

Illinois Department of Healthcare and Family Services

School Based/Linked Health Center Fee Schedule

Updated 07/21/2026

Note: 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 by the department's Medical Programs. See General Handbook for Providers of Medical Services and Handbook for Providers of School Based/Linked Health Centers for additional information regarding exclusions and noncovered services. ***This Fee Schedule is applicable to services rendered by a Physician, Advance Practice Nurse (APN), or Physician Assistant. Psychiatric services are subject to policy limitations, and certification requirements for physicians and APNs, as outlined in the Chapter 200 Practitioner Handbook.***

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Applicable FARS/DFARS apply. National Correct Coding Institute (NCCI) edits apply. Applicable FARS/DFARS apply.

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

Key:

*Effective date applies to most recent update for the code

**Note descriptions are found on the Practitioner Fee Schedule Key

PROCEDURE CODE	**NOTE	DESCRIPTION	*EFFECTIVE DATE	HP	NDC IND	STATEWIDE UNIT PRICE	MAX QTY	STATEWIDE MAXIMUM REIMBURSEMENT RATE
0500F	EE	INITIAL PRENATAL VISIT	10/01/23					104.96
10060		INCISION & DRAINAGE OF ABSCESS, SIMPLE OR SINGLE	04/01/24					71.17
11976		REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES	04/01/24					92.46
11981		INSERTION NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	09/01/25					88.00
11982		REMOVAL OF NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	09/01/25					99.00
11983		REMOVAL W/REINSERTION NON-BIODEGRADABLE DRUG DELIVERY IMPLANT	09/01/25					143.00
12001		SIMPLE REPAIR SUPERFICIAL WOUND(S) 2.5CM OR LESS	04/01/24					44.89
12002		SIMPLE REPAIR SUPERFICIAL WOUND(S) 2.6CM TO 7.5CM	01/01/06					58.40
12004		SIMPLE REPAIR SUPERFICIAL WOUND(S) 7.5CM TO 12.5CM	07/01/04					69.70
16020		DRESSING/DEBRIDMNT, PARTL-THICKNESS BURN,INITIAL/SUBSEQUENT;SMALL	04/01/24					37.84
17110		DESTRUCT: BENIGN LESION, NOT SKIN TAGS/CUTAN.VASC LESION; UP TO 14	04/01/24					64.91
30901		CONTROL NASAL HEMORRAGE, ANTERIOR, SIMPLE, ANY METHOD	04/01/24					56.56
36415	J	COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE	04/01/24					6.18
36416	J	COLLECTION OF CAPILLARY BLOOD SPECIMEN (FINGER/HEEL/EAR STICK)	04/01/04					4.10
57170		DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS	04/01/24					32.92
58300		INSERTION OF INTRAUTERINE DEVICE (IUD)	10/01/14					88.00

PROCEDURE CODE	**NOTE	DESCRIPTION	*EFFECTIVE DATE	HP	NDC IND	STATEWIDE UNIT PRICE	MAX QTY	STATEWIDE MAXIMUM REIMBURSEMENT RATE
58301		REMOVAL OF INTRAUTERINE DEVICE (IUD)	04/01/24					46.21
59430		POSTPARTUM CARE ONLY	04/01/24					128.84
69210		REMOVAL IMPACTED CERUMEN REQUIRING INSTRUMENTATION, UNILATERAL	04/01/24					22.37
81000	H	U/A BY DIP STICK/TABLET REAGENT ; NON-AUTOMATED, W/ MICROSCOPY	04/01/24			2.81	2	5.62
81001		U/A BY DIP STICK/TABLET REAGENT ; AUTOMATED W/ MICROSCOPY	01/01/16			2.86	2	5.72
81002	H	U/A BY DIPSTICK/TABLET REAGENT ; NON-AUTOMATED, W/O MICROSCOPY	03/01/13			2.60	2	5.20
81003	H	U/A BY DIPSTICK/TABLET REAGENT ; AUTOMATED, W/O MICROSCOPY	01/01/16			2.18	2	4.36
81025	C	URINE PREGNANCY TEST	04/01/24					6.03
82043	B	ALBUMIN ; URINE, MICROALBUMIN, QUANTITATIVE	04/01/24					4.05
82270	B	BLOOD,OCCULT PEROXIDASE ACTIVITY,QUAL,FECES; NEOPLASM SCREEN	04/01/24					3.07
82272	B	BLOOD,OCCULT,QUALITATIVE; FECES,OTHER THAN NEOPLASM SCREENING	04/01/24					2.96
82306	B	VITAMIN D ; 25 HYDROXY, INCLUDES FRACTION(S) IF PERFORMED	04/01/24					20.72
82465	B	CHOLESTEROL, SERUM OR WHOLE BLOOD, TOTAL	11/01/12					4.24
82947	A	GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP)	01/01/12					3.82
82948		GLUCOSE; QUANTITATIVE, BLOOD, REAGENT STRIP	04/01/25			3.53	2	7.06
82950	A	GLUCOSE; POST GLUCOSE DOSE (INCLUDES GLUCOSE)	10/01/08					4.66
82951	B	GLUCOSE TOLERANCE TEST (GTT), 3 SPECIMENS (INCLUDES GLUCOSE)	10/01/08					12.60
82962	A	GLUCOSE, BLOOD BY GLUCOSE MONITORING DEVICE	04/01/24					2.30
83001	A	GONADOTROPIN ; FOLLICLE STIMULATING HORMONE (FSH)	01/01/16					18.18
83036	B	HEMOGLOBIN ; GLYCOSYLATED (A1C)	04/01/24					6.80
83540		ASSAY SERUM IRON	01/01/16			6.38	2	12.76
84443		THYROID STIMULATING HORMONE (TSH)	04/01/25			16.42	4	65.68
84702	H	GONADOTROPIN, CHORIONIC, QUANTITATIVE	04/01/24			10.54	2	21.08
84703	B	GONADOTROPIN, CHORIONIC, QUALITATIVE	01/01/16					7.16
85007	B	BLOOD COUNT;MICROSCOPIC EXAM W/MANUAL DIFFERENTIAL WBC COUNT	02/01/13					3.50
85013	H	BLOOD COUNT; SPUN MICROHEMATOCRIT	04/01/24			4.90	2	9.80
85014	H	BLOOD COUNT; HEMATOCRIT	03/01/13					2.32
85018	H	BLOOD COUNT; HEMOGLOBIN	03/01/13			1.60	2	2.32
85025		BLOOD COUNT; COMPLETE CBC, AUTO HGB HCT RBC WBC PLT & AUTO DIFF	03/01/13			5.74	2	11.48
85027		BLOOD COUNT; COMPLETE CBC, AUTO HGB HCT RBC WBC PLT	01/01/12			5.74	2	11.48
85032	H	BLOOD COUNT; MANUAL CELL COUNT (ERYTHRO/LEUKOCYTE,PLATELET), EACH	04/01/24			3.02	3	9.06
85041	H	BLOOD COUNT; RED BLOOD CELL (RBC), AUTOMATED	04/01/24			2.11	2	4.22
85048	H	BLOOD COUNT; LEUKOCYTE (WBC), AUTOMATED	04/01/24			1.78	2	3.56
86403	H	PARTICLE AGGLUTINATION; SCREEN; EACH ANTIBODY	04/01/24					8.08
86580		SKIN TEST, TUBERCULOSIS, INTRADERMAL	04/01/24					6.59
86592	H	SYPHILIS TEST, NON-TREPONEMAL ANTIBODY ; QUALITATIVE	01/01/16			4.00	2	8.00
86593	H	SYPHILIS TEST, NON-TREPONEMAL ANTIBODY; QUANTITATIVE	01/01/16			4.00	2	8.00

PROCEDURE CODE	**NOTE	DESCRIPTION	*EFFECTIVE DATE	HP	NDC IND	STATEWIDE UNIT PRICE	MAX QTY	STATEWIDE MAXIMUM REIMBURSEMENT RATE
86631	B	ANTIBODY; CHLAMYDIA	04/01/24					11.82
86632	H	ANTIBODY; CHLAMYDIA IGM	04/01/24			12.68	3	38.04
86703	C	ANTIBODY; HIV-1 AND HIV-2, SINGLE RESULT	04/01/24					13.71
86709	B	HEPATITIS A ANTIBODY (HAAB); IGM ANTIBODY	04/01/24					7.88
86787	H	ANTIBODY VARICELLA-ZOSTER	01/01/16			12.88	2	25.76
87070		CULTURE; EXCLUDING URINE, BLOOD, STOOL W/ISOLATN & ID OF ISOLATES	04/01/25			6.20	3	18.60
87081		CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY	04/01/25			5.80	2	11.60
87205	H	SMEAR, PRIM. SOURC W/INTERP; GRAM/GIEMSA, FOR BACTRIA, FUNGI, CELL	01/01/16			3.50	3	10.50
87210	B	SMEAR, PRIMARY SOURC W/INTERP; WET MOUNT FOR INFECTIOUS AGENTS	01/01/12					4.70
87220	H	TISSUE EXAM BY KOH SLIDE SKIN/HAIR/NAILS FOR FUNGI/OVA/MITES	04/01/24			4.27	3	12.81
87338	B	ANTIGEN DETECTN ENZYM IMMUNOASSAY; HELICOBACTR PYLORI, STOOL	04/01/24					14.38
87430	B	ANTIGEN DETECTN, ENZYME IMMUNOASSAY TECH; STREPTOCOCUS, GROUP A	01/01/16					15.70
87491	C	INF AGENT DETECTN, NUCLC ACID; CHLAMYDIA TRACHOMATIS, AMP PROBE	04/01/24					35.09
87501	B	INFECT AGT DETECT NUCLEIC ACID FLU VIRUS, REV TRANSC EA TYPE	01/01/16					43.34
87502	B	INFECT AGT DETECT NUCLEIC ACID FLU VIRUS, REV TRANSC, 1ST 2 TYPES	01/01/16					71.86
87503	B	INFECT AGT DETECT NUCLEIC ACID FLU VIRUS, REV TRANSC, 3+ TYPES	04/01/24					20.45
87650	C	AGENT DETECTN, NUCLEIC ACID; STREPTOCOCUS, GROUP A, DIRECT PROBE	04/01/24					20.05
87651	C	AGENT DETECTN, NUCLC ACID; STREPTOCOCUS, GROUP A, AMPLIFIED PROBE	04/01/24					35.09
87652	B	AGENT DETECTN, NUCLEIC ACID; STREPTOCOCUS, GROUP A, QUANTIFICATN	01/01/16					35.86
87653	C	AGENT DETECTN, NUCLEIC ACID; STREPTOCOCUS, GRP B, AMPLIFIED PROBE	04/01/24					35.09
87660	B	INF AGNT DETECTN, NUCLEIC ACID; TRICHOMONAS VAGINALIS, DIR PROBE	01/01/16					16.81
87661	B	TRICHOMONAS VAGINALIS, AMPLIFIED PROBE TECHNIQUE	01/01/16					28.72
87798		AGENT DETECT, NUCLC ACID, NOS; AMPLIFIED PROBE TECH, EA ORGANISM	04/01/24			35.09	13	456.17
87802	H	INFECTIOUS AGENT ANTIGEN DETECT, IMMUNOASSAY STREP, GROUP-B	04/01/24			12.73	2	25.46
87803	H	INFECTIONS AGENT ANTIGEN DETECT, CLOSTRIDIUM DIFFICIL TOXIN A	01/01/16			15.65	3	46.95
87804	H	INFECTIOUS AGENT ANTIGEN DETECTION, IMMUNOASSAY; INFLUENZA	01/01/16			15.65	2	31.30
87880	H	INFECTIOUS AGT IMMUNOASSAY W/DIRECT OPTICAL OBSV: STREP GROUP A	03/01/13			15.70	2	31.40
88164		CYTOPATH SLIDES, CERV/VAG (BETHESDA) MANUAL SCREEN, MD SUPERVISN	04/01/24					12.43
90380	E	RESPIRATORY SYNCYTIAL VIRUS, MONOCLONL ANTBODY, SEASONL, 0.5 ML	04/01/25			16.71		
90381	E	RESPIRATRY SYNCYTIAL VIRUS, MONOCLONL ANTBODY, SEASONL, 1ML, IM	04/01/25			16.71		
90382	E	RSV, MONOCLONAL ANTIBODY, SEASONAL DOSE, 0.7 ML, FOR IM USE	07/01/25			16.71		
90587	E	DENGUE VACCINE, QUADRIVALENT, LIVE, 3 DOSE SCHEDULE, SUBQ USE	04/01/25			16.71		
90611	F	SMALLPOX & MONKEYPOX VACCINE, LIVE, NONREPLICATING, 0.5ML SUBCUT.	04/01/26			16.71		262.90
90619	E	MENINGOCOCCAL CONJUGATE VACCINE, A,C,W,Y, QUADRIVALENT, IM	04/01/26			16.71		169.32
90620	E	MENINGOCOCCAL GROUP B VACCINE, 2-DOSE	04/01/26			16.71		240.25
90621	E	MENINGOCOCCAL GROUP B VACCINE, 2 OR 3 DOSE SCHEDULE	04/01/26			16.71		215.97
90623	E	MENINGOCOCCAL VACCIN, MENACWY-TETANUS TOXOID CARRIER & MENBFHBP	04/01/26			16.71		240.78

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90624	E	MENINGOCOCCAL PENTAVALENT VACCINE,MEN B-4C&MEN ACWY-DIPHTHERIA	08/12/25			16.71		239.72
90627	F	TICK-BORNE ENCEPHALITIS VIRUS VACCINE,INACTIVE, 0.5 ML, IM	04/01/26					305.06
90632	F	HEPATITIS A VACCINE, ADULT DOSAGE, INTRAMUSCULAR USE	04/01/26					73.73
90633	E	HEPATITIS A VACCINE, PEDS/ADOLESCENT DOSAGE-2 DOSE SCHED IM	04/01/25			16.71		
90636	E	HEPATITIS A&B VACCINE ADULT DOSAGE INTRAMUSCULAR	04/01/26			16.71		135.37
90647	E	HEMOPHILUS INFLUENZA B VAC, PRP-OMP CONJUGATE (3 DOSE SCH) IM	04/01/25			16.71		
90648	E	HEMOPHILUS INFLUENZA B VAC, PRP-T CONJUGATE (4 DOSE SCH) IM	04/01/25			16.71		
90651	M	HPV TYPES 6, 11, 16, 18, 31, 33, 45, 52, 58, NONVALENT 2 OR 3 DOSE SCHED	10/01/25			16.71		314.61
90656	E	INFLUENZA VIRUS VACCIN,SPLIT VIRUS,PRESRV FREE,0.5ML DOSEIM	10/01/25			16.71		23.22
90657	E	INFLUENZA VIRUS VACCINE, TRIVALENT, SPLIT VIRUS 0.25ML IM	04/01/25			16.71		
90658	E	INFLUENZA VIRUS VACCINE,TRIVALENT,SPLIT VIRUS,0.5ML DOSE,IM	10/01/25			16.71		22.07
90660	E	INFLUENZA VIRUS VACCINE, LIVE, FOR INTRANASAL USE	10/01/25			16.71		29.71
90661	E	INFLUENZA VIRUS VACCINE,PRESRVTV/ANTIBIOTIC FREE,IM USE0.5ML	10/01/25			16.71		49.50
90670	E	PNEUMOCOCCAL CONJUGATE VACCINE 13 VALENT, FOR IM USE	04/01/26			16.71		223.24
90671	E	PNEUMOCOCCAL CONJUGATE VACCINE, 15 VALENT (PCV15), IM USE	04/01/26			16.71		269.31
90673	E	INFLUENZA VACCINE,TRIVALENT,PRESERVATV&ANTIBIOTIC FREE, IM	10/01/25			16.71		98.16
90675	F	RABIES VACCINE, INTRAMUSCULAR	04/01/26					315.22
90677	E	PNEUMOCOCCAL CONJUGATE VACCINE, 20 VALENT (PCV20), IM USE	04/01/25			16.71		312.90
90678	F	RESPIRATORY SYNCYTIAL VIRUS VACCINE,PREF,SUBUNIT BIVALENT,IM (ABRYSVO)	04/01/26					305.03
90680	E	ROTAVIRUS VACCINE, LIVE, ORAL, PENTAVALENT, 3 DOSE SCHEDULE	04/01/25			16.71		
90681	E	ROTAVIRUS VACCINE, HUMAN, ATTENUATED, 2 DOSE SCHEDULE ORAL	04/01/25			16.71		
90684	E	PNEUMOCOCCAL CONJUGATE VACCINE, 21 VALENT (PCV21), FOR IM USE	04/01/26			16.71		344.25
90690	F	TYPHOID VACCINE, LIVE, ORAL (VIVOTIF)	04/01/26					28.03
90691	F	TYPHOID VACCINE, VI CAPSULAR POLYSACCHARIDE, INTRAMUSCULAR	04/01/26					154.49
90696	E	DIPHTHERIA TETANUS PERTUSSIS, POLIO, VAC (DTAP-IPV) AGES 4-6	04/01/25			16.71		
90697	E	DTAP,PERTUSSIS INACTIVATED POLIOVIRUS,HIB,HEPB VACCINE, IM	04/01/25			16.71		
90698	E	DIPHTHERIA, TETANUS, ACCELLULAR PERTUSSIS, HAEMOPHILUS INFLU	04/01/25			16.71		
90700	E	DTAP VACCINE, IM FOR UNDER 7 YRS	04/01/25			16.71		
90707	E	IMMUNIZATION MEASLES-MUMPS-RUB VIRUS VAC, LIVE, SUB-Q	10/01/25			16.71		93.68
90710	E	MEASLES, MUMPS, RUBELLA, VARICELLA VACCINE (MMRV),LIVE, SUB-Q	04/01/25			16.71		
90713	E	IMMUNIZATION POLIOVIRUS VAC, INACTIVE, SUB-Q OR IM	04/01/26			16.71		45.71
90714	E	TETANUS & DIPHTHERIA(TD) ADSORBED, PRESERV FREE, 7+ YRS, IM	04/01/26			16.71		38.75
90715	E	TETANUS, DIPHTHERIA TOXOIDS & ACCELULAR PERTUSIS VACCINE 7+YRS, IM	04/01/26			16.71		39.48
90716	E	VARICELLA VACCINE, LIVE, SUB-Q	10/01/25			16.71		183.66
90717	F	IMMUNIZATION YELLOW FEVER VACCINE, LIVE SUBQ	04/01/26					282.39
90723	E	DTAP-HEP B-IPV IM	04/01/25			16.71		
90732	E	PNEUMOCOCCALPOLYSACCHARID VACINE, ADLT/IMMUNOSUP, 2+YRS,SUB-Q, IM	04/01/25			16.71		133.47

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90734	E	MENINGOCOCCAL CONJUGATE VAC, SEROGRP A C Y, W-135, IM	04/01/26			16.71		168.93
90738 (Age 0-18)	F	JAPANESE ENCEPHALITIS VACCINE, INACTIVATED, IM USE	04/01/25	Y				141.05
90738 (Age19+)	F	JAPANESE ENCEPHALITIS VACCINE, INACTIVATED, IM USE	04/01/25	Y				282.10
90739	F	HEPATITUS B VACCINE, ADULT DOSAGE(2DOSE SCHEDULE),FOR IM USE	04/01/25					177.56
90740	F	HEP B VACCINE, DIALYSIS OR IMMUSUPRESSED PATIENT 3 DOSE IM	04/01/25			16.71		164.42
90743	E	HEPATITIS B VACCINE ADOLESCENT (2 DOSE), IM	04/01/25			16.71		
90744	E	HEPATITIS B VACCINE PEDIATRIC/ADOLESCENT (3 DOSE), IM	04/01/25			16.71		
90746	F	HEPATITIS B VACCINE ADULT DOSAGE, FOR IM USE	04/01/26					75.15
90747	F	HEPATITIS B VAC,DIALYSIS OR IMMUNOSUP, 4 DOSE SCHED, IM	04/01/26			16.71		164.42
90791		PSYCHIATRIC DIAGNOSTIC EVALUATION	07/01/19					122.11
90792		PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES	07/01/19					124.44
90832		PSYCHOTHERAPY						46.98
90833		PSYCHOTHERAPY, 30 MNS WITH PT. &/OR FAMILY W EVAL AND MANAGEMENT SERVICES						44.06
90834		PSYCHOTHERAPY, 45 MINS WITH PT. &/OR FAMILY MEMBERS				62.03	2	124.06
90836		PSYCHOTHERAPY, 45 MINS WITH PT. &/OR FAMILY W EVAL AND MANAGEMENT SERVICES						55.67
90837		PSYCHOTHERAPY, 60 MINS WITH PT. &/OR FAMILY MEMBERS				91.58	2	183.16
90838		PSYCHOTHERAPY, 60 MINS WITH PT. &/OR FAMILY MEMBERS W EVAL AND MANAGEMENT						73.78
90839		PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES						88.59
90847		FAMILY PSYCHOTHERAPY WITH PATIENT, 50 MINUTES						69.80
90849		MULTIPLE FAMILY GROUP PSYCHOTHERAPY						61.20
90853		GROUP PSYCHOTHERAPY (OTHER THAN OF A MULTIPLE-FAMILY GROUP)						33.70
92551		PURE TONE HEARING TEST, AIR	05/01/10					15.20
93005		ELECTROCARDIOGRAM 12 LEADS;TRACING ONLY W/O INTERP & REPORT	04/01/24			5.83	3	17.49
94150		VITAL CAPACITY, TOTAL	07/01/02					7.60
94640		PRESSURIZED OR NONPRESSURIZED INHALATION TREATMENT	04/01/24					7.32
94760		NONINV EAR/PULSE OXIM SINGLE	04/01/24					2.54
95115		IMMUNOTHERAPY NO PROVISIONS, SINGLE INJECTION	04/01/24					6.59
95117		IMMUNOTHERAPY ALLERG NOT MULTI	07/01/02					8.30
96110		DEVELOP. SCREENING,W INTERP & REPORT, PER STANDARDIZED INSTRUMENT	01/01/06			16.07	2	32.15
96112		DEVELOP. TESTING; ADMINISTRATION W/ INTERP & REPORT; FIRST HOUR	04/01/24					83.91
96113		DEVELOP. TESTING; ADMINISTRATION W/ INTERP & REPORT; EACH ADDITIONAL 30 MINS	01/01/19			38.42	6	230.52
96127	II	BRIEF EMOTIONAL/BEHAVIORAL ASSESSMNT,STANDARDIZED INSTRUMENT	08/01/26			14.60	2	29.20

PROCEDURE CODE	**NOTE	DESCRIPTION	*EFFECTIVE DATE	HP	NDC IND	STATEWIDE UNIT PRICE	MAX QTY	STATEWIDE MAXIMUM REIMBURSEMENT RATE
96160		PT FOCUSED HEALTH RISK ASSESSMENT INSTRUMENT W/ SCORING & DOCUMENTATION	01/01/17					14.60
99173		SCREENING TEST VISUAL ACUITY QUANT, BILATERAL	01/01/06					7.45
99202	CC	OFFICE/OTHER OUTPT VISIT, NEW PT, EXPANDED PROBLEM FOCUSED	04/01/24					32.21
99203	CC	OFFICE/OTHER OUTPT VISIT, NEW PT, DETAILED/LOW COMPLEXITY	04/01/24					55.95
99204	CC	OFFICE/OTHER OUTPT VISIT, NEW PT, COMPREHENSIVE/MOD COMPLEXITY	04/01/24					90.81
99205	CC	OFFICE/OTHER OUTPT VISIT, NEW PT, COMPREHENSIVE/HIGH COMPLEX	04/01/24					123.49
99211	CC	OFFICE/OTHER OUTPT VISIT, ESTABLISHED PT, MINIMAL, MD SUPERVISION	04/01/24					8.44
99212	CC	E/M OFFICE/OTHER OUTPT VISIT, ESTABLISHED PT, PROBLEM FOCUSED	10/01/23					24.25
99213	CC	OFFICE/OTHER OUTPT VISIT, ESTABLISHED PT, EXPANDED FOCUS	04/01/24					44.67
99214	CC	OFFICE/OTHER OUTPT VISIT, ESTABLISHED PT. DETAILED/MOD COMPLEX	04/01/24					65.79
99215	CC	OFFICE/OTHER OUTPT VISIT, ESTABLISHED PT, COMPREHENSIV/COMPLEX	04/01/24					97.69
99381		INITIAL EVAL HEALTHY INFANT < 1 YEAR; PREVENTATIVE	07/01/06					32.15
99382		INITIAL EVAL HEALTHY CHILD,1 YR THRU 4 YRS; PREVENTATIVE	04/01/14					32.15
99383		INITIAL EVAL HEALTHY CHILD, 5 YRS THRU 11 YRS; PREVENTATIVE	04/01/14					32.15
99384		INITIAL EVAL HEALTHY ADOLESC 12 YR THRU 17 YRS; PREVENTATIVE	04/01/14					32.15
99385		INITIAL EVAL HEALTHY/18-39 YR; PREVENTATIVE	04/01/14					32.15
99391		PERIODIC REEVAL ESTAB INFANT, PREVENTATIVE <1 YEAR	07/01/06					32.15
99392		PERIODIC REEVAL HEALTHY CHILD 1 THRU 4 YEARS; PREVENTATIVE	07/01/06					32.15
99393		PERIODIC REEVAL HEALTHY CHILD 5 THRU 11 YEARS; PREVENTATIVE	07/01/06					32.15
99394		PERIODIC REEVAL HEALTHY ADOLES 12 THRU 17 YRS; PREVENTATIVE	07/01/06					32.15
99395		PERIODIC COMPREHENSIVE PREVENTIVE RE-EVAL/MANAGMENT; 18-39YRS	02/01/09					32.15
99406	V	SMOKING TOBACCO CESSATION COUNSELING >3 MINUTES UP TO 10 MIN	04/01/24					8.02
99407	V	SMOKING TOBACCO CESSATION COUNSELING GREATER THAN 10 MINUTES	04/01/24					16.91
99459		PELVIC EXAMINATION(LIST SEPARATLY TO CODE FOR PRIMARY PROC)	01/01/24					14.62
A4267		CONTRACEPTIVE SUPPLY CONDOM, MALE EACH	01/01/26			0.45	360	163.44
A4268		CONTRACEPTIVE SUPPLY CONDOM, FEMALE EACH	01/01/26			1.13	360	405.83
A4269		CONTRACEPTIVE SUPPLY, SPERMICIDE, EACH	04/01/04	Y	Y			
D1206		TOPICAL FLUORIDE (EXCL PROPHY)-0 - 3YRS OFFICE/SCHOOL	01/01/24					27.30
G0306		AUTOMATED HEMOGRAM W/O PLATELET COUNT & WBC DIFFERENTIAL	04/01/24					5.44
G0307		AUTOMATED HEMOGRAM W/O PLATELET COUNT	01/01/06					6.42
H1000		PRENATAL CARE, AT RISK ASSESSMENT	07/01/07					14.60
J1050	U	INJECTION, MEDROXYPROGESTERONE ACETATE, PER 1MG	04/01/26		Y	0.1317	1000	131.70
J1100	T	INJECTION DEXAMETHASONE SODIUM PHOSPHATE 1MG	04/01/26		Y	0.11	120	13.20
J1200	T	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	04/01/26		Y	0.687	8	5.50
J1885	T	INJECTION, KETOROLAC TROMETHAMINE, PER 15MG	04/01/26		Y	0.341	8	2.73
J2550	T	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	04/01/26		Y	3.344	3	10.03
J3490	T, U	UNCLASSIFIED, SEE FEE SCHEDULE KEY	01/01/18	Y				

PROCEDURE CODE	**NOTE	DESCRIPTION	*EFFECTIVE DATE	HP	NDC IND	STATEWIDE UNIT PRICE	MAX QTY	STATEWIDE MAXIMUM REIMBURSEMENT RATE
J7294	U	SEGESTRONE ACETATEÐINYL ESTRADIOL;YEARLY VAGINL SYSTEM,EA	04/01/26		Y	2314.04	1	2,314.04
J7295	U	ETHINYL ESTRADIOL&ETONOGESTREL.015&012MG Q24HR;MNTH VAG RING	04/01/26		Y	49.17	12	590.04
J7296	U	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE, 19.5 MG	01/01/26		Y	1272.44	1	1272.44
J7297	U	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE,52MG, 3YR	01/01/26		Y	978.32	1	978.32
J7298	U	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE,52MG, 5 YR	01/01/26		Y	1272.44	1	1272.44
J7300	U	INTRAUTERINE COPPER CONTRACEPTIVE	01/01/26		Y	1187.00	1	1187.00
J7301	U	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE, 13.5 MG	01/01/26		Y	1059.52	1	1059.52
J7304	U	CONTRACEPTIVE SUPPLY PATCH	04/01/26		Y	33.5944	36	1,209.40
J7307	U	ETONOGESTREL IMPLANT SYSTEM, INCLUDING IMPLANT & SUPPLIES	01/01/26		Y	1275.36	1	1275.36
J7613	T	ALBUTEROL INHAL SOL ADM THRU DME UNIT DOSE 1 MG	04/01/26		Y	0.076	10	0.76
J7620	T	ALBUTEROL TO 2.5 MG & IPRATROPIUM BROMIDE UP TO 0.5 MG INH	04/01/26		Y	0.207	6	1.242
J7644	T	IPRATROPIUM BROMIDE INH SOL ADMIN THRU DME UNIT PER 1MG	04/01/26		Y	0.443	3	1.33
J8499	T, U	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, SEE FEE SCHEDULE KEY	06/01/16	Y	Y			
S0190	T	MIFEPRISTONE,ORAL, 200 MG	04/01/19		Y	68.33	1	68.33
S0191	T	MISOPROSTOL, ORAL, 200 MCG	05/01/26			1.35	16	21.60
S4993	U	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	01/01/26		Y	0.45	364	163.80