developmentally Disabled Care Provider Fund
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- 140.86 Supportive Living Facility Funds
- 140.94 Medicaid Developmentally Disabled Provider Participation Fee Trust Fund/Medicaid Long Term Care Provider Participation Fee Trust Fund

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- 140.405 Non-Institutional Rate Reductions
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- 140.416 Optometric Services and Materials
- 140.417 Limitations on Optometric Services
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- 140.421 Limitations on Dental Services
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- 140.904 Times and Staff Levels (Repealed)
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AUTHORITY: Implementing and authorized by Articles III, IV, V and VI and Section 12-13 of the Illinois Public Aid Code [305 ILCS 5/Arts. III, IV, V and VI and 12-13].

SOURCE: Adopted at 3 Ill. Reg. 24, p. 166, effective June 10, 1979; rule repealed and new rule adopted at 6 Ill. Reg. 8374, effective July 6, 1982; emergency amendment at 6 Ill. Reg. 8508, effective July 6, 1982, for a maximum of 150 days; amended at 7 Ill. Reg. 681, effective December 30, 1982; amended at 7 Ill. Reg. 7956, effective July 1, 1983; amended at 7 Ill. Reg. 8308, effective July 1, 1983; amended at 7 Ill. Reg. 8271, effective July 5, 1983; emergency amendment at 7 Ill. Reg. 8354, effective July 5, 1983, for a maximum of 150 days; amended at 7 Ill. Reg. 8540, effective July 15, 1983; amended at 7 Ill. Reg. 9382, effective July 22, 1983; amended at 7 Ill. Reg. 12868, effective September 20, 1983; peremptory amendment at 7 Ill. Reg. 15047, effective October 31, 1983; amended at 7 Ill. Reg. 17358, effective December 21, 1983; amended at 8 Ill. Reg. 254, effective December 21, 1983; emergency amendment at 8 Ill. Reg. 580, effective January 1, 1984, for a maximum of 150 days; codified at 8 Ill. Reg. 2483; amended at 8 Ill. Reg. 3012, effective February 22, 1984; amended at 8 Ill. Reg. 5262, effective April 9, 1984; amended at 8 Ill. Reg. 6785, effective April 27, 1984; amended at 8 Ill. Reg. 6983, effective May 9, 1984; amended at 8 Ill. Reg. 7258, effective May 16, 1984; emergency amendment at 8 Ill. Reg. 7910, effective May 22, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 7910, effective June 1, 1984; amended at 8 Ill. Reg. 10032, effective June 18, 1984; emergency amendment at 8 Ill. Reg. 10062, effective June 20, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 13343, effective July 17, 1984; amended at 8 Ill. Reg. 13779, effective July 24, 1984; Sections 140.72 and 140.73 recodified to 89 Ill. Adm. Code 141 at 8 Ill. Reg. 16354; amended (by adding sections being codified with no substantive change) at 8 Ill. Reg. 17899; peremptory amendment at 8 Ill. Reg. 18151, effective September 18, 1984; amended at 8 Ill. Reg. 21629, effective October 19, 1984; peremptory amendment at 8 Ill. Reg. 21677, effective October 24, 1984; amended at 8 Ill. Reg. 22097, effective October 24, 1984; peremptory amendment at 8 Ill. Reg. 22155, effective October 29, 1984; amended at 8 Ill. Reg. 23218, effective November 20, 1984; emergency amendment at 8 Ill. Reg. 23721, effective November 21, 1984, for a maximum of 150 days; amended at 8 Ill. Reg. 25067, effective December 19, 1984; emergency amendment at 9 Ill. Reg. 407, effective January 1, 1985, for a maximum of 150 days; amended at 9 Ill. Reg. 2697, effective February 22, 1985; amended at 9 Ill. Reg. 6235, effective April 19, 1985; amended at 9 Ill. Reg. 8677, effective May 28, 1985; amended at 9 Ill. Reg. 9564, effective June 5, 1985; amended at 9 Ill. Reg. 10025, effective June 26, 1985; emergency amendment at 9 Ill. Reg. 11403, effective June 27, 1985, for a maximum of

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### DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES

#### NOTICE OF EMERGENCY AMENDMENTS

150 days; amended at 9 Ill. Reg. 11357, effective June 28, 1985; amended at 9 Ill. Reg. 12000, effective July 24, 1985; amended at 9 Ill. Reg. 12306, effective August 5, 1985; amended at 9 Ill. Reg. 13998, effective September 3, 1985; amended at 9 Ill. Reg. 14684, effective September 13, 1985; amended at 9 Ill. Reg. 15503, effective October 4, 1985; amended at 9 Ill. Reg. 16312, effective October 11, 1985; amended at 9 Ill. Reg. 19138, effective December 2, 1985; amended at 9 Ill. Reg. 19737, effective December 9, 1985; amended at 10 Ill. Reg. 238, effective December 27, 1985; emergency amendment at 10 Ill. Reg. 798, effective January 1, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 672, effective January 6, 1986; amended at 10 Ill. Reg. 1206, effective January 13, 1986; amended at 10 Ill. Reg. 3041, effective January 24, 1986; amended at 10 Ill. Reg. 6981, effective April 16, 1986; amended at 10 Ill. Reg. 7825, effective April 30, 1986; amended at 10 Ill. Reg. 8128, effective May 7, 1986; emergency amendment at 10 Ill. Reg. 8912, effective May 13, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 11440, effective June 20, 1986; amended at 10 Ill. Reg. 14714, effective August 27, 1986; amended at 10 Ill. Reg. 15211, effective September 12, 1986; emergency amendment at 10 Ill. Reg. 16729, effective September 18, 1986, for a maximum of 150 days; amended at 10 Ill. Reg. 18808, effective October 24, 1986; amended at 10 Ill. Reg. 19742, effective November 12, 1986; amended at 10 Ill. Reg. 21784, effective December 15, 1986; amended at 11 Ill. Reg. 698, effective December 19, 1986; amended at 11 Ill. Reg. 1418, effective December 31, 1986; amended at 11 Ill. Reg. 2323, effective January 16, 1987; amended at 11 Ill. Reg. 4002, effective February 25, 1987; Section 140.71 recodified to 89 Ill. Adm. Code 141 at 11 Ill. Reg. 4302; amended at 11 Ill. Reg. 4303, effective March 6, 1987; amended at 11 Ill. Reg. 7664, effective April 15, 1987; emergency amendment at 11 Ill. Reg. 9342, effective April 20, 1987, for a maximum of 150 days; amended at 11 Ill. Reg. 9169, effective April 28, 1987; amended at 11 Ill. Reg. 10903, effective June 1, 1987; amended at 11 Ill. Reg. 11528, effective June 22, 1987; amended at 11 Ill. Reg. 12011, effective June 30, 1987; amended at 11 Ill. Reg. 12290, effective July 6, 1987; amended at 11 Ill. Reg. 14048, effective August 14, 1987; amended at 11 Ill. Reg. 14771, effective August 25, 1987; amended at 11 Ill. Reg. 16758, effective September 28, 1987; amended at 11 Ill. Reg. 17295, effective September 30, 1987; amended at 11 Ill. Reg. 18696, effective October 27, 1987; amended at 11 Ill. Reg. 20909, effective December 14, 1987; amended at 12 Ill. Reg. 916, effective January 1, 1988; emergency amendment at 12 Ill. Reg. 1960, effective January 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 5427, effective March 15, 1988; amended at 12 Ill. Reg. 6246, effective March 16, 1988; amended at 12 Ill. Reg. 6728, effective March 22, 1988; Sections 140.900 thru 140.912 and 140.Table H and 140.Table I recodified to 89 Ill. Adm. Code 147.5 thru 147.205 and 147.Table A and 147.Table B at 12 Ill. Reg. 6956; amended at 12 Ill. Reg. 6927, effective April 5, 1988; Sections 140.940 thru 140.972 recodified to 89 Ill. Adm. Code 149.5 thru 149.325 at 12 Ill. Reg. 7401; amended at 12 Ill. Reg. 7695, effective April 21, 1988; amended at 12 Ill. Reg. 10497, effective June 3, 1988; amended at 12 Ill. Reg. 10717, effective June 14, 1988; emergency amendment at 12 Ill. Reg. 11868, effective July 1, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 12509, effective July 15, 1988; amended at 12 Ill. Reg. 14271, effective August 29, 1988; emergency

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amendment at 12 Ill. Reg. 16921, effective September 28, 1988, for a maximum of 150 days; amended at 12 Ill. Reg. 16738, effective October 5, 1988; amended at 12 Ill. Reg. 17879, effective October 24, 1988; amended at 12 Ill. Reg. 18198, effective November 4, 1988; amended at 12 Ill. Reg. 19396, effective November 6, 1988; amended at 12 Ill. Reg. 19734, effective November 15, 1988; amended at 13 Ill. Reg. 125, effective January 1, 1989; amended at 13 Ill. Reg. 2475, effective February 14, 1989; amended at 13 Ill. Reg. 3069, effective February 28, 1989; amended at 13 Ill. Reg. 3351, effective March 6, 1989; amended at 13 Ill. Reg. 3917, effective March 17, 1989; amended at 13 Ill. Reg. 5115, effective April 3, 1989; amended at 13 Ill. Reg. 5718, effective April 10, 1989; amended at 13 Ill. Reg. 7025, effective April 24, 1989; Sections 140.850 thru 140.896 recodified to 89 Ill. Adm. Code 146.5 thru 146.225 at 13 Ill. Reg. 7040; amended at 13 Ill. Reg. 7786, effective May 20, 1989; Sections 140.94 thru 140.398 recodified to 89 Ill. Adm. Code 148.10 thru 148.390 at 13 Ill. Reg. 9572; emergency amendment at 13 Ill. Reg. 10977, effective July 1, 1989, for a maximum of 150 days; emergency expired November 28, 1989; amended at 13 Ill. Reg. 11516, effective July 3, 1989; amended at 13 Ill. Reg. 12119, effective July 7, 1989; Section 140.110 recodified to 89 Ill. Adm. Code 148.120 at 13 Ill. Reg. 12118; amended at 13 Ill. Reg. 12562, effective July 17, 1989; amended at 13 Ill. Reg. 14391, effective August 31, 1989; emergency amendment at 13 Ill. Reg. 15473, effective September 12, 1989, for a maximum of 150 days; amended at 13 Ill. Reg. 16992, effective October 16, 1989; amended at 14 Ill. Reg. 190, effective December 21, 1989; amended at 14 Ill. Reg. 2564, effective February 9, 1990; emergency amendment at 14 Ill. Reg. 3241, effective February 14, 1990, for a maximum of 150 days; emergency expired July 14, 1990; amended at 14 Ill. Reg. 4543, effective March 12, 1990; emergency amendment at 14 Ill. Reg. 4577, effective March 6, 1990, for a maximum of 150 days; emergency expired August 3, 1990; emergency amendment at 14 Ill. Reg. 5575, effective April 1, 1990, for a maximum of 150 days; emergency expired August 29, 1990; emergency amendment at 14 Ill. Reg. 5865, effective April 3, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 7141, effective April 27, 1990; emergency amendment at 14 Ill. Reg. 7249, effective April 27, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 10062, effective June 12, 1990; amended at 14 Ill. Reg. 10409, effective June 19, 1990; emergency amendment at 14 Ill. Reg. 12082, effective July 5, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 13262, effective August 6, 1990; emergency amendment at 14 Ill. Reg. 14184, effective August 16, 1990, for a maximum of 150 days; emergency amendment at 14 Ill. Reg. 14570, effective August 22, 1990, for a maximum of 150 days; amended at 14 Ill. Reg. 14826, effective August 31, 1990; amended at 14 Ill. Reg. 15366, effective September 12, 1990; amended at 14 Ill. Reg. 15981, effective September 21, 1990; amended at 14 Ill. Reg. 17279, effective October 12, 1990; amended at 14 Ill. Reg. 18057, effective October 22, 1990; amended at 14 Ill. Reg. 18508, effective October 30, 1990; amended at 14 Ill. Reg. 18813, effective November 6, 1990; Notice of Corrections to Adopted Amendment at 15 Ill. Reg. 1174; amended at 14 Ill. Reg. 20478, effective December 7, 1990; amended at 14 Ill. Reg. 20729, effective December 12, 1990; amended at 15 Ill. Reg. 298, effective December 28, 1990; emergency amendment at 15 Ill. Reg. 592, effective January 1,



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1991, for a maximum of 150 days; amended at 15 Ill. Reg. 1051, effective January 18, 1991; amended at 15 Ill. Reg. 6220, effective April 18, 1991; amended at 15 Ill. Reg. 6534, effective April 30, 1991; amended at 15 Ill. Reg. 8264, effective May 23, 1991; amended at 15 Ill. Reg. 8972, effective June 17, 1991; amended at 15 Ill. Reg. 10114, effective June 21, 1991; amended at 15 Ill. Reg. 10468, effective July 1, 1991; amended at 15 Ill. Reg. 11176, effective August 1, 1991; emergency amendment at 15 Ill. Reg. 11515, effective July 25, 1991, for a maximum of 150 days; emergency expired December 22, 1991; emergency amendment at 15 Ill. Reg. 12919, effective August 15, 1991, for a maximum of 150 days; emergency expired January 12, 1992; emergency amendment at 15 Ill. Reg. 16366, effective October 22, 1991, for a maximum of 150 days; amended at 15 Ill. Reg. 17318, effective November 18, 1991; amended at 15 Ill. Reg. 17733, effective November 22, 1991; emergency amendment at 16 Ill. Reg. 300, effective December 20, 1991, for a maximum of 150 days; amended at 16 Ill. Reg. 174, effective December 24, 1991; amended at 16 Ill. Reg. 1877, effective January 24, 1992; amended at 16 Ill. Reg. 3552, effective February 28, 1992; amended at 16 Ill. Reg. 4006, effective March 6, 1992; amended at 16 Ill. Reg. 6408, effective March 20, 1992; expedited correction at 16 Ill. Reg. 11348, effective March 20, 1992; amended at 16 Ill. Reg. 6849, effective April 7, 1992; amended at 16 Ill. Reg. 7017, effective April 17, 1992; amended at 16 Ill. Reg. 10050, effective June 5, 1992; amended at 16 Ill. Reg. 11174, effective June 26, 1992; emergency amendment at 16 Ill. Reg. 11947, effective July 10, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 12186, effective July 24, 1992; emergency amendment at 16 Ill. Reg. 13337, effective August 14, 1992, for a maximum of 150 days; emergency amendment at 16 Ill. Reg. 15109, effective September 21, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 15561, effective September 30, 1992; amended at 16 Ill. Reg. 17302, effective November 2, 1992; emergency amendment at 16 Ill. Reg. 18097, effective November 17, 1992, for a maximum of 150 days; amended at 16 Ill. Reg. 19146, effective December 1, 1992; expedited correction at 17 Ill. Reg. 7078, effective December 1, 1992; amended at 16 Ill. Reg. 19879, effective December 7, 1992; amended at 17 Ill. Reg. 837, effective January 11, 1993; amended at 17 Ill. Reg. 1112, effective January 15, 1993; amended at 17 Ill. Reg. 2290, effective February 15, 1993; amended at 17 Ill. Reg. 2951, effective February 17, 1993; amended at 17 Ill. Reg. 3421, effective February 19, 1993; amended at 17 Ill. Reg. 6196, effective April 5, 1993; amended at 17 Ill. Reg. 6839, effective April 21, 1993; amended at 17 Ill. Reg. 7004, effective May 17, 1993; emergency amendment at 17 Ill. Reg. 11201, effective July 1, 1993, for a maximum of 150 days; emergency amendment at 17 Ill. Reg. 15162, effective September 2, 1993, for a maximum of 150 days; emergency amendment suspended at 17 Ill. Reg. 18902, effective October 12, 1993; emergency amendment at 17 Ill. Reg. 18152, effective October 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 18571, effective October 8, 1993; emergency amendment at 17 Ill. Reg. 18611, effective October 1, 1993, for a maximum of 150 days; amended at 17 Ill. Reg. 20999, effective November 24, 1993; emergency amendment repealed at 17 Ill. Reg. 22583, effective December 20, 1993; amended at 18 Ill. Reg. 3620, effective February 28, 1994; amended at 18 Ill. Reg. 4250, effective March 4, 1994; amended at 18 Ill. Reg. 5951, effective April 1, 1994; emergency

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amendment at 18 Ill. Reg. 10922, effective July 1, 1994, for a maximum of 150 days; emergency amendment suspended at 18 Ill. Reg. 17286, effective November 15, 1994; emergency amendment repealed at 19 Ill. Reg. 5839, effective April 4, 1995; amended at 18 Ill. Reg. 11244, effective July 1, 1994; amended at 18 Ill. Reg. 14126, effective August 29, 1994; amended at 18 Ill. Reg. 16675, effective November 1, 1994; amended at 18 Ill. Reg. 18059, effective December 19, 1994; amended at 19 Ill. Reg. 1082, effective January 20, 1995; amended at 19 Ill. Reg. 2933, effective March 1, 1995; emergency amendment at 19 Ill. Reg. 3529, effective March 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 5663, effective April 1, 1995; amended at 19 Ill. Reg. 7919, effective June 5, 1995; emergency amendment at 19 Ill. Reg. 8455, effective June 9, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 9297, effective July 1, 1995, for a maximum of 150 days; emergency amendment at 19 Ill. Reg. 10252, effective July 1, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 13019, effective September 5, 1995; amended at 19 Ill. Reg. 14440, effective September 29, 1995; emergency amendment at 19 Ill. Reg. 14833, effective October 6, 1995, for a maximum of 150 days; amended at 19 Ill. Reg. 15441, effective October 26, 1995; amended at 19 Ill. Reg. 15692, effective November 6, 1995; amended at 19 Ill. Reg. 16677, effective November 28, 1995; amended at 20 Ill. Reg. 1210, effective December 29, 1995; amended at 20 Ill. Reg. 4345, effective March 4, 1996; amended at 20 Ill. Reg. 5858, effective April 5, 1996; amended at 20 Ill. Reg. 6929, effective May 6, 1996; amended at 20 Ill. Reg. 7922, effective May 31, 1996; amended at 20 Ill. Reg. 9081, effective June 28, 1996; emergency amendment at 20 Ill. Reg. 9312, effective July 1, 1996, for a maximum of 150 days; amended at 20 Ill. Reg. 11332, effective August 1, 1996; amended at 20 Ill. Reg. 14845, effective October 31, 1996; emergency amendment at 21 Ill. Reg. 705, effective December 31, 1996, for a maximum of 150 days; emergency amendment at 21 Ill. Reg. 3734, effective March 5, 1997, for a maximum of 150 days; amended at 21 Ill. Reg. 4777, effective April 2, 1997; amended at 21 Ill. Reg. 6899, effective May 23, 1997; amended at 21 Ill. Reg. 9763, effective July 15, 1997; amended at 21 Ill. Reg. 11569, effective August 1, 1997; emergency amendment at 21 Ill. Reg. 13857, effective October 1, 1997, for a maximum of 150 days; amended at 22 Ill. Reg. 1416, effective December 29, 1997; amended at 22 Ill. Reg. 4412, effective February 27, 1998; amended at 22 Ill. Reg. 7024, effective April 1, 1998; amended at 22 Ill. Reg. 10606, effective June 1, 1998; emergency amendment at 22 Ill. Reg. 13117, effective July 1, 1998, for a maximum of 150 days; amended at 22 Ill. Reg. 16302, effective August 28, 1998; amended at 22 Ill. Reg. 18979, effective September 30, 1998; amended at 22 Ill. Reg. 19898, effective October 30, 1998; emergency amendment at 22 Ill. Reg. 22108, effective December 1, 1998, for a maximum of 150 days; emergency expired April 29, 1999; amended at 23 Ill. Reg. 5796, effective April 30, 1999; amended at 23 Ill. Reg. 7122, effective June 1, 1999; emergency amendment at 23 Ill. Reg. 8236, effective July 1, 1999, for a maximum of 150 days; amended at 23 Ill. Reg. 9874, effective August 3, 1999; amended at 23 Ill. Reg. 12697, effective October 1, 1999; amended at 23 Ill. Reg. 13646, effective November 1, 1999; amended at 23 Ill. Reg. 14567, effective December 1, 1999; amended at 24 Ill. Reg. 661, effective January 3, 2000; amended at 24 Ill. Reg. 10277,

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effective July 1, 2000; emergency amendment at 24 Ill. Reg. 10436, effective July 1, 2000, for a maximum of 150 days; amended at 24 Ill. Reg. 15086, effective October 1, 2000; amended at 24 Ill. Reg. 18320, effective December 1, 2000; emergency amendment at 24 Ill. Reg. 19344, effective December 15, 2000, for a maximum of 150 days; amended at 25 Ill. Reg. 3897, effective March 1, 2001; amended at 25 Ill. Reg. 6665, effective May 11, 2001; amended at 25 Ill. Reg. 8793, effective July 1, 2001; emergency amendment at 25 Ill. Reg. 8850, effective July 1, 2001, for a maximum of 150 days; amended at 25 Ill. Reg. 11880, effective September 1, 2001; amended at 25 Ill. Reg. 12820, effective October 8, 2001; amended at 25 Ill. Reg. 14957, effective November 1, 2001; emergency amendment at 25 Ill. Reg. 16127, effective November 28, 2001, for a maximum of 150 days; emergency amendment at 25 Ill. Reg. 16292, effective December 3, 2001, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 514, effective January 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 663, effective January 7, 2002; amended at 26 Ill. Reg. 4781, effective March 15, 2002; emergency amendment at 26 Ill. Reg. 5984, effective April 15, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 7285, effective April 29, 2002; emergency amendment at 26 Ill. Reg. 8594, effective June 1, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 11259, effective July 1, 2002, for a maximum of 150 days; emergency amendment at 26 Ill. Reg. 12461, effective July 29, 2002, for a maximum of 150 days; emergency amendment repealed at 26 Ill. Reg. 16593, effective October 22, 2002; emergency amendment at 26 Ill. Reg. 12772, effective August 12, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 13641, effective September 3, 2002; amended at 26 Ill. Reg. 14789, effective September 26, 2002; emergency amendment at 26 Ill. Reg. 15076, effective October 1, 2002, for a maximum of 150 days; amended at 26 Ill. Reg. 16303, effective October 25, 2002; amended at 26 Ill. Reg. 17751, effective November 27, 2002; amended at 27 Ill. Reg. 768, effective January 3, 2003; amended at 27 Ill. Reg. 3041, effective February 10, 2003; amended at 27 Ill. Reg. 4364, effective February 24, 2003; amended at 27 Ill. Reg. 7823, effective May 1, 2003; amended at 27 Ill. Reg. 9157, effective June 2, 2003; emergency amendment at 27 Ill. Reg. 10813, effective July 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 13784, effective August 1, 2003; amended at 27 Ill. Reg. 14799, effective September 5, 2003; emergency amendment at 27 Ill. Reg. 15584, effective September 20, 2003, for a maximum of 150 days; emergency amendment at 27 Ill. Reg. 16161, effective October 1, 2003, for a maximum of 150 days; amended at 27 Ill. Reg. 18629, effective November 26, 2003; amended at 28 Ill. Reg. 2744, effective February 1, 2004; amended at 28 Ill. Reg. 4958, effective March 3, 2004; emergency amendment at 28 Ill. Reg. 6622, effective April 19, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 7081, effective May 3, 2004; emergency amendment at 28 Ill. Reg. 8108, effective June 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 9640, effective July 1, 2004; emergency amendment at 28 Ill. Reg. 10135, effective July 1, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 11161, effective August 1, 2004; emergency amendment at 28 Ill. Reg. 12198, effective August 11, 2004, for a maximum of 150 days; amended at 28 Ill. Reg. 13775, effective October 1, 2004; amended at 28 Ill. Reg. 14804, effective October 27, 2004; amended at 28 Ill. Reg. 15513,

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effective November 24, 2004; amended at 29 Ill. Reg. 831, effective January 1, 2005; amended at 29 Ill. Reg. 6945, effective May 1, 2005; emergency amendment at 29 Ill. Reg. 8509, effective June 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 12534, effective August 1, 2005, for a maximum of 150 days; amended at 29 Ill. Reg. 14957, effective September 30, 2005; emergency amendment at 29 Ill. Reg. 15064, effective October 1, 2005, for a maximum of 150 days; emergency amendment repealed by emergency rulemaking at 29 Ill. Reg. 15985, effective October 5, 2005, for the remainder of the 150 days; emergency amendment at 29 Ill. Reg. 15610, effective October 1, 2005, for a maximum of 150 days; emergency amendment at 29 Ill. Reg. 16515, effective October 5, 2005, for a maximum of 150 days; amended at 30 Ill. Reg. 349, effective December 28, 2005; emergency amendment at 30 Ill. Reg. 573, effective January 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 796, effective January 1, 2006; amended at 30 Ill. Reg. 2802, effective February 24, 2006; amended at 30 Ill. Reg. 10370, effective May 26, 2006; emergency amendment at 30 Ill. Reg. 12376, effective July 1, 2006, for a maximum of 150 days; emergency amendment at 30 Ill. Reg. 13909, effective August 2, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 14280, effective August 18, 2006; expedited correction at 31 Ill. Reg. 1745, effective August 18, 2006; emergency amendment at 30 Ill. Reg. 17970, effective November 1, 2006, for a maximum of 150 days; amended at 30 Ill. Reg. 18648, effective November 27, 2006; emergency amendment at 30 Ill. Reg. 19400, effective December 1, 2006, for a maximum of 150 days; amended at 31 Ill. Reg. 388, effective December 29, 2006; emergency amendment at 31 Ill. Reg. 1580, effective January 1, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 2413, effective January 19, 2007; amended at 31 Ill. Reg. 5561, effective March 30, 2007; amended at 31 Ill. Reg. 6930, effective April 29, 2007; amended at 31 Ill. Reg. 8485, effective May 30, 2007; emergency amendment at 31 Ill. Reg. 10115, effective June 30, 2007, for a maximum of 150 days; amended at 31 Ill. Reg. 14749, effective October 22, 2007; emergency amendment at 32 Ill. Reg. 383, effective January 1, 2008, for a maximum of 150 days; peremptory amendment at 32 Ill. Reg. 6743, effective April 1, 2008; peremptory amendment suspended at 32 Ill. Reg. 8449, effective May 21, 2008; suspension withdrawn by the Joint Committee on Administrative Rules at 32 Ill. Reg. 18323, effective November 12, 2008; peremptory amendment repealed by emergency rulemaking at 32 Ill. Reg. 18422, effective November 12, 2008, for a maximum of 150 days; emergency expired April 10, 2009; peremptory amendment repealed at 33 Ill. Reg. 6667, effective April 29, 2009; amended at 32 Ill. Reg. 7727, effective May 5, 2008; emergency amendment at 32 Ill. Reg. 10480, effective July 1, 2008, for a maximum of 150 days; emergency expired November 27, 2008; amended at 32 Ill. Reg. 17133, effective October 15, 2008; amended at 33 Ill. Reg. 209, effective December 29, 2008; amended at 33 Ill. Reg. 9048, effective June 15, 2009; emergency amendment at 33 Ill. Reg. 10800, effective June 30, 2009, for a maximum of 150 days; amended at 33 Ill. Reg. 11287, effective July 14, 2009; amended at 33 Ill. Reg. 11938, effective August 17, 2009; amended at 33 Ill. Reg. 12227, effective October 1, 2009; emergency amendment at 33 Ill. Reg. 14324, effective October 1, 2009, for a maximum of 150 days; emergency expired February 27, 2010; amended at 33 Ill. Reg. 16573, effective

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November 16, 2009; amended at 34 Ill. Reg. 516, effective January 1, 2010; amended at 34 Ill. Reg. 903, effective January 29, 2010; amended at 34 Ill. Reg. 3761, effective March 14, 2010; amended at 34 Ill. Reg. 5215, effective March 25, 2010; amended at 34 Ill. Reg. 19517, effective December 6, 2010; amended at 35 Ill. Reg. 394, effective December 27, 2010; amended at 35 Ill. Reg. 7648, effective May 1, 2011; amended at 35 Ill. Reg. 7962, effective May 1, 2011; amended at 35 Ill. Reg. 10000, effective June 15, 2011; amended at 35 Ill. Reg. 12909, effective July 25, 2011; amended at 36 Ill. Reg. 2271, effective February 1, 2012; amended at 36 Ill. Reg. 7010, effective April 27, 2012; amended at 36 Ill. Reg. 7545, effective May 7, 2012; amended at 36 Ill. Reg. 9113, effective June 11, 2012; emergency amendment at 36 Ill. Reg. 11329, effective July 1, 2012 through June 30, 2013; emergency amendment to Section 140.442(e)(4) suspended at 36 Ill. Reg. 13736, effective August 15, 2012; suspension withdrawn from Section 140.442(e)(4) at 36 Ill. Reg. 14529, September 11, 2012; emergency amendment in response to Joint Committee on Administrative Rules action on Section 140.442(e)(4) at 36 Ill. Reg. 14820, effective September 21, 2012 through June 30, 2013; emergency amendment to Section 140.491 suspended at 36 Ill. Reg. 13738, effective August 15, 2012; suspension withdrawn by the Joint Committee on Administrative Rules from Section 140.491 at 37 Ill. Reg. 890, January 8, 2013; emergency amendment in response to Joint Committee on Administrative Rules action on Section 140.491 at 37 Ill. Reg. 1330, effective January 15, 2013 through June 30, 2013; amended at 36 Ill. Reg. 15361, effective October 15, 2012; emergency amendment at 37 Ill. Reg. 253, effective January 1, 2013 through June 30, 2013; emergency amendment at 37 Ill. Reg. 846, effective January 9, 2013 through June 30, 2013; emergency amendment at 37 Ill. Reg. 1774, effective January 28, 2013 through June 30, 2013; emergency amendment at 37 Ill. Reg. 2348, effective February 1, 2013 through June 30, 2013; amended at 37 Ill. Reg. 3831, effective March 13, 2013; emergency amendment at 37 Ill. Reg. 5058, effective April 1, 2013 through June 30, 2013; emergency amendment at 37 Ill. Reg. 5170, effective April 8, 2013 through June 30, 2013; amended at 37 Ill. Reg. 6196, effective April 29, 2013; amended at 37 Ill. Reg. 7985, effective May 29, 2013; amended at 37 Ill. Reg. 10282, effective June 27, 2013; amended at 37 Ill. Reg. 12855, effective July 24, 2013; emergency amendment at 37 Ill. Reg. 14196, effective August 20, 2013, for a maximum of 150 days; amended at 37 Ill. Reg. 17584, effective October 23, 2013; amended at 37 Ill. Reg. 18275, effective November 4, 2013; amended at 37 Ill. Reg. 20339, effective December 9, 2013; amended at 38 Ill. Reg. 859, effective December 23, 2013; emergency amendment at 38 Ill. Reg. 1174, effective January 1, 2014, for a maximum of 150 days; amended at 38 Ill. Reg. 4330, effective January 29, 2014; amended at 38 Ill. Reg. 7156, effective March 13, 2014; amended at 38 Ill. Reg. 12141, effective May 30, 2014; amended at 38 Ill. Reg. 15081, effective July 2, 2014; emergency amendment at 38 Ill. Reg. 15673, effective July 7, 2014, for a maximum of 150 days; emergency amendment at 38 Ill. Reg. 18216, effective August 18, 2014, for a maximum of 150 days; amended at 38 Ill. Reg. 18462, effective August 19, 2014; amended at 38 Ill. Reg. 23623, effective December 2, 2014; amended at 39 Ill. Reg. 4394, effective March 11, 2015; emergency amendment at 39 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_, for a maximum of 150 days.

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SUBPART D: PAYMENT FOR NON-INSTITUTIONAL SERVICES

**Section 140.400 Payment to Practitioners**

**EMERGENCY**

- a) This Section applies to physicians, dentists, Advanced Practice Nurses (APN) (see Section 140.435), optometrists, podiatrists and chiropractors.
  - 1) Practitioners are required to bill the Medical Assistance Program at the same rate they charge patients paying their own bills and patients covered by other third party payers.
  - 2) A practitioner may bill only for services he or she personally provides or which are provided under his or her direct supervision in his or her office by his or her staff. An APN, as described in Section 140.435, may bill only for the services personally provided by the individual APN.
  - 3) Payment will be made only in the practitioner's name or a Department approved alternate payee.
  - 4) Except as described otherwise in this Section, payments will be made according to a schedule of statewide pricing screens established by the Department. Covered services provided by qualifying providers under the Maternal and Child Health Program will be reimbursed at enhanced rates as described in subsection (b) of this Section. The pricing screens are to be established based on consideration of the market value of the service. In considering the market value, the Department will examine the costs of operations and material. Input from advisory groups designated by statute, generally recognized provider interest groups and the general public will be taken into consideration in determining the allocation of available funds to rate adjustments. Increases in rates are contingent upon funds appropriated by the General Assembly. Reductions or increases may be affected by changes in the market place or changes in funding available for the Medical Assistance Program. Screens will be related to the average statewide charge. Except as described otherwise in this Section, the upper limit for services shall not exceed the lowest Medicare charge levels.

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- b) Practitioners who meet the qualifications for and enter into a Primary Care Provider Agreement for participation in the Maternal and Child Health Program, as described in Subpart G, will receive enhanced reimbursement in accordance with Section 140.930(a)(1).
- c) For services rendered on or after June 1, 2013, a practitioner (radiologist) that meets the qualifications for and participates in the Department's Breast Cancer Quality Screening and Treatment Initiative shall be paid for mammography services at the effective Chicago Metropolitan Area Medicare Level established rate (Established Rate). To qualify for this Established Rate, a practitioner shall:
  - 1) Enter into a Supplemental Provider Agreement with the Department; and
  - 2) Provide mammography services to participants in the Department's Medical Programs with the same timeliness as the practitioner provides to patients with other forms of insurance; and
  - 3) Within 30 days after submitting the Supplemental Provider Agreement, and annually thereafter on or before August 31, submit a completed radiologist survey, using the Department's survey form; and
  - 4) Assist the Department with the development and implementation of improved quality standards and services.
- d) The Department will distribute (initially and upon revision of the amounts) to practitioners the maximum allowable amounts for the most commonly billed procedures codes. Interested individuals may request a copy of the maximum allowable amounts from the Department by directing the request to the Bureau of Comprehensive Health Services, Prescott E. Bloom Building, 201 South Grand Avenue East, Springfield, Illinois 62763-0001. In addition, a participating individual practitioner may request the maximum allowable amounts for less commonly billed specific procedures that relate to the individual's practice. This request must be in writing and identify specific procedure codes and associated descriptions.
- e) Supplemental payments to universities for certain practitioner services
  - 1) Supplemental payments are available for services that are provided by practitioners who are employed by an Illinois public university and are services eligible under Titles XIX and XXI of the Social Security Act.

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- A) For dates of service on or after April 1, 2009, supplemental payment will be made on a quarterly basis as described in this subsection (e).
  - B) Supplemental payments under this subsection (e) are subject to federal approval.
  - C) Supplemental payments shall be funded through cooperative agreements between the Department and the State university.
- 2) Definitions
- A) "Average Commercial Fee Schedule" means the average commercial fee schedule paid to the university for practitioner services, including patient share amounts, for each CPT code. This average shall be based on the participating university's payments from the five largest private insurance carriers for CPT services.
  - B) "Base Period Average Commercial Payment Ceiling" means the following computation:
    - i) Multiplying the Average Commercial Fee Schedule by the number of paid claims provided in the base period and paid to the university for clients eligible under Titles XIX and XXI of the Social Security Act.
    - ii) Summing the products for all procedure codes as described in subsection (e)(2)(B)(i).
  - C) "Base Period Medicare Equivalent Payment Ceiling" means the following computation:
    - i) Multiplying the Medicare allowed rate as reported in the April release of the Resources Based Relative Value Scale (RBRVS), by the number of paid claims provided in the based period and paid to the university for clients eligible under Title XIX or XXI of the Social Security Act.
    - ii) Summing the products for all procedure codes as described in subsection (e)(2)(C)(i) of this Section.



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D) "Base Period Medicare Equivalent of the Average Commercial Rate" means the Base Period Average Commercial Payment Ceiling divided by the Base Period Medicare Equivalent Payment Ceiling.

3) The supplemental payments shall be determined as follows:

A) The Medicare Equivalent of the Average Commercial Rate for a practitioner service will be determined by multiplying the Base Period Medicare Equivalent of the Average Commercial Rate by the Medicare payment at the non-facility rate per CPT code for the current period.

B) The rates determined in subsection (e)(3)(A) are multiplied by the number of claims for the current period, as reported through the Medicaid Management Information System, to determine the current period supplemental payment ceiling.

C) The supplemental payment to the university shall equal the current period payment ceiling at the Medicare Equivalent of the Average Commercial Rate less all payments otherwise made by the Department for the same services for procedure codes rendered in the current period and paid to the university. These supplemental payments shall be based on all available payments and adjustments on file with the Department at the time the payment amount is determined.

4) Periodic Updates to the Base Period Medicare Equivalent of the Average Commercial Rate: The Department shall update this ratio at least every three years.

f) Reimbursement rate reductions pursuant to Public Act 99-0002.

1) Notwithstanding any provisions set forth in 89 Ill. Adm. Code 140, reimbursement rates, except for the supplemental rate or portion thereof described in subsection (e) of this Section, for the following practitioner services shall be reduced by 16.75% from the rates that were otherwise in effect on April 30, 2015, for services delivered on or after May 1, 2015 through June 30, 2015:

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- A) Primary care physician services. For purposes of this subsection, primary care physician services shall mean physician services as defined in Section 140.410 and APN services as defined in Section 140.435.
  - B) Optometric services, pursuant to Section 140.416.
  - C) Dental services, pursuant to Section 140.420.
  - D) Podiatry services, pursuant to Section 140.425.
- 2) Such reductions shall not apply to: services paid to a provider that is operated by unit of local government that provides the non-federal share of such services; inpatient and outpatient services delivered by a hospital; services mandated by a court order; or services prohibited from a reduction under federal law or regulation.

(Source: Emergency amended at 39 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_, for a maximum of 150 days)

**Section 140.433 Payment for Clinical Laboratory Services**

**EMERGENCY**

- a) Payment for allowable laboratory services includes payment for collection and handling of specimens by laboratory personnel, use of laboratory equipment and supplies, and the written report of test results to the referring practitioner.
- b) Payment for allowable laboratory services provided to recipients who are not eligible for Medicare Part B benefits is based on the laboratory's usual and customary charges within the limitations established by the Department (see Section 140.400).
- c) For recipients eligible for Medicare Part B Coverage, payment is made on deductible and coinsurance amounts up to the limitations established by the Department for the service.
- d) Payment for three or more blood chemistries performed on the same specimen is made on a basis related to the use of automated equipment.

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- e) When the laboratory performs profile testing, it must bill the Department by profile. The Department considers two or more thyroid tests performed on the same specimen to be profile testing.
- f) Notwithstanding any provisions set forth in 89 Ill. Adm. Code 140, reimbursement rates for laboratory services shall be reduced by 16.75% from the rates that were otherwise in effect on April 30, 2015, for services delivered on or after May 1, 2015 through June 30, 2015. Such reductions shall not apply to: services paid to a provider that is operated by a unit of local government that provides the non-federal share of such services; inpatient and outpatient services delivered by a hospital; services mandated by a court order; or services prohibited from a reduction under federal law or regulation.

(Source: Emergency amended at 39 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_, for a maximum of 150 days)

**Section 140.438 Diagnostic Imaging Services**

**EMERGENCY**

- a) Payment for diagnostic and imaging services may be made to the following providers that are independent of both a physician's office and a hospital:
  - 1) Imaging Centers that are distinct entities operating primarily for the purpose of providing diagnostic imaging services.
  - 2) Mammography Screening Centers.
  - 3) Portable X-ray Facilities.
  - 4) Independent Diagnostic Testing Facilities (IDTFs) that are a fixed location, a mobile entity, or an individual non-physician practitioner.
- b) Participation Requirements
  - 1) To participate in the Illinois Medical Assistance program, an Imaging Center must, in addition to any other Department requirements, be licensed or certified:
    - A) for participation in the Medicare program; or

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- B) by the Joint Commission; or
  - C) by a state public health department; or
  - D) by any government agency having jurisdiction over the services provided and/or the equipment being used.
- 2) Portable X-ray Facilities shall be approved and certified for participation in the Medicare program.
  - 3) Mammography Screening Centers shall be certified by the Illinois Emergency Management Agency or the certifying agency in the state where the center is located.
  - 4) Independent Diagnostic Testing Facilities shall be approved and certified for participation in the Medicare program.
- c) Reimbursement
- 1) Diagnostic and imaging services shall be reimbursed on a fee-for-service basis only.
  - 2) Reimbursement may include the technical services, the professional services or both the technical and professional services.
  - 3) Reimbursement shall be made for only those diagnostic or imaging services that have been ordered in writing by the referring practitioner as being essential to diagnosis and treatment. The practitioner must include the diagnosis or condition on the written request.
  - 4) Reimbursement shall be made only to providers who meet all applicable license, enrollment and reimbursement conditions of the Department.
  - 5) Reimbursement to IDTFs shall be made for only those diagnostic and imaging tests certified by Medicare.
  - 6) Except for mammograms, reimbursement shall not be made for routine screening x-rays.

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- 7) Reimbursement for a mammography facility provider that does not qualify under subsection (c)(8) of this Section shall be the lesser of charges or the Department's fee screen.
- 8) For services rendered on or after June 1, 2013, a mammography facility provider that meets the qualifications for and participates in the Department's Breast Cancer Quality Screening and Treatment Initiative shall be paid for mammography services at the effective Chicago Metropolitan Area Medicare Level established rate (Established Rate). To qualify for this Established Rate, a mammography facility provider shall:
  - A) Enter into a Supplemental Provider Agreement with the Department; and
  - B) Provide mammography services to participants in the Department's Medical Programs with the same timeliness as the facility provides to patients with other forms of insurance; and
  - C) Within 30 days after submitting the Supplemental Provider Agreement, and annually thereafter on or before August 31, submit a completed mammography capacity survey, using the Department's survey form; and
  - D) Submit facility-based mammography quality data using the Department's data collection forms; and
  - E) Provide the Department with access to patient and service data upon request; and
  - F) Assist the Department with the development and implementation of a plan to improve the quality of services.
- 9) Notwithstanding any provisions set forth in 89 Ill. Adm. Code 140, reimbursement rates for diagnostic and imaging services shall be reduced by 16.75% from the rates that were otherwise in effect on April 30, 2015 for services delivered on or after May 1, 2015 through June 30, 2015. Such reductions shall not apply to: services paid to a provider that is operated by a unit of local government that provides the non-federal share of such services; inpatient and outpatient services delivered by a hospital; services mandated by a court order; or services prohibited from a reduction under federal law or regulation.

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- d) Record Requirements
- 1) In addition to the record requirements specified in Section 140.28, providers of diagnostic and imaging services must comply with the administrative rules of the Illinois Department of Public Health governing the maintenance of medical records (77 Ill. Adm. Code 450, Illinois Clinical Laboratories Code).
  - 2) The basic records that must be retained include:
    - A) Patient identification.
    - B) Medical records containing the dates of service and the name of the referring physician.
    - C) The referring practitioner's written orders.
    - D) Copies of reports to referring practitioners.
    - E) The report of the reading by the professional practitioner if both professional and technical components are billed.
    - F) The report of the reading by the professional practitioner that must be retained in the professional practitioner's office if only the professional component is billed by the practitioner.
    - G) Records that verify usual and customary charges to the general public.
  - 3) Medical records for Medical Assistance program clients must be made available to the Department or its designated representative in the performance of audits or investigations.

(Source: Emergency amended at 39 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_, for a maximum of 150 days)

**Section 140.445 Legend Prescription Items (Not Compounded)**

**EMERGENCY**

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- a) Effective July 1, 2012, for legend (prescription) drugs, the Department shall pay the lower of:
- 1) the pharmacy's usual and customary charge to the general public;
  - 2) the Department's maximum price plus the established dispensing fee of \$5.50 for generic drugs and \$2.40 for brand name drugs. The Department shall pay only one dispensing fee per 30 days' supply for those drugs dispensed in accordance with Section 140.443(h);
  - 3) For generic drugs, the Department's maximum price is calculated as the lowest of:
    - A) Wholesale Acquisition Cost (WAC); or
    - B) the Federal upper limit as established under section 1927(e)(4) of the Social Security Act (42 USC 1396r-8(e)(4)); or
    - C) the State upper limit; or
  - 4) For brand name drugs, the Department's maximum price is calculated as the lower of:
    - A) WAC; or
    - B) the State upper limit.
- b) Effective February 1, 2013, for generic and brand name drugs purchased under the federal drug pricing program established under Section 340B of the federal Public Health Services Act, the Department shall pay the actual acquisition cost for the drug, as billed by the provider, or the Department's established 340B allowable reimbursement rate for the drug, plus a dispensing fee of \$12.00 for brand and generic drugs.
- c) Notwithstanding any provisions set forth in 89 Ill. Adm. Code 140, dispensing fees shall be reduced by \$1.00 from the dispensing fees established in subsections (a)(2) and (b) of this Section, for dates of service on or after May 1, 2015 through June 30, 2015.

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(Source: Emergency amended at 39 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_, for a maximum of 150 days)

**Section 140.459 Payment for Therapy Services**

**EMERGENCY**

- a) Therapy services shall be paid at an all-inclusive rate that shall be the lower of the following. The rate shall not exceed the upper limits set in federal regulations at 42 CFR 447.321 (2012) and reimbursement is based upon the applicable modifier billed by the provider.
  - 1) The provider's usual and customary charge for services.
  - 2) The maximum reimbursement rate established by the Department.
- b) Maximum Reimbursement Rates. The maximum reimbursement rate:
  - 1) For outpatient physical rehabilitation services provided by a hospital (paid per visit and limited to one visit per day):
    - A) That is a children's hospital, as defined in 148.25(d)(3)(A), enrolled with the Department to provide outpatient physical rehabilitation shall be \$130.00.
    - B) Enrolled with the Department to provide outpatient physical rehabilitation shall be \$130.00.
    - C) Not enrolled with the Department to provide outpatient physical rehabilitation shall be \$115.00.
    - D) That is a Critical Access Hospital, as defined in 89 Ill. Adm. Code 148.25(g), the rate shall be based on costs set as of June 30, 2012, pursuant to Public Act 96-1382, and exempt from the 3.5% rate reduction identified in Public Act 97-689.
  - 2) For all other therapy services (paid per quarter hour), rates shall be as published on the Department's website in the Therapy Fee Schedule located at <http://www2.illinois.gov/hfs/MedicalProvider/MedicaidReimbursement/Pages/TherapyFeeSchedule.aspx>.



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- c) Notwithstanding any provisions set forth in 89 Ill. Adm. Code 140, reimbursement rates for physical, occupational or speech therapy services provided by therapist or community health agency, pursuant to Section 140.457, shall be reduced by 16.75% from the rates that were otherwise in effect on April 30, 2015, for services delivered on or after May 1, 2015 through June 30, 2015. Such reductions shall not apply to: services paid to a provider that is operated by a unit of local government that provides the non-federal share of such services; inpatient and outpatient services delivered by a hospital; services mandated by a court order; or services prohibited from a reduction under federal law or regulation.

(Source: Emergency amended at 39 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_, for a maximum of 150 days)

**Section 140.474 Payment for Home Health Care Services**

**EMERGENCY**

- a) Effective July 1, 2012, except for services described in subsection (b), home health agencies shall be paid an all inclusive, per visit rate which shall be the lowest of the:
- 1) Agency's usual and customary charge for the service;
  - 2) Agency's Medicare rate; or
  - 3) Department's maximum allowable rate of as identified in the Home Health Fee Schedule (see the Department's website). Beginning with the State fiscal year 2002, the maximum allowable rate may be adjusted annually in consideration of the appropriation of funds by the General Assembly.
- b) Payment to self-employed registered nurses providing in-home nursing services is made at the community rate for those services as determined for each case at the time prior approval is given.
- c) Payment for in-home shift nursing for children who are under 21 years of age under Section 140.472(b) shall be at the Department's established hourly rate to an agency licensed to provide these services. The hourly rate for in-home shift nursing care may be adjusted in consideration of the appropriation of funds by the General Assembly.

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- d) Notwithstanding any provisions set forth in 89 Ill. Adm. Code 140, reimbursement rates for home health services, pursuant to 140.742 shall be reduced by 16.75% from the rates that were otherwise in effect on April 30, 2015 for services delivered on or after May 1, 2015 through June 30, 2015. Such reductions shall not apply to: services paid to a provider that is operated by a unit of local government that provides the non-federal share of such services; inpatient and outpatient services delivered by a hospital; services mandated by a court order; or services prohibited from a reduction under federal law or regulation.

(Source: Emergency amended at 39 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_, for a maximum of 150 days)

**Section 140.481 Payment for Medical Equipment, Supplies, Prosthetic Devices and Hearing Aids**

**EMERGENCY**

- a) Notwithstanding the provisions set forth in this Section, beginning July 1, 2002, the reimbursement rates paid for medical equipment, supplies, prosthetic devices and hearing aids shall be the lesser of the provider's usual and customary charge to the general public or 94 percent of the fiscal year 2002 rate otherwise determined by the Department under this Section.
- b) Payment for Medical Equipment. Medical equipment is durable, reusable equipment such as wheelchairs, hospital beds, canes, walkers, etc. Payment for medical equipment is made for covered items or services at the lesser of the provider's charge or the maximum allowable rate established by the Department. The maximum allowable rate established by the Department for each item of medical equipment is to be based on pricing for widely accepted quality items. The Department shall review and update the maximum allowable rate at least annually. Widely accepted quality items are items which are not below average quality for like medical equipment and which are available statewide. The maximum allowable rate established for each item or service shall be the rate on the Department's fee schedule. If there is no rate established on the Department's fee schedule, the maximum allowable rate established for each item or service shall be the least of:
- 1) The average suggested retail price derived from available medical supply catalogs and/or providers' price lists; or

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- 2) The wholesale price, defined effective July 1, 2013 as actual acquisition cost including all discounts, derived from available medical supply catalogs and/or providers' price lists for each item plus 50 percent; or
  - 3) The Medicare allowable rate for covered Medicare items or services.
- c) Medical supplies are medical items which are not durable or reusable such as surgical dressings, disposable syringes, catheters, urinary bags, etc. Payment for medical supplies is made for covered items at the lesser of the provider's charge or the maximum allowable rate established by the Department. The maximum allowable rate for each item of medical supplies shall be based on pricing for widely accepted quality items as defined in subsection (b). The Department shall review and update the maximum allowable rate at least annually. The maximum allowable rate established for each item shall be the least of:
- 1) The average suggested retail price derived from available medical supply catalogs and/or providers' price lists; or
  - 2) The wholesale price derived from available medical supply catalogs and/or providers' price lists for each item plus 50 percent; or
  - 3) The Medicare allowable rate for covered Medicare items or services.
- d) Payment for Prosthetic and Orthotic Devices. Prosthetic and orthotic devices include corrective or supportive devices prescribed to artificially replace a missing portion of the body, or to prevent or correct physical deformity or malfunction, or to support a weak or deformed portion of the body. Payment for prosthetic and orthotic devices is made for covered items or services at the lesser of the provider's charge or the maximum allowable rate established by the Department. The maximum allowable rate for each item of prosthetic and orthotic devices shall be based on pricing for widely accepted quality items as defined in subsection (b). The Department shall review and update the maximum allowable rate at least annually. The maximum allowable rate established for each item shall be the least of:
- 1) The average suggested retail price derived from available medical supply catalogs and/or providers' price lists; or
  - 2) The wholesale price derived from available medical supply catalogs and/or providers' price lists for each item plus 50 percent; or

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- 3) The Medicare allowable rate for covered Medicare items or services.
- e) Payment for hearing aids shall be made at the lesser of the provider's charge or the maximum allowable rate established by the Department. The hearing aid shall be priced by the Department at the vendor's actual acquisition cost, without exceeding the Department's upper limits of reimbursement for the item. Acquisition cost is defined as the actual amount the supplying provider pays for the hearing aids. Any discounts, rebates or bonuses shall be subtracted when calculating the acquisition cost. The amount of any rebates or bonuses shall be prorated on all purchases for which the rebate or bonus was earned. The prorated share shall be subtracted when calculating the acquisition cost of the item. Verification of the vendor's acquisition cost must be attached to the request for reimbursement. In addition to payment for the acquisition costs, the Department will pay a dispensing fee. Payment for a dispensing fee shall include reimbursement for fitting, follow-up visits, shipping and retail markup. The Department shall review and update the maximum allowable rate at least annually.
- 1) To establish the maximum limit for the acquisition cost of the hearing aid, the Department shall review wholesale prices from available supply catalogs and provider price lists for the most widely accepted brands and types of technology.
- 2) To establish the maximum allowable rate for the dispensing fee, the Department shall use an average of available rates charged by audiologists for three hearing aid follow-up visits, not to exceed the Department's maximum allowable rate for a physician visit of low complexity for an established patient, plus the average of available shipping fees charged by the wholesaler for hearing aid shipping and an amount for the retail markup, determined by taking 50 percent of the average wholesale price of the hearing aids reviewed.
- f) Notwithstanding any provisions set forth in 89 Ill. Adm. Code 140, reimbursement rates for medical equipment supplies, prosthetic and orthotic devices and hearing aids shall be reduced by 16.75% from the rates that were otherwise in effect on April 30, 2015, for services delivered on or after May 1, 2015 through June 30, 2015. Such reductions shall not apply to: services paid to a provider that is operated by a unit of local government that provides the non-federal share of such services; inpatient and outpatient services delivered by a hospital; services mandated by a court order; or services prohibited from a

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reduction under federal law or regulation.

(Source: Emergency amended at 39 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_, for a maximum of 150 days)

**Section 140.492 Payment for Medical Transportation**

**EMERGENCY**

Notwithstanding the provisions set forth in subsections (a) through (h), beginning July 1, 2002, the reimbursement rates paid for medical transportation services shall be the lesser of the provider's usual and customary charge to the general public or 94 percent of the fiscal year 2002 rate otherwise determined by the Department under this Section. Notwithstanding Section 140.405, beginning with date of service July 1, 2013 and thereafter, the Department's established maximum rate for ambulance services shall be equivalent to 100% of the rate in effect on June 30, 2012, as reflected on the Department's Fee Schedule, except when a rate that is higher than the rate in effect on June 30, 2012 is specified in subsection (h). Payment for medical transportation services shall be made in accordance with the methodologies outlined in this Section. Base rate reimbursement is determined by the county in which the vehicle is, or the vehicles are, based. In no case shall rates exceed the Medicare allowable, where applicable, or the rates charged to the general public.

- a) For dates of service prior to July 1, 2006, medicar providers shall be paid a base rate, which includes the first ten miles (20 miles round trip), a mileage rate and a fixed amount for an employee or non-employee attendant. Loaded miles, i.e., those miles for which the provider is actually transporting an individual, after ten miles (20 miles round trip) shall be reimbursed.
- b) For dates of service prior to July 1, 2006, service car providers shall be paid a base rate, which includes the first ten miles (20 miles round trip), a mileage rate and a fixed amount for a non-employee attendant. Loaded miles, i.e., those miles for which the provider is actually transporting an individual, after ten miles (20 miles round trip) shall be reimbursed.
- c) For dates of service on or after July 1, 2006, medicar providers and service car providers shall be paid at a base rate, a mileage rate and a fixed amount for an attendant. Payment for an attendant is subject to the requirements in Section 140.490(e)(5). Mileage reimbursement is made for loaded miles, i.e., those miles for which the provider is actually transporting an individual. Mileage for multiple passengers is reimbursed pursuant to Section 140.490(d).

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- d) Private auto providers shall be paid for loaded miles at a mileage rate.
- e) Payment for transportation services provided by common carrier, such as commercial airplanes, buses and trains, shall be at the usual community rate.
- f) Taxicabs in an area regulated by a municipality or township shall be reimbursed at the community rate and a fixed amount for an attendant. Payment for an attendant is subject to the requirements in Section 140.490(e).
- g) Taxicabs in non-regulated areas shall be reimbursed at a rate as determined by the Department and a fixed amount for an attendant. Payment for an attendant is subject to the requirements in Section 140.490(e). The Department rate shall be reviewed on an annual basis each July.
- h) The Department shall pay for medically necessary ambulance services provided in accordance with Section 140.490 at a base, mileage rate (loaded miles) and a rate for oxygen, as appropriate. Payment shall also be made for Advanced Life Support (ALS) at an all inclusive rate, which includes the base rate, supplies, and all other services, excluding mileage. However, for ALS services provided on or after July 1, 1993, separate reimbursement shall be made for oxygen when used and appropriately billed. Loaded miles for ALS trips shall be reimbursed at the per mile rate. Payment shall also be made for Specialty Care Transport (SCT). Rates shall be reviewed beginning November 1, 1986, and each November thereafter, according to the methodology set forth in subsections (h)(1) through (5). Revised rates pursuant to this methodology shall be effective with services provided on or after July 1 of the succeeding year.
  - 1) Payment shall be made at a basic rate for Basic Life Support (BLS) services that is provider specific. The basic rate shall be the lesser of the provider's usual and customary charge to the general public, as reflected on the provider's claim form, or 80 percent of the 50<sup>th</sup> percentile of the Medicare prevailing charge for Basic Life Support for the designated Medicare Locality, except that any basic rate previously approved by the Department that exceeds these parameters shall remain in force. The rate of annual increase shall not exceed five percent. Beginning with dates of service July 1, 2013 and thereafter, the Department's established maximum rate for BLS services shall be equivalent to the sum of 100% of the rate in effect on June 30, 2012 plus \$14.65, as reflected on the Department's Fee Schedule.

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- 2) Payment for loaded miles shall be at a rate per mile. If a natural disaster, weather or other conditions necessitate the use of a route other than the most direct route, reimbursement will be based on the actual distance traveled. The rate per mile shall be 50 percent of the 50<sup>th</sup> percentile of the Medicare prevailing mileage charge for Medicare Locality 16. The annual rate of increase shall not exceed five percent. Beginning with dates of service July 1, 2013 and thereafter, regardless of the county in which the vehicle is based, loaded miles shall be paid at the lesser of the provider's usual and customary charge to the general public, as reflected on the provider's claim, or the Department's established rate of \$5.00 per mile, as reflected on the Department's Fee Schedule.
  - 3) Payment for oxygen shall be made at a flat rate statewide. The rate shall be 50 percent of the 50<sup>th</sup> percentile of the Medicare prevailing charge for Medicare Locality 16. The annual rate of increase shall not exceed five percent.
  - 4) Payment for Advanced Life Support (ALS) services shall be at the lesser of the provider's usual charge, or a maximum allowable rate statewide. The maximum rate shall be 80 percent of the difference between the Medicare 50<sup>th</sup> percentile prevailing charge for Basic Life Support services and Advanced Life Support services for Medicare Locality 16. The annual rate of increase shall not exceed five percent. Beginning with dates of service July 1, 2013 and thereafter, the Department's established maximum rate for ALS services shall be equivalent to the sum of 100% of the rate in effect on June 30, 2012 plus \$14.65, as reflected on the Department's Fee Schedule.
  - 5) Beginning with dates of service July 1, 2013 and thereafter, payment for SCT shall be made at the lesser of the provider's usual and customary charge to the general public, as reflected on the provider's claim, or the Department's established rate, which is equivalent to the sum of 100% of the ALS rate in effect on June 30, 2012 plus \$75.00, as reflected on the Department's Fee Schedule.
- i) Payment for medical transportation services provided by individuals, including those currently receiving public assistance, legally responsible relatives or household members, will be made at a loaded mileage rate.

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- j) The Department may adjust reimbursement for medical transportation services in a county when such adjustment is necessary to ensure the availability of transportation to medical services.
- k) Notwithstanding any provisions set forth in 89 Ill. Adm. Code 140, reimbursement rates for emergency and non-emergency ground and air ambulance services shall be reduced by 16.75% from the rates that were otherwise in effect on April 30, 2015, for services delivered on or after May 1, 2015 through June 30, 2015. Such reductions shall not apply to: services paid to a provider that is operated by a unit of local government that provides the non-federal share of such services; inpatient and outpatient services delivered by a hospital; services mandated by a court order; or services prohibited from a reduction under federal law or regulation.

(Source: Emergency amended at 39 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_, for a maximum of 150 days)

**Section 140.493 Payment for Helicopter Transportation**  
**EMERGENCY**

Notwithstanding the provisions set forth in this Section, beginning July 1, 2002, the reimbursement rates paid for helicopter transportation services shall be the lesser of the provider's usual and customary charge to the general public or 94 percent of the fiscal year 2002 rate otherwise determined by the Department under this Section. Notwithstanding Section 140.405, beginning with dates of service July 1, 2013 and thereafter, the Department's established maximum rate for helicopter transportation services shall be equivalent to 100% of the rate in effect on June 30, 2012, as reflected on the Department's Fee Schedule. Payment for helicopter transportation services shall be made in accordance with the methodologies outlined in this Section. In no case shall rates exceed the Medicare allowable, where applicable, or the rates charged to the general public. The Department shall pay for medically necessary helicopter transportation services provided in accordance with Section 140.491(b)(3) at an all inclusive rate that includes base rate, mileage, supplies and all other services.

- a) Helicopter transportation providers will be reimbursed a maximum rate per trip or the usual and customary charges, whichever is less.
- b) If a hospital provides the transport team but does not own the helicopter, the Department will equally divide the established reimbursement rate or the usual and customary charges of the provider, whichever is less, between the hospital and the helicopter provider.



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- c) Hospitals that own their own helicopter and report its costs on their cost reports will not be paid for helicopter transportation services.
- d) The Department shall not cover the services of helicopter transportation providers that have entered into payment agreements with receiving facilities.
- e) Helicopter transportation claims that are denied because the patient does not meet the medically necessary criteria (see Section 140.491(b)(3)), but does meet emergency ground transportation criteria, will be reimbursed by the Department at the appropriate ground rate.
- f) Notwithstanding any provisions set forth in 89 Ill. Adm. Code 140, reimbursement rates for helicopter ambulance services shall be reduced by 16.75% from the rates that were otherwise in effect on April 30, 2015, for services delivered on or after May 1, 2015 through June 30, 2015. Such reductions shall not apply to: services paid to a provider that is operated by a unit of local government that provides the non-federal share of such services; inpatient and outpatient services delivered by a hospital; services mandated by a court order; or services prohibited from a reduction under federal law or regulation.

(Source: Emergency amended at 39 Ill. Reg. \_\_\_\_\_, effective \_\_\_\_\_, for a maximum of 150 days)