

**Illinois Department of Healthcare and Family Services  
Fee Schedule For Licensed Certified Professional Midwives (CPMs)**

**Effective 09/05/2024**

Please note that the appearance of a code on this fee schedule does not guarantee payment. Services for which medical necessity is not clearly established are not covered in the Department's Medical Programs. See Chapter 100, Topic 104 and Chapter A-200, Section 204 for additional exclusions.

CPT codes and descriptions only are copyrighted by the American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.  
National Correct Coding Institute (NCCI) procedure-to-procedure and medically unlikely edits apply.

All fees on this schedule are statewide rates and do not vary by population group or geographic region.

**Key:**

\*Global OB care code (CPT 59400) is billable when Medicaid is not primary and the primary TPL source requires global maternity care billing. Please reference the 'Billing Guidelines for Changes to Maternity Care Reimbursement' document on the HFS NIPS webpage. When billing the global OB care code, the initial prenatal care visit (0500F) must be billed without the U4 modifier (for HEDIS reporting purposes and pays \$0) and no subsequent prenatal care visits are separately billable.

\*\*The U4 modifier must be used with 0500F (Initial Prenatal Care Visit code) when billing *individual* maternity services. Do not use the U4 modifier with 0500F when billing CPT 59400 global OB care code. The U5 modifier must be used to denote an E/M code as a subsequent prenatal care visit. Do not use the U5 modifier when billing an E/M code for a problem-focused visit.

\*\*\*Postpartum care incentive payments are reimbursable when the postpartum visit occurs within 26 days, and again between 27-89 days of the delivery date. The actual delivery date must be reported on the claim in Loop 2300, DTP\*454 'Initial Treatment Date' segment, of the 837P to receive the postpartum visit incentive payments, provided the above timelines are met. There is a maximum of 2 postpartum visit incentive payments per delivery, one for each time period. If multiple claims for a single time period are received, the first payable claim received will receive the incentive payment.

\*\*\*\*Telehealth allowed - Use modifier 93 for audio-only, GT for audio and video ; Place of service must be 02 (patient in location other than home) or 10 (patient at home)

**PLEASE NOTE** : Services related to false labor are inclusive of the delivery or antepartum management reimbursement.

CPM Taxonomy: 176B00000X

Procedure Code	Modifier	Description	Effective Date	Statewide Unit Price	Add-on for equipment/supplies and services utilized or provided during labor/delivery and immediate postnatal newborn care ; reimbursable only when place of service is 'home'	Daily Max Qty	State Max Amount (Statewide)	Incentive Payment
<b>Initial Prenatal Visit</b>								
0500F****	N/A	Initial Prenatal Care Visit when billing global maternity care code inclusive of this service. 0500F is reported for informational purposes only.	9/5/2024	0.00	N/A	1	0.00	N/A
0500F****	U4	Initial Prenatal Care Visit	9/5/2024	104.96	N/A	1	104.96	N/A
<b>Subsequent Prenatal Care Visits: Home/Residence (E&amp;M Code plus U5 Modifier)</b>								
99341****	U5	Home/Residence Visit for the Evaluation & Management of a New Patient, 15 min	9/5/2024	104.96	N/A	1	104.96	N/A
99342****	U5	Home/Residence Visit for the Evaluation & Management of a New Patient, 30 min	9/5/2024	104.96	N/A	1	104.96	N/A
99344****	U5	Home/Residence Visit for the Evaluation & Management of a New Patient, 60 min	9/5/2024	104.96	N/A	1	104.96	N/A
99345****	U5	Home/Residence Visit for the Evaluation & Management of a New Patient, 75 min	9/5/2024	104.96	N/A	1	104.96	N/A
99347****	U5	Home/Residence Visit for the Evaluation & Management of an Established Patient, 20 min	9/5/2024	104.96	N/A	1	104.96	N/A
99348****	U5	Home/Residence Visit for the Evaluation & Management of an Established Patient, 30 min	9/5/2024	104.96	N/A	1	104.96	N/A
99349****	U5	Home/Residence Visit for the Evaluation & Management of an Established Patient, 40 min	9/5/2024	104.96	N/A	1	104.96	N/A
99350****	U5	Home/Residence Visit for the Evaluation & Management of an Established Patient, 60 min	9/5/2024	104.96	N/A	1	104.96	N/A
<b>Subsequent Prenatal Visits: Office/Other Outpatient (E&amp;M Code plus U5 Modifier)</b>								
99202****	U5	Office/Other Outpatient Visit for the Evaluation & Management of a New Patient, 15 min	9/5/2024	104.96	N/A	1	104.96	N/A
99203****	U5	Office/Other Outpatient Visit for the Evaluation & Management of a New Patient, 30 min	9/5/2024	104.96	N/A	1	104.96	N/A
99204****	U5	Office/Other Outpatient Visit for the Evaluation & Management of a New Patient, 45 min	9/5/2024	104.96	N/A	1	104.96	N/A
99205****	U5	Office/Other Outpatient Visit for the Evaluation & Management of a New Patient, 60 min	9/5/2024	104.96	N/A	1	104.96	N/A
99211****	U5	Office/Other Outpatient Service not requiring the presence of a physician or other qualified health professional, established patient	9/5/2024	104.96	N/A	1	104.96	N/A
99212****	U5	Office/Other Outpatient Visit for the Evaluation & Management of an Established Patient, 10 min	9/5/2024	104.96	N/A	1	104.96	N/A
99213****	U5	Office/Other Outpatient Visit for the Evaluation & Management of an Established Patient, 20 min	9/5/2024	104.96	N/A	1	104.96	N/A

Procedure Code	Modifier	Description	Effective Date	Statewide Unit Price	Add-on for equipment/supplies and services utilized or provided during labor/delivery and immediate postnatal newborn care ; reimbursable only when place of service is 'home'	Daily Max Qty	State Max Amount (Statewide)	Incentive Payment
99214****	U5	Office/Other Outpatient Visit for the Evaluation & Management of an Established Patient, 30 min	9/5/2024	104.96	N/A	1	104.96	N/A
99215****	U5	Office/Other Outpatient Visit for the Evaluation & Management of an Established Patient, 40 min	9/5/2024	104.96	N/A	1	104.96	N/A
<b>Labor and Delivery</b>								
59400*	N/A	Routine obstetric care/global maternity care. Includes antepartum care and vaginal delivery (with or without episiotomy and/or forceps)	9/5/2024	1840.25	2196.61	1	4,036.86	N/A
59409	N/A	Vaginal Delivery Only	9/5/2024	924.45	2196.61	1	3,121.06	N/A
H1001	N/A	Prenatal Care, at-risk enhanced service, Antepartum Management (Labor assistance resulting in transfer to hospital for delivery)	9/5/2024	439.32	2196.61	1	2,635.93	N/A
99465	N/A	Delivery/Birthing Room Resuscitation of Newborn	9/5/2024	96.07	N/A	1	96.07	N/A
<b>Postpartum Care</b>								
59430****	N/A	Postpartum Care	9/5/2024	128.84	N/A	1	128.84	75.00***
<b>Problem-Focused Visits/Routine Medical Care (E&amp;M Codes with no US Modifier)</b>								
99381	N/A	Initial Evaluation ; healthy infant ; < 1 year ; preventive visit provided within 3-5 days following birth	9/5/2024	91.90	N/A	1	91.90	N/A
99341****	N/A	Home/Residence Visit for the Evaluation & Management of a New Patient, 15 min	9/5/2024	42.15	N/A	1	42.15	N/A
99342****	N/A	Home/Residence Visit for the Evaluation & Management of a New Patient, 30 min	9/5/2024	69.12	N/A	1	69.12	N/A
99344****	N/A	Home/Residence Visit for the Evaluation & Management of a New Patient, 60 min	9/5/2024	152.41	N/A	1	152.41	N/A
99345****	N/A	Home/Residence Visit for the Evaluation & Management of a New Patient, 75 min	9/5/2024	186.99	N/A	1	186.99	N/A
99347****	N/A	Home/Residence Visit for the Evaluation & Management of an Established Patient, 20 min	9/5/2024	44.22	N/A	1	44.22	N/A
99348****	N/A	Home/Residence Visit for the Evaluation & Management of an Established Patient, 30 min	9/5/2024	74.37	N/A	1	74.37	N/A
99349****	N/A	Home/Residence Visit for the Evaluation & Management of an Established Patient, 40 min	9/5/2024	117.30	N/A	1	117.30	N/A
99350****	N/A	Home/Residence Visit for the Evaluation & Management of an Established Patient, 60 min	9/5/2024	166.52	N/A	1	166.52	N/A
99202****	N/A	Office/Other Outpatient Visit for the Evaluation & Management of a New Patient, 15 min	9/5/2024	33.81	N/A	1	33.81	N/A
99203****	N/A	Office/Other Outpatient Visit for the Evaluation & Management of a New Patient, 30 min	9/5/2024	57.90	N/A	1	57.90	N/A
99204****	N/A	Office/Other Outpatient Visit for the Evaluation & Management of a New Patient, 45 min	9/5/2024	94.06	N/A	1	94.06	N/A
99205****	N/A	Office/Other Outpatient Visit for the Evaluation & Management of a New Patient, 60 min	9/5/2024	126.74	N/A	1	126.74	N/A
99211****	N/A	Office/Other Outpatient Service not requiring the presence of a physician or other qualified health professional, established patient	9/5/2024	9.02	N/A	1	9.02	N/A
99212****	N/A	Office/Other Outpatient Visit for the Evaluation & Management of an Established Patient, 10 min	9/5/2024	25.65	N/A	1	25.65	N/A
99213****	N/A	Office/Other Outpatient Visit for the Evaluation & Management of an Established Patient, 20 min	9/5/2024	62.88	N/A	1	62.88	N/A
99214****	N/A	Office/Other Outpatient Visit for the Evaluation & Management of an Established Patient, 30 min	9/5/2024	96.26	N/A	1	96.26	N/A
99215****	N/A	Office/Other Outpatient Visit for the Evaluation & Management of an Established Patient, 40 min	9/5/2024	99.64	N/A	1	99.64	N/A