

**Illinois Department of Healthcare and Family Services
School Based/Linked Fee Schedule**

*Code rate effective date as indicated in column D

Updated 03/15/2023

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.

| Procedure Code | NOTE | DESCRIPTION | *EFF DATE | HP | NDC IND | UNIT PRICE | MAX QTY | STATE MAX |
|----------------|------|--|-----------|----|---------|------------|---------|-----------|
| 0500F | | INITIAL PRENATAL VISIT | 01/01/05 | | | | | 44.10 |
| 0502F | | PRENATAL CARE VISIT SUBSEQUENT | 01/01/05 | | | | | 44.10 |
| 0503F | | POSTPARTUM CARE VISIT | 01/01/23 | | | | | 88.57 |
| 10060 | | INCISION & DRAINAGE OF ABSCESS, SIMPLE OR SINGLE | 01/01/06 | | | | | 36.00 |
| 11976 | | REMOVAL, IMPLANTABLE CONTRACEPTIVE CAPSULES | 01/01/06 | | | | | 108.00 |
| 11981 | | INSERTION NON-BIODEGRADABLE DRUG DELIVERY IMPLANT | 10/01/14 | | | | | 88.00 |
| 11982 | | REMOVAL OF NON-BIODEGRADABLE DRUG DELIVERY IMPLANT | 10/01/14 | | | | | 99.00 |
| 11983 | | REMOVAL W/REINSERTION NON-BIODEGRADABLE DRUG DELIVERY IMPLANT | 10/01/14 | | | | | 143.00 |
| 12001 | | SIMPLE REPAIR SUPERFICIAL WOUND(S) 2.5CM OR LESS | 01/01/06 | | | | | 53.10 |
| 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,INTIAL/SUBSEQUENT;SMALL | 07/01/04 | | | | | 24.90 |
| 17110 | | DESTRUCT: BENIGN LESION, NOT SKIN TAGS/CUTAN.VASC LESION; UP TO 14 | 03/01/10 | | | | | 74.90 |
| 30901 | | CONTROL NASAL HEMORRAGE, ANTERIOR, SIMPLE, ANY METHOD | 07/01/04 | | | | | 74.90 |
| 36415 | J | COLLECTION OF VENOUS BLOOD BY VENIPUNCTURE | 04/01/04 | | | | | 4.10 |
| 36416 | J | COLLECTION OF CAPILLARY BLOOD SPECIMEN (FINGER/HEEL/EAR STICK) | 04/01/04 | | | | | 4.10 |
| 57170 | | DIAPHRAGM OR CERVICAL CAP FITTING WITH INSTRUCTIONS | 01/01/12 | | | | | 28.60 |
| 58300 | | INSERTION OF INTRAUTERINE DEVICE (IUD) | 10/01/14 | | | | | 88.00 |
| 58301 | | REMOVAL OF INTRAUTERINE DEVICE (IUD) | 01/01/12 | | | | | 37.40 |
| 59430 | | POSTPARTUM CARE ONLY | 07/01/02 | | | | | 50.15 |
| 69210 | | REMOVAL IMPACTED CERUMEN REQUIRING INSTRUMENTATION, UNILATERAL | 07/01/02 | | | | | 21.40 |
| 81000 | | U/A BY DIP STICK/TABLET REAGENT ; NON-AUTOMATED, W/ MICROSCOPY | 03/01/13 | | | | | 2.62 |
| 81001 | | U/A BY DIP STICK/TABLET REAGENT ; AUTOMATED W/ MICROSCOPY | 01/01/16 | | | 2.86 | 2 | 5.72 |
| 81002 | | U/A BY DIPSTICK/TABLET REAGENT ; NON-AUTOMATED, W/O MICROSCOPY | 03/01/13 | | | | | 2.60 |
| 81003 | | U/A BY DIPSTICK/TABLET REAGENT ; AUTOMATED, W/O MICROSCOPY | 01/01/16 | | | 2.18 | 2 | 4.36 |
| 81025 | | URINE PREGNANCY TEST | 11/01/12 | | | | | 2.58 |
| 82043 | | ALBUMIN ; URINE, MICROALBUMIN, QUANTITATIVE | 01/01/16 | | | | | 3.94 |
| 82270 | | BLOOD,OCULT PEROXIDASE ACTIVITY,QUAL,FECES; NEOPLASM SCREEN | 11/01/12 | | | | | 2.48 |

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| 82272 | | BLOOD, OCCULT, QUALITATIVE; FECES, OTHER THAN NEOPLASM SCREENING | 11/01/12 | | | | | 2.04 |
| 82306 | | VITAMIN D ; 25 HYDROXY, INCLUDES FRACTION(S) IF PERFORMED | 01/01/16 | | | | | 8.86 |
| 82465 | | CHOLESTEROL, SERUM OR WHOLE BLOOD, TOTAL | 11/01/12 | | | | | 4.24 |
| 82947 | | GLUCOSE; QUANTITATIVE, BLOOD (EXCEPT REAGENT STRIP) | 01/01/12 | | | | | 3.82 |
| 82948 | | GLUCOSE; QUANTITATIVE, BLOOD, REAGENT STRIP | 10/01/08 | | | | | 1.72 |
| 82950 | | GLUCOSE; POST GLUCOSE DOSE (INCLUDES GLUCOSE) | 10/01/08 | | | | | 4.66 |
| 82951 | | GLUCOSE TOLERANCE TEST (GTT), 3 SPECIMENS (INCLUDES GLUCOSE) | 10/01/08 | | | | | 12.60 |
| 82962 | | GLUCOSE, BLOOD BY GLUCOSE MONITORING DEVICE | 10/01/08 | | | | | 1.68 |
| 83001 | | GONADOTROPIN ; FOLLICLE STIMULATING HORMONE (FSH) | 01/01/16 | | | | | 18.18 |
| 83036 | | HEMOGLOBIN ; GLYCOSYLATED (A1C) | 01/01/16 | | | | | 6.30 |
| 83540 | | ASSAY SERUM IRON | 01/01/16 | | | 6.38 | 2 | 12.76 |
| 84443 | | THYROID STIMULATING HORMONE (TSH) | 01/01/16 | | | | | 16.42 |
| 84702 | | GONADOTROPIN, CHORIONIC, QUANTITATIVE | 01/01/16 | | | 8.86 | 2 | 17.72 |
| 84703 | | GONADOTROPIN, CHORIONIC, QUALITATIVE | 01/01/16 | | | | | 7.16 |
| 85007 | | BLOOD COUNT; MICROSCOPIC EXAM W/MANUAL DIFFERENTIAL WBC COUNT | 02/01/13 | | | | | 3.50 |
| 85013 | | BLOOD COUNT; SPUN MICROHEMATOCRIT | 03/01/13 | | | | | 2.32 |
| 85014 | | BLOOD COUNT; HEMATOCRIT | 03/01/13 | | | | | 2.32 |
| 85018 | | BLOOD COUNT; HEMOGLOBIN | 03/01/13 | | | | | 2.32 |
| 85025 | | BLOOD COUNT; COMPLETE CBC, AUTO HGB HCT RBC WBC PLT & AUTO DIFF | 03/01/13 | | | | | 5.74 |
| 85027 | | BLOOD COUNT; COMPLETE CBC, AUTO HGB HCT RBC WBC PLT | 01/01/12 | | | | | 5.74 |
| 85032 | | BLOOD COUNT; MANUAL CELL COUNT (ERYTHRO/LEUKOCYTE, PLATELET), EACH | 03/01/13 | | | | | 3.01 |
| 85041 | | BLOOD COUNT; RED BLOOD CELL (RBC), AUTOMATED | 03/01/13 | | | | | 1.72 |
| 85048 | | BLOOD COUNT; LEUKOCYTE (WBC), AUTOMATED | 03/01/13 | | | | | 1.72 |
| 86403 | | PARTICLE AGGLUTINATION; SCREEN; EACH ANTIBODY | 01/01/03 | | | | | 6.00 |
| 86580 | | SKIN TEST, TUBERCULOSIS, INTRADERMAL | 07/01/02 | | | | | 4.00 |
| 86592 | | SYPHILIS TEST, NON-TREPONEMAL ANTIBODY ; QUALITATIVE | 01/01/16 | | | 4.00 | 2 | 8.00 |
| 86593 | | SYPHILIS TEST, NON-TREPONEMAL ANTIBODY; QUANTITATIVE | 01/01/16 | | | 4.00 | 2 | 8.00 |
| 86631 | | ANTIBODY; CHLAMYDIA | 01/01/16 | | | | | 15.40 |
| 86632 | | ANTIBODY; CHLAMYDIA IGM | 01/01/16 | | | 16.55 | 3 | 49.65 |
| 86703 | | ANTIBODY; HIV-1 AND HIV-2, SINGLE RESULT | 01/01/16 | | | | | 20.02 |
| 86709 | | HEPATITIS A ANTIBODY (HAAB); IGM ANTIBODY | 01/01/16 | | | | | 5.55 |
| 86787 | | ANTIBODY VARICELLA-ZOSTER | 01/01/16 | | | 15.00 | 2 | 30.00 |
| 87070 | | CULTURE; EXCLUDING URINE, BLOOD, STOOL W/ISOLATN & ID OF ISOLATES | 03/01/13 | | | | | 6.20 |
| 87081 | | CULTURE, PRESUMPTIVE, PATHOGENIC ORGANISMS, SCREENING ONLY | 01/01/03 | | | | | 5.80 |
| 87205 | | SMEAR, PRIM. SOURC W/INTERP; GRAM/GIEMSA, FOR BACTRIA, FUNGI, CELL | 01/01/16 | | | 3.50 | 3 | 10.50 |
| 87210 | | SMEAR, PRIMARY SOURC W/INTERP; WET MOUNT FOR INFECTIOUS AGENTS | 01/01/12 | | | | | 4.70 |
| 87220 | | TISSUE EXAM BY KOH SLIDE SKIN/HAIR/NAILS FOR FUNGI/OVA/MITES | 03/01/13 | | | | | 4.70 |
| 87338 | | ANTIGEN DETECTN ENZYM IMMUNOASSAY; HELICOBACTR PYLORI, STOOL | 01/01/16 | | | | | 18.80 |
| 87430 | | ANTIGEN DETECTN, ENZYME IMMUNOASSAY TECH; STREPTOCOCCUS, GROUP A | 01/01/16 | | | | | 15.70 |
| 87491 | | INF AGENT DETECTN, NUCLC ACID; CHLAMYDIA TRACHOMATIS, AMP PROBE | 01/01/16 | | | | | 45.80 |
| 87501 | | INFECT AGT DETECT NUCLEIC ACID FLU VIRUS, REV TRANSC EA TYPE | 01/01/16 | | | | | 43.34 |
| 87502 | | INFECT AGT DETECT NUCLEIC ACID FLU VIRUS, REV TRANSC, 1ST 2 TYPES | 01/01/16 | | | | | 71.86 |
| 87503 | | INFECT AGT DETECT NUCLEIC ACID FLU VIRUS, REV TRANSC, 3+ TYPES | 01/01/16 | | | | | 17.50 |

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| 87650 | | AGENT DETECTN,NUCLEIC ACID;STREPTOCOCUS,GROUP A,DIRECT PROBE | 01/01/16 | | | | | 26.20 |
| 87651 | | AGENT DETECTN,NUCLC ACID;STREPTOCOCUS,GROUP A,AMPLIFIED PROBE | 01/01/16 | | | | | 45.80 |
| 87652 | | AGENT DETECTN,NUCLEIC ACID;STREPTOCOCUS,GROUP A,QUANTIFICATN | 01/01/16 | | | | | 35.86 |
| 87653 | | AGENT DETECTN,NUCLEIC ACID;STREPTOCOCUS,GRP B,AMPLIFIED PROBE | 01/01/16 | | | | | 45.83 |
| 87660 | | INF AGNT DETECTN,NUCLEIC ACID;TRICHOMONAS VAGINALIS,DIR PROBE | 01/01/16 | | | | | 16.81 |
| 87661 | | TRICHOMONAS VAGINALIS, AMPLIFIED PROBE TECHNIQUE | 01/01/16 | | | | | 28.72 |
| 87798 | | AGENT DETECT,NUCLC ACID,NOS; AMPLIFIED PROBE TECH,EA ORGANISM | 01/01/16 | | | | | 45.83 |
| 87802 | | INFECTIOUS AGENT ANTIGEN DETECT, IMMUNOASSAY STREP,GROUP-B | 01/01/16 | | | 15.65 | 2 | 31.30 |
| 87803 | | INFECTIONS AGENT ANTIGEN DETECT,CLOSTRIDIUM DIFFICIL TOXIN A | 01/01/16 | | | 15.65 | 3 | 46.95 |
| 87804 | | INFECTIOUS AGENT ANTIGEN DETECTION, IMMUNOASSAY; INFLUENZA | 01/01/16 | | | 15.65 | 2 | 31.30 |
| 87880 | | INFECTIOUS AGT IMMUNOASSAY W/DIRECT OPTICAL OBSV: STREP GROUP A | 03/01/13 | | | | | 15.70 |
| 88164 | | CYTOPATH SLIDES,CERV/VAG(BETHESDA)MANUAL SCREEN,MD SUPERVISN | 01/01/16 | | | | | 3.50 |
| 90619 | E | MENINGOCOCCAL CONJUGATE VACCINE, A,C,W,Y, QUADRIVALENT, IM | 07/01/22 | | | 16.71 | | 142.17 |
| 90620 | E | MENINGOCOCCAL GROUP B VACCINE, 2-DOSE | 07/01/22 | | | 16.71 | | 192.44 |
| 90621 | E | MENINGOCOCCAL GROUP B VACCINE, 2 OR 3 DOSE SCHEDULE | 07/01/22 | | | 16.71 | | 160.76 |
| 90632 | F | HEPATITIS A VACCINE, ADULT DOSAGE, INTRAMUSCULAR USE | 10/01/22 | | | | | 70.98 |
| 90633 | E | HEPATITIS A VACCINE, PEDS/ADOLESCENT DOSAGE-2 DOSE SCHED IM | 10/01/22 | | | 16.71 | | |
| 90636 | E | HEPATITIS A&B VACCINE ADULT DOSAGE INTRAMUSCULAR | 10/01/22 | | | 16.71 | | 111.65 |
| 90647 | E | HEMOPHILUS INFLUENZA B VAC, PRP-OMP CONJUGATE (3 DOSE SCH) IM | 10/01/22 | | | 16.71 | | |
| 90648 | E | HEMOPHILUS INFLUENZA B VAC, PRP-T CONJUGATE (4 DOSE SCH) IM | 10/01/22 | | | 16.71 | | |
| 90651 | M | HPV TYPES 6, 11, 16, 18, 31, 33, 45, 52, 58, NONVALENT 2 OR 3 DOSE SCHED | 10/01/22 | | | 16.71 | | 256.95 |
| 90657 | E | INFLUENZA VIRUS VACCINE, TRIVALENT, SPLIT VIRUS 0.25ML IM | 10/01/22 | | | 16.71 | | |
| 90658 | E | INFLUENZA VIRUS VACCINE, TRIVALENT, SPLIT VIRUS, 0.5 ML, IM | 10/01/22 | | | 16.71 | | 15.41 |
| 90670 | E | PNEUMOCOCCAL CONJUGATE VACCINE 13 VALENT, FOR IM USE | 10/01/22 | | | 16.71 | | 257.99 |
| 90672 | E | INFLUENZA VIRUS VACCINE,QUADRIVALENT,LIVE,FOR INTRANASAL USE | 10/01/22 | | | 16.71 | | 26.88 |
| 90674 | E | INFLUENZA VIRUS VACCINE, QUADRIVALNT (CCIIV4), 0.5ML | 10/01/22 | | | 16.71 | | 32.28 |
| 90675 | F | RABIES VACCINE, INTRAMUSCULAR | 10/01/22 | | | | | 348.53 |
| 90680 | E | ROTAVIRUS VACCINE, LIVE, ORAL, PENTAVALENT, 3 DOSE SCHEDULE | 10/01/22 | | | 16.71 | | |
| 90681 | E | ROTAVIRUS VACCINE, HUMAN, ATTENUATED, 2 DOSE SCHEDULE ORAL | 10/01/22 | | | 16.71 | | |
| 90682 | E | INFLUENZA VIRUS VACCINE, QUADRIVALENT (RIV4), PRESERVATIVE/ANTIBIOTIC FREE, IM | 10/01/22 | | | 16.71 | | 69.94 |
| 90685 | E | INFLUENZA VACCINE, QUADRIVALNT, PRESERVATV FREE, 0.25ML, I.M | 10/01/22 | | | 16.71 | | |
| 90686 | E | INFLUENZA VIRUS VACCINE, QUADRIVALENT, PRESERVATIVE FREE, 0.5ML, I.M | 10/01/22 | | | 16.71 | | 21.52 |
| 90687 | E | INFLUENZA VIRUS VACCINE, QUADRIVALENT, 0.25ML, IM USE | 10/01/22 | | | 16.71 | | |
| 90688 | E | INFLUENZA VIRUS VACCINE,QUADRIVALENT, 0.5ML, IM USE | 10/01/22 | | | 16.71 | | 20.48 |
| 90696 | E | DIPHTHERIA TETANUS PERTUSSIS, POLIO, VAC (DTAP-IPV) AGES 4-6 | 10/01/22 | | | 16.71 | | |
| 90697 | E | DTAP,PERTUSSIS INACTIVATED POLIOVIRUS,HIB,HEPB VACCINE, IM | 10/01/22 | | | 16.71 | | |
| 90698 | E | DIPHTHERIA, TETANUS, ACCELLULAR PERTUSSIS, HAEMOPHILUS INFLU | 10/01/22 | | | 16.71 | | |
| 90700 | E | DTAP VACCINE, IM FOR UNDER 7 YRS | 10/01/22 | | | 16.71 | | |
| 90702 | E | IMMUNIZATION, DT, ADSORBED IM FOR UNDER 7 YRS | 10/01/22 | | | 16.71 | | |
| 90707 | E | IMMUNIZATION MEASLES-MUMPS-RUB VIRUS VAC, LIVE, SUB-Q | 10/01/22 | | | 16.71 | | 85.91 |
| 90710 | E | MEASLES, MUMPS, RUBELLA, VARICELLA VACCINE (MMRV),LIVE, SUB-Q | 10/01/22 | | | 16.71 | | |
| 90713 | E | IMMUNIZATION POLIOVIRUS VAC, INACTIVE, SUB-Q OR IM | 10/01/22 | | | 16.71 | | |

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|------------------|------|--|-----------|----|---------|------------|---------|-----------|
| 90714 | E | TETANUS & DIPHTHERIA(TD) ADSORBED, PRESERV FREE, 7+ YRS, IM | 10/01/22 | | | 16.71 | | 28.01 |
| 90715 | E | TETANUS, DIPHTHERIA TOXOIDS & ACELULAR PERTUSIS VACCINE 7+YRS, IM | 10/01/22 | | | 16.71 | | 38.28 |
| 90716 | E | VARICELLA VACCINE, LIVE, SUB-Q | 10/01/22 | | | 16.71 | | 152.95 |
| 90723 | E | DTAP-HEP B-IPV IM | 10/01/22 | | | 16.71 | | |
| 90732 | E | PNEUMOCOCCALPOLYSACHARID VACINE, ADLT/IMMUNOSUP, 2+YRS,SUB-Q, IM | 10/01/22 | | | 16.71 | | 133.47 |
| 90734 | E | MENINGOCOCCAL CONJUGATE VAC, SEROGRP A C Y, W-135, IM | 10/01/22 | | | 16.71 | | 135.47 |
| 90738 (Age 0-18) | F | JAPANESE ENCEPHALITIS VACCINE, INACTIVATED, IM USE | 10/01/22 | Y | | | | 129.69 |
| 90738 (Age19+) | F | JAPANESE ENCEPHALITIS VACCINE, INACTIVATED, IM USE | 10/01/22 | Y | | | | 259.38 |
| 90739 | E | HEPATITUS B VACCINE, ADULT DOSAGE(2DOSE SCHEDULE),FOR IM USE | 10/01/22 | | | 16.71 | | 152.08 |
| 90740 | F | HEP B VACCINE, DIALYSIS OR IMMUSUPRESSED PATIENT 3 DOSE IM | 10/01/22 | | | 16.71 | | 146.33 |
| 90743 | E | HEPATITIS B VACCINE ADOLESCENT (2 DOSE), IM | 10/01/22 | | | 16.71 | | |
| 90744 | E | HEPATITIS B VACCINE PEDIATRIC/ADOLESCENT (3 DOSE), IM | 10/01/22 | | | 16.71 | | |
| 90746 | F | HEPATITIS B VACCINE ADULT DOSAGE, FOR IM USE | 10/01/22 | | | | | 70.38 |
| 90747 | F | HEPATITIS B VAC,DIALYSIS OR IMMUNOSUP, 4 DOSE SCHED, IM | 10/01/22 | | | | | 140.75 |
| 90756 | E | INFLUENZA VACCINE, QUADRIVALENT (CCIIV4), 0.5 ML DOSE, IM | 10/01/22 | | | 16.71 | | 30.58 |
| 90791 | | PSYCHIATRIC DIAGNOSTIC EVALUATION | | | | | | 122.11 |
| 90792 | | PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES | | | | | | 124.44 |
| 90832 | | PSYCHOTHERAPY | | | | | | 29.48 |
| 90833 | | PSYCHOTHERAPY, 30 MNS WITH PT. &/OR FAMILY W EVAL AND MANAGEMENT SERVICES | | | | | | 24.26 |
| 90834 | | PSYCHOTHERAPY, 45 MINS WITH PT. &/OR FAMILY MEMBERS | | | | 44.20 | 2 | 88.40 |
| 90836 | | PSYCHOTHERAPY, 45 MINS WITH PT. &/OR FAMILY W EVAL AND MANAGEMENT SERVICES | | | | | | 40.24 |
| 90837 | | PSYCHOTHERAPY, 60 MINS WITH PT. &/OR FAMILY MEMBERS | | | | 66.71 | 2 | 133.42 |
| 90838 | | PSYCHOTHERAPY, 60 MINS WITH PT. &/OR FAMILY MEMBERS W EVAL AND MANAGEMENT | | | | | | 64.64 |
| 90839 | | PSYCHOTHERAPY FOR CRISIS; FIRST 60 MINUTES | | | | | | 66.71 |
| 90847 | | FAMILY PSYCHOTHERAPY WITH PATIENT, 50 MINUTES | | | | | | 61.20 |
| 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 | | ROUTINE 12 LEAD ECG, TRACING ONLY, NO REPORT | 07/01/02 | | | 11.05 | 3 | 33.15 |
| 94150 | | VITAL CAPACITY TEST | 07/01/02 | | | | | 7.60 |
| 94640 | | NONPRESSURIZED INHALATION TREATMENT | 07/01/02 | | | | | 14.50 |
| 94760 | | NONINV EAR/PULSE OXIM SINGLE | 07/01/02 | | | | | 4.40 |
| 95115 | | IMMUNOTHERAPY NO PROVISIONS, SINGLE INJECTION | 07/01/02 | | | | | 6.50 |
| 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 | 01/01/19 | | | | | 77.09 |
| 96113 | | DEVELOP. TESTING; ADMINISTRATION W/ INTERP & REPORT; EACH ADDITIONAL 30 MINS | 01/01/19 | | | 35.26 | 6 | 211.56 |
| 96127 | | BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT W SCORING AND DOCUMENTATION | 01/01/17 | | | 14.60 | 2 | 29.20 |

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| 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 | | OFFICE/OTHER OUTPT VISIT, NEW PT, EXPANDED PROBLEM FOCUSED | 01/01/13 | | | | | 32.00 |
| 99203 | | OFFICE/OTHER OUTPT VISIT, NEW PT, DETAILED/LOW COMPLEXITY | 01/01/13 | | | | | 41.60 |
| 99204 | | OFFICE/OTHER OUTPT VISIT, NEW PT, COMPREHENSIVE/MOD COMPLEXITY | 01/01/13 | | | | | 66.40 |
| 99205 | | OFFICE/OTHER OUTPT VISIT, NEW PT, COMPREHENSIVE/HIGH COMPLEX | 01/01/13 | | | | | 70.85 |
| 99211 | | OFFICE/OTHER OUTPT VISIT, ESTABLISHED PT, MINIMAL, MD SUPERVISION | 01/01/12 | | | | | 12.30 |
| 99212 | | E/M OFFICE/OTHER OUTPT VISIT, ESTABLISHED PT, PROBLEM FOCUSED | 01/01/13 | | | | | 24.25 |
| 99213 | | OFFICE/OTHER OUTPT VISIT, ESTABLISHED PT, EXPANDED FOCUS | 01/01/13 | | | | | 28.35 |
| 99214 | | OFFICE/OTHER OUTPT VISIT, ESTABLISHED PT. DETAILED/MOD COMPLEX | 01/01/13 | | | | | 42.50 |
| 99215 | | OFFICE/OTHER OUTPT VISIT, ESTABLISHED PT, COMPREHENSIV/COMPLEX | 01/01/13 | | | | | 48.00 |
| 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 | | SMOKING TOBACCO CESSATION COUNSELING >3 MINUTES UP TO 10 MIN | 01/01/14 | | | | | 7.19 |
| 99407 | | SMOKING TOBACCO CESSATION COUNSELING GREATER THAN 10 MINUTES | 01/01/14 | | | | | 15.29 |
| A4267 | | CONTRACEPTIVE SUPPLY CONDOM, MALE EACH | 01/01/05 | | | 0.45 | 30 | 13.62 |
| A4268 | | CONTRACEPTIVE SUPPLY CONDOM, FEMALE EACH | 01/01/05 | | | 1.12 | 30 | 33.82 |
| A4269 | | CONTRACEPTIVE SUPPLY, SPERMICIDE, EACH | 04/01/04 | Y | Y | | | |
| D1206 | | TOPICAL FLUORIDE (EXCL PROPHY)-0 - 3YRS OFFICE/SCHOOL | 08/01/11 | | | | | 26.00 |
| G0306 | | AUTOMATED HEMOGRAM W/O PLATELET COUNT & WBC DIFFERENTIAL | 01/01/05 | | | | | 5.39 |
| 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 | 10/01/22 | | Y | .1651 | 1000 | 165.10 |
| J1100 | T | INJECTION DEXAMETHASONE SODIUM PHOSPHATE 1MG | 10/01/22 | | Y | 0.125 | 40 | 5.00 |
| J1200 | T | INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG | 10/01/22 | | Y | 1.171 | 2 | 2.34 |
| J1885 | T | INJECTION, KETOROLAC TROMETHAMINE, PER 15MG | 10/01/22 | | Y | 0.636 | 4 | 2.54 |
| J2550 | T | INJECTION, PROMETHAZINE HCL, UP TO 50 MG | 10/01/22 | | Y | 2.935 | 1 | 2.94 |
| J3490 | T, U | UNCLASSIFIED, SEE FEE SCHEDULE KEY | 01/01/18 | Y | | | | |
| J7294 | U | SEGESTRONE ACETATEÐINYL ESTRADIOL;YEARLY VAGINL SYSTEM,EA | 10/01/22 | | Y | 2194.50 | 1 | 2,194.50 |
| J7295 | U | ETHINYL ESTRADIOL&ETONOGESTREL.015&012MG Q24HR;MINTH VAG RING | 10/01/22 | | Y | 92.73 | 1 | 92.73 |
| J7296 | U | LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE, 19.5 MG | 01/01/23 | | Y | 1053.23 | 1 | 1,053.23 |
| J7297 | U | LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE,52MG, 3YR | 10/01/21 | | Y | 807.92 | 1 | 807.92 |
| J7298 | U | LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE,52MG, 5 YR | 01/01/23 | | Y | 1053.23 | 1 | 1,053.23 |
| J7300 | U | INTRAUTERINE COPPER CONTRACEPTIVE | 01/01/23 | | Y | 979.90 | 1 | 979.90 |
| J7301 | U | LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE, 13.5 MG | 01/01/23 | | Y | 876.99 | 1 | 876.99 |

| Procedure Code | NOTE | DESCRIPTION | *EFF DATE | HP | NDC IND | UNIT PRICE | MAX QTY | STATE MAX |
|----------------|------|---|-----------|----|---------|------------|---------|-----------|
| J7304 | U | CONTRACEPTIVE SUPPLY PATCH | 10/01/22 | | Y | 37.1288 | 9 | 334.16 |
| J7307 | U | ETONOGESTREL IMPLANT SYSTEM, INCLUDING IMPLANT & SUPPLIES | 08/18/22 | | Y | 1044.41 | 1 | 1044.41 |
| J7613 | T | ALBUTEROL INHAL SOL ADM THRU DME UNIT DOSE 1 MG | 10/01/22 | | Y | 0.036 | 5 | 0.18 |
| J7620 | T | ALBUTEROL TO 2.5 MG & IPRATROPIUM BROMIDE UP TO 0.5 MG INH | 10/01/22 | | Y | 0.127 | 1 | 0.13 |
| J7644 | T | IPRATROPIUM BROMIDE INH SOL ADMIN THRU DME UNIT PER 1MG | 10/01/22 | | Y | 0.214 | 1 | 0.21 |
| 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 | 04/01/18 | | | 1.35 | 4 | 5.40 |
| S4993 | U | CONTRACEPTIVE PILLS FOR BIRTH CONTROL | 02/01/12 | | Y | 0.45 | 91 | 40.95 |