

Illinois Medicaid COVID-19 Fee Schedule

PLEASE NOTE: New COVID-19 related codes will be added to the HFS system as they are released by the Centers for Medicare and Medicaid Services (CMS) in accordance with the [December 8, 2020 provider notice](#). Claims containing new codes which do not have a Medicare or National Government Services (NGS) rate will temporarily suspend in the HFS system until a code rate is assigned. Once a rate is assigned, the HFS system will be updated with that rate and any held claims released into processing. MCOs cannot pend claims and cannot program rates until they are posted by HFS. Contact MCOs directly for billing questions.

COVID-19 Vaccines and Vaccine Administration

The COVID-19 vaccine product procedure codes are billable on a professional claim by Physicians, Advance Practice Nurses (APNs), Physician Assistants (PAs), Local Health Departments, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Encounter Rate Clinics (ERCs) and School-Based Health Centers (SBHCs), and on an institutional claim by Home Health Agencies (HHAs). Vaccine administration procedure codes are billable by FQHCs, RHCs, ERCs and HHAs for customers age 19+. The below rates and billing methodology for these codes is effective with dates of service on/after 1/1/2024. Please reference past COVID-C19 fee schedules for rates and billing instructions in effect prior to 1/1/2024.

Please Note: FQHCs, RHCs and ERCs must submit COVID-19 vaccine product and administration codes fee-for-service (FFS) separately from any applicable encounter claim for adults age 19+, even if the vaccine was administered during a face-to face encounter with a practitioner.

*The VFC rate applies to vaccines administered to children through age 18. For VFC-obtained vaccines the Department will reimburse for the administration fee when the vaccine-specific product procedure code is billed. The COVID vaccine administration codes are not payable for children through age 18. Reimbursement to FQHCs, RHCs and ERCs will be FFS separate from a medical encounter, also when billed using the vaccine-specific product code.

**The COVID-19 vaccine administration codes 90480 and M0201 are reimbursable FFS separate from a medical encounter to FQHCs, RHCs and ERCs for adults age 19+. In accordance with Topic 226 of the [Chapter 200 Practitioner Handbook](#), reimbursement to all other providers for the practice expense of administering COVID-19 vaccines is included in the office visit when the customer sees a practitioner. If the customer is seen solely for the injection, the CPT code for a minimal level office or other outpatient visit for evaluation and management not requiring the presence of a physician may be submitted to cover the injection service expense.

Procedure Code	Effective Date	Description	State Max Amount
91304	1/1/2024 – 08/29/2024	SARSCOV2 VAC 5MCG/0.5ML IM ; Novavax Covid-19 Vaccine, Adjuvanted (Aged 12 years and older)	Adults age 19+ - 148.20 *VFC-obtained – 16.71
91304	8/30/2024- 8/26/2025	SARSCOV2 VAC 5MCG/0.5ML IM ; Novavax Covid-19 Vaccine, Adjuvanted (Aged 12 years and older)	Adults age 19+ - 161.54 *VFC-obtained – 16.71

91304	8/27/2025	SARSCOV2 VAC 5MCG/0.5ML IM ; Novavax Covid-19 Vaccine, Adjuvanted (Aged 12 years and older)	Adults age 19+ - 191.92 *VFC-obtained – 16.71
91318	1/1/2024 – 08/27/2025	SARSCOV2 VAC 3MCG TRS-SUC ; Pfizer-BioNTech COVID-19 Vaccine (Yellow Cap) Ages 6 months through 4 Years	*VFC-obtained – 16.71
91319	1/1/2024	SARSCV2 VAC 10MCG TRS-SUC IM ; Pfizer-BioNTech COVID-19 Vaccine (Blue Cap) Ages 5 Years through 11 Years	*VFC-obtained – 16.71
91320	1/1/2024 – 08/21/2024	SARSCV2 VAC 30MCG TRS-SUC IM ; COMIRNATY (COVID-19 Vaccine, mRNA) Ages 12 years and up	Adults age 19+ - 131.00 *VFC-obtained – 16.71
91320	08/22/2024- 8/26/2025	SARSCV2 VAC 30MCG TRS-SUC IM ; COMIRNATY (COVID-19 Vaccine, mRNA) Ages 12 years and up	Adults age 19+ - 155.90 *VFC-obtained – 16.71
91320	8/27/2025	SARSCV2 VAC 30MCG TRS-SUC IM ; COMIRNATY (COVID-19 Vaccine, mRNA) Ages 12 years and up	Adults age 19+ - 168.37 *VFC-obtained – 16.71
91321	1/1/2024	SARSCOV2 VAC 25 MCG/.25ML IM ; Moderna COVID-19 Vaccine Ages 6 months through 11 years	*VFC-obtained – 16.71
91322	1/1/2024 – 08/21/2024	SARSCOV2 VAC 50 MCG/0.5ML IM ; SPIKEVAX Ages 12 years and up	Adults age 19+ - 145.92 *VFC-obtained – 16.71
91322	08/22/2024	SARSCOV2 VAC 50 MCG/0.5ML IM ; SPIKEVAX Ages 12 years and up	Adults age 19+ - 161.65 *VFC-obtained – 16.71
91323	08/27/2025	SARSCOV2 VAC 10 MCG/0.2ML IM ; Moderna MNEXSPIKE Ages 12 years and up	Adults age 19+ - 201.92 *VFC-obtained – 16.71
**90480	1/1/2024	ADMN SARSCOV2 VACC 1 DOSE	15.25
**M0201	1/1/2024	COVID-19 Vaccine Administration Inside a Patient's Home	15.25

Vaccine Counseling

Billable by Local Health Departments, Physicians, Advance Practice Nurses (APNs), Physician Assistants (PAs), School-Based Health Centers (SBHCs) and Home Health Agencies. Vaccine counseling is intended to provide reimbursement for the additional time needed for parental/caregiver counseling and informed consent for the COVID-19 vaccination of children ages 6 months through 20.

Please Note: This code is not billable as a telehealth service, nor is it billable by FQHCs, RHCs, or ERCs effective 9/11/2023. As of 9/11/2023, this service is considered inclusive of a medical encounter for FQHCs, RHCs, and ERCs.

Procedure Code	Effective Date	Ages	Description	State Max Amount
99402	10/29/2021 for ages 5-20 6/17/2022 for ages 6 mos–20	6 months through 20 years	Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure) ; approximately 30 min.	30.00

Virtual Healthcare/Telehealth Expansion

Billable by Local Health Departments, Physicians, Advance Practice Nurses (APNs), and Physician Assistants (PAs) – including physicians, APNs, and PAs rendering the service in a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), Encounter Rate Clinic (ERC), or School Based Health Center (SBHC).

Please Note: All virtual healthcare/telehealth codes must be billed with place of service 02 (or place of service 10 if applicable and date of service is on/after 7/1/2022), and modifier GT (or modifier 93 if applicable and date of service is on/after 7/1/2022).

Procedure Code	Effective Date	Description	State Max Amount
G0406	3/9/2020	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth	39.17
G0407	3/9/2020	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth	72.13
G0408	3/9/2020	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth	103.70
G0425	3/9/2020	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth	100.35
G0426	3/9/2020	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth	136.14
G0427	3/9/2020	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth	201.99
G2010	3/9/2020	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within	9.24

		24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment	
G2012	3/9/2020	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	13.19
G2061	3/9/2020 – 12/31/2020	Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes	12.10
G2062	3/9/2020 – 12/31/2020	Qualified nonphysician healthcare professional online assessment service, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes	21.37
G2063	3/9/2020 – 12/31/2020	Qualified nonphysician qualified healthcare professional assessment service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes	33.14
G2250	1/1/2021	Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment	9.24
G2251	1/1/2021	Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion	13.05
G2252	1/1/2021	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	25.14
98970	1/1/2021	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 min.	11.36

98971	1/1/2021	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 min.	20.31
98972	1/1/2021	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 21+ min.	32.41
99421	3/9/2020	Online Digital Evaluation and Management Service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	13.19
99422	3/9/2020	Online Digital Evaluation and Management Service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	27.14
99423	3/9/2020	Online Digital Evaluation and Management Service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	43.23

Note: Evaluation and management services rendered by Physicians, Advance Practice Nurses, and Physician Assistants to new or existing patients using audio only telephonic equipment may be billed as a distant site telehealth service so long as the E/M service is of an amount and nature that would be sufficient to meet the key components of a face-to-face encounter. In this scenario, the claim must be submitted with place of service 02 (or 10 if applicable and the date of service is on/after 7/1/2022) and modifier GT (or 93 if applicable and the date of service is on/after 7/1/2022) appended to the applicable procedure code.

If an audio only telephonic interaction cannot meet key components of a face-to-face encounter, the provider may instead seek reimbursement for virtual check-in services using CPT code G2012. FQHCs/RHCs/ERCs will be reimbursed at the above rates (not their medical encounter rate) for virtual check-in and E-visit codes. Virtual check-in and e-visit/online portal services must be submitted fee-for-service without the T1015 encounter code.

Virtual Healthcare/Teledentistry Expansion

Billable by Dentists. The below codes must be billed in addition to D0140, with place of service 02 (or 10, if applicable and date of service is on/after 7/1/2022). Do not include modifier GT or 93.

Procedure Code	Effective Date	Description	State Max Amount
D9995	3/9/2020	Teledentistry, synchronous; real-time encounter	13.19
D9996	3/9/2020	Teledentistry asynchronous; information stored and forwarded to dentist for subsequent review	9.24

COVID-19 Treatment

Hospitals may bill the following COVID-19 treatment administration using the appropriate revenue code. Reimbursement is based on DRG (inpatient setting) or EAPG (outpatient setting) methodology.

Procedure Code	Effective Date	Description & Labeler Name	State Max Amount
J0248	12/23/2021	Injection, REMDESIVIR, 1 mg Please reference the 10/21/22 provider notice for details	**Billable only by hospitals on the 837I. Reimbursed using EAPG methodology.
M0224	4/1/2024	Intravenous infusion, Pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known SARS-CoV-2 exposure, who either have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, includes infusion and post administration monitoring	450.00
M0231	7/1/2026	Intravenous infusion, tocilizumab, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation only, includes infusion and post administration monitoring, first dose	**Billable only by hospitals on the 837I. Reimbursed using DRG methodology.
M0232	7/1/2026	Intravenous infusion, tocilizumab, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation only, includes infusion and post administration monitoring, second dose	**Billable only by hospitals on the 837I. Reimbursed using DRG methodology.

M0233	4/1/2026	Intravenous infusion, tocilizumab-aazg, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, includes infusion and post administration monitoring, first dose	**Billable only by hospitals on the 837I. Reimbursed using DRG methodology.
M0234	4/1/2026	Intravenous infusion, tocilizumab-aazg, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, includes infusion and post administration monitoring, second dose	**Billable only by hospitals on the 837I. Reimbursed using DRG methodology
M0249	6/24/2021	Intravenous infusion, Tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, first dose	**Billable only by hospitals on the 837I. Reimbursed using DRG methodology.
M0250	6/24/2021	Intravenous infusion, Tocilizumab, for hospitalized adults and pediatric patients (2 years of age and older) with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ECMO) only, includes infusion and post administration monitoring, second dose	**Billable only by hospitals on the 837I. Reimbursed using DRG methodology.
Q0224	04/01/2024	Injection, Pemivibart, for the pre-exposure prophylaxis only, for certain adults and adolescents (12 years of age and older weighing at least 40 kg) with no known SARS-CoV-2 exposure, and who either	6,583.50

		have moderate-to-severe immune compromise due to a medical condition or receipt of immunosuppressive medications or treatments, and are unlikely to mount an adequate immune response to COVID-19 vaccination, 4500 mg	
Q0234	07/01/2026	Injection, tocilizumab-bavi, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation only, 1 mg	**Billable only by hospitals on the 837I. Reimbursed using DRG methodology.
Q0238	4/1/2026	Injection, tocilizumab-aazg, for hospitalized adult patients with covid-19 who are receiving systemic corticosteroids and require supplemental oxygen, non-invasive or invasive mechanical ventilation, or extracorporeal membrane oxygenation (ecmo) only, 1 mg	**Billable only by hospitals on the 837I. Reimbursed using EAPG methodology.

Laboratory Services

Billable by Local Health Departments, Physicians, Advance Practice Nurses (APNs), Physician Assistants (PAs), School-Based Health Centers (SBHCs), and Independent Laboratories. Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Encounter Rate Clinics (ERCs) may bill the following laboratory services as detail codes with an encounter claim when the laboratory service is performed on-site.

***Please Note:* Providers normally subject to a SMART Act rate reduction (e.g. Independent Labs) must include modifier CR to exempt the service from a rate reduction. Hospitals must bill on an institutional invoice and will be reimbursed via the EAPG methodology.**

Procedure Code	Effective Date	Description	State Max Amount
0202U	5/20/2020	Infectious disease (bacterial or viral respiratory tract infection), pathogen specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	250.07

0223U	6/25/2020	Infectious disease (bacterial or viral respiratory tract infection), pathogen-specific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	416.78
0224U	6/25/2020	Antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), includes titer(s), when performed	42.13
0225U	8/10/2020	Infectious disease (bacterial or viral respiratory tract infection) pathogen-specific DNA and RNA, 21 targets, including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), amplified probe technique, including multiplex reverse transcription for RNA targets, each analyte reported as detected or not detected	416.78
0226U	8/10/2020	Surrogate viral neutralization test (sVNT), severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), ELISA, plasma, serum	42.28
86318	4/10/2020	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (e.g. reagent strip)	16.90
86328	4/10/2020	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	45.23
86408	8/10/2020	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); screen	42.13
86409	8/10/2020	Neutralizing antibody, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]); titer	105.33
86413	9/8/2020	Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) antibody, quantitative	51.43
86769	4/10/2020	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	42.13
87426	6/25/2020	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])	35.33
87428	11/10/2020	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], fluorescence immunoassay [FIA], immunochemiluminometric assay [IMCA]) qualitative	63.59

		or semiquantitative; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19]) and influenza virus types A and B SD: SARSCOV & INF VIR A&B AG IA	
87635	3/13/2020	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique	51.31
87636	10/6/2020	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]) and influenza virus types A and B, multiplex amplified probe technique	142.63
87637	10/6/2020	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), influenza virus types A and B, and respiratory syncytial virus, multiplex amplified probe technique	142.63
87811	10/6/2020	Infectious agent antigen detection by immunoassay with direct optical (ie, visual) observation; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	41.38
87913	1/1/2023	Infectious agent genotype analysis by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (coronavirus disease [COVID-19]), mutation identification in targeted region(s). Max qty = 2.	154.47
U0002	2/4/2020	Coronavirus (COVID-19) SARS-COV-2/2019-NCOV, Non-CDC Lab Test	51.31

COVID-19 Diagnostic Testing Specimen Collection

Billable by Local Health Departments, Physicians, Advance Practice Nurses (APNs), Physician Assistants (PAs), and Federally Qualified Health Centers (FQHCs) with drive-thru testing sites. FQHCs may bill fee-for-service when there is not a billable medical encounter. ***Please Note:*** Providers normally subject to a SMART Act rate reduction (e.g. Independent Labs) must include modifier CR to exempt the service from a rate reduction.

Procedure Code	Effective Date	Description	State Max Amount
99000	3/18/2020	Handling of Specimen for Transfer from Office to a Lab	23.46