

Healthcare and Family Services
School Based/Linked Health Centers Fee Schedule Key
Effective 9/1/2019 Updated 01/08/2020

COLUMN HEADING	COLUMN DESCRIPTION
HCPCS	CPT-4 or HCPCS procedure code
NOTE	Special billing information applies to this code
<p>*Vaccine Notes E, F, I, M:</p> <p>*Please refer to the August 12, 2019 provider notice regarding changes to vaccination billing requirements. Effective September 1, 2019 the Department requires that providers administer vaccines obtained through the VFC Program to all children enrolled in HFS' medical programs, including Title XXI (Children's Health Insurance Program, or CHIP) and state-only funded children ages 0 through 18. Effective September 1, 2019, providers will no longer be reimbursed for the cost of privately purchased vaccines for CHIP and state-only funded children if the vaccine is available through the VFC program. The Department will reimburse practitioners, local health departments, and school-based linked health centers \$6.40 for the administrative cost of acquiring the free vaccine through the VFC program for all children covered through the Department's medical programs regardless of title eligibility. FQHCs, RHCs and ERCs do not receive the additional \$6.40 for the administrative cost of acquiring the vaccine.</p>	
*E	Vaccine is supplied through the VFC program for children age 0 through 18
*F	Vaccine is not available through the VFC program.
*I	<ul style="list-style-type: none"> • Enter name of vaccine in Note Field (Loop 2400 of 837P) • The EPSDT indicator is required to identify as a preventive service • Vaccine restricted to females and the CDC's ACIP recommended ages • Vaccine is supplied through the VFC program for children through 18 years of age • Obstetric/Gynecology providers are reimbursed for the HPV vaccine product for the CDC's ACIP recommended ages as shown in the State Max column when billed with SL modifier
J	<ul style="list-style-type: none"> • Covered only when specimen is obtained and submitted to IDPH for processing for blood lead analysis as a Healthy Kids service for ages 0-20 years • Must be billed with the U1 modifier as documentation that the service meets this description • Billing guidelines are available in Chapter S-200 Handbook for School Based/Linked Health Centers, Section S-222.1.
*M	<ul style="list-style-type: none"> • Enter name of vaccine in Note Field (Loop 2400 of 837P) • The EPSDT indicator is required to identify as a preventive service • Vaccine restricted to the CDC's ACIP recommended ages • Vaccine is supplied through the VFC program for children through 18 years of age • Obstetric/Gynecology providers are reimbursed for the HPV vaccine product for the CDC's ACIP recommended ages as shown in the State Max column when billed with SL modifier
T	A \$12.00 dispensing fee is allowed when billed with the "UD" modifier for items purchased through the 340B Federal Drug Pricing Program. For additional information and eligibility requirements, providers may reference the Informational Notice dated April 15, 2013.
U	<p>A \$35.00 dispensing fee is allowed when billed with the "UD" modifier for highly effective birth control methods purchased through the 340B Federal Drug Pricing Program.</p> <p>*The \$35.00 dispensing fee is also allowed to 340B providers for the following unclassified/NEC procedure codes:</p> <ul style="list-style-type: none"> • J3490 when billing Depo-SubQ Provera, 104mg Injection • J8499 when billing Emergency Contraceptives (ECPs)
V	Billable detail code by FQHC clinics only.
Description	Brief literal description of HCPCS or CPT code.
Eff Date (Effective Date)	Effective date of codes added on or after 07/01/02 or date of change in payment policy.

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HP (Hand Priced Indicator)	<p>**If 'Y', special pricing methodology is applied</p> <p>Medications: The name of the drug, strength of the drug, and the amount given must be submitted in the description/note field and the 11-digit NDC must be billed according to NDC billing guidelines available in Chapter S-200 Handbook for School Based/Linked Health Centers.</p> <p>Billing Multiples: The number listed in the days/units field must be "1", and the actual quantity must be included in the description/note field.</p>
NDC Ind (NDC indicator)	<p>If 'Y', the 11-digit NDC must be billed according to NDC billing guidelines available in the Chapter S-200 Handbook for School Based/Linked Health Centers.</p>
Unit Price	<p>Price for each unit when multiple quantities are billable.</p>
Max Qty (Maximum Quantity)	<p>The maximum number of payable units.</p> <p>Billing Multiples when not H/P: Submit the number of units performed or dispensed on a single date of service, up to the listed max quantity, in the days/units field.</p> <p>When the Max Qty field is blank:</p> <ul style="list-style-type: none"> ▪ on a service line, submit the specific procedure code and a quantity of one; ▪ on the subsequent line, <ul style="list-style-type: none"> ○ submit the unlisted procedure code with a quantity of one in the days/unit field; ○ list the additional quantities and the specific procedure code in the description field.
State Max (State Maximum)	<p>The maximum allowable reimbursement (reflects combined professional and technical components where applicable).</p>