

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

*Code rate effective date as indicated in column D

Upted 06/20/2023

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.***

CPT codes and descriptions only are copyrighted by the American Medical Association. All Rights Reserved.
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	01/01/23					104.96
0502F		PRENATAL CARE VISIT SUBSEQUENT	01/01/23					104.96
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 CAPELLARY 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

Procedure Code	NOTE	DESCRIPTION	*EFF DATE	HP	NDC IND	UNIT PRICE	MAX QTY	STATE MAX
82270		BLOOD,OCCULT PEROXIDASE ACTIVITY,QUAL,FECES; NEOPLASM SCREEN	11/01/12					2.48
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 ACIDFLU VIRUS,REV TRANSC EA TYPE	01/01/16					43.34
87502		INFECT AGT DETECT NUCLEIC ACIDFLU VIRUS,REV TRANSC,1ST2TYPES	01/01/16					71.86

Procedure Code	NOTE	DESCRIPTION	*EFF DATE	HP	NDC IND	UNIT PRICE	MAX QTY	STATE MAX
87503		INFECT AGT DETECT NUCLEIC ACIDFLU VIRUS,REV TRANSC,3+ TYPES	01/01/16					17.50
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	04/01/23			16.71		142.17
90620	E	MENINGOCOCCAL GROUP B VACCINE, 2-DOSE	04/01/23			16.71		202.02
90621	E	MENINGOCOCCAL GROUP B VACCINE, 2 OR 3 DOSE SCHEDULE	04/01/23			16.71		171.80
90632	F	HEPATITIS A VACCINE, ADULT DOSAGE, INTRAMUSCULAR USE	04/01/23					70.10
90633	E	HEPATITIS A VACCINE, PEDS/ADOLESCENT DOSAGE-2 DOSE SCHED IM	04/01/23			16.71		
90636	E	HEPATITIS A&B VACCINE ADULT DOSAGE INTRAMUSCULAR	04/01/23			16.71		116.06
90647	E	HEMOPHILUS INFLUENZA B VAC, PRP-OMP CONJUGATE (3 DOSE SCH) IM	04/01/23			16.71		
90648	E	HEMOPHILUS INFLUENZA B VAC, PRP-T CONJUGATE (4 DOSE SCH) IM	04/01/23			16.71		
90651	M	HPV TYPES 6, 11, 16, 18, 31, 33, 45, 52, 58, NONVALENT 2 OR 3 DOSE SCHED	04/01/23			16.71		256.95
90657	E	INFLUENZA VIRUS VACCINE, TRIVALENT, SPLIT VIRUS 0.25ML IM	04/01/23			16.71		
90658	E	INFLUENZA VIRUS VACCINE, TRIVALENT, SPLIT VIRUS, 0.5 ML, IM	04/01/23			16.71		15.41
90670	E	PNEUMOCOCCAL CONJUGATE VACCINE 13 VALENT, FOR IM USE	04/01/23			16.71		257.99
90672	E	INFLUENZA VIRUS VACCINE,QUADRIVALENT,LIVE,FOR INTRANASAL USE	04/01/23			16.71		26.88
90674	E	INFLUENZA VIRUS VACCINE, QUADRIVALNT (CCIV4), 0.5ML	04/01/23			16.71		32.28
90675	F	RABIES VACCINE, INTRAMUSCULAR	04/01/23					342.22
90680	E	ROTAVIRUS VACCINE, LIVE, ORAL, PENTAVALENT, 3 DOSE SCHEDULE	04/01/23			16.71		
90681	E	ROTAVIRUS VACCINE, HUMAN, ATTENUATED, 2 DOSE SCHEDULE ORAL	04/01/23			16.71		
90682	E	INFLUENZA VIRUS VACCINE, QUADRIVALENT (RIV4), PRESERVATIVE/ANTIBIOTIC FREE, IM	04/01/23			16.71		69.94
90685	E	INFLUENZA VACCINE, QUADRIVALNT, PRESERVATV FREE, 0.25ML, I.M	04/01/23			16.71		
90686	E	INFLUENZA VIRUS VACCINE, QUADRIVALENT, PRESERVATIVE FREE, 0.5ML, I.M	04/01/23			16.71		21.52
90687	E	INFLUENZA VIRUS VACCINE, QUADRIVALENT, 0.25ML, IM USE	04/01/23			16.71		
90688	E	INFLUENZA VIRUS VACCINE,QUADRIVALENT, 0.5ML, IM USE	04/01/23			16.71		20.48
90696	E	DIPHTHERIA TETANUS PERTUSSIS, POLIO, VAC (DTAP-IPV) AGES 4-6	04/01/23			16.71		
90697	E	DTAP,PERTUSSIS INACTIVATED POLIOVIRUS,HIB,HEPB VACCINE, IM	04/01/23			16.71		
90698	E	DIPHThERIA, TETANUS, ACCELLULAR PERTUSSIS, HAEMOPHILUS INFLU	04/01/23			16.71		
90700	E	DTAP VACCINE, IM FOR UNDER 7 YRS	04/01/23			16.71		
90702	E	IMMUNIZATION, DT, ADSORBED IM FOR UNDER 7 YRS	04/01/23			16.71		
90707	E	IMMUNIZATION MEASLES-MUMPS-RUB VIRUS VAC, LIVE, SUB-Q	04/01/23			16.71		85.91

Procedure Code	NOTE	DESCRIPTION	*EFF DATE	HP	NDC IND	UNIT PRICE	MAX QTY	STATE MAX
90710	E	MEASLES, MUMPS, RUBELLA, VARICELLA VACCINE (MMRV),LIVE, SUB-Q	04/01/23			16.71		
90713	E	IMMUNIZATION POLIOVIRUS VAC, INACTIVE, SUB-Q OR IM	04/01/23			16.71		38.86
90714	E	TETANUS & DIPHTHERIA(TD) ADSORBED, PRESERV FREE, 7+ YRS, IM	04/01/23			16.71		29.27
90715	E	TETANUS, DIPHTHERIA TOXOIDS & ACELULAR PERTUSIS VACCINE 7+YRS, IM	04/01/23			16.71		37.63
90716	E	VARICELLA VACCINE, LIVE, SUB-Q	04/01/23			16.71		152.95
90723	E	DTAP-HEP B-IPV IM	04/01/23			16.71		
90732	E	PNEUMOCOCCALPOLYSACHARID VACINE, ADLT/IMMUNOSUP, 2+YRS,SUB-Q, IM	04/01/23			16.71		133.47
90734	E	MENINGOCOCCAL CONJUGATE VAC, SEROGRP A C Y, W-135, IM	04/01/23			16.71		142.20
90738 (Age 0-18)	F	JAPANESE ENCEPHALITIS VACCINE, INACTIVATED, IM USE	04/01/23	Y				129.69
90738 (Age19+)	F	JAPANESE ENCEPHALITIS VACCINE, INACTIVATED, IM USE	04/01/23	Y				259.38
90739	E	HEPATITUS B VACCINE, ADULT DOSAGE(2DOSE SCHEDULE),FOR IM USE	04/01/23			16.71		152.08
90740	F	HEP B VACCINE, DIALYSIS OR IMMUSUPRESSED PATIENT 3 DOSE IM	04/01/23			16.71		146.33
90743	E	HEPATITIS B VACCINE ADOLESCENT (2 DOSE), IM	04/01/23			16.71		
90744	E	HEPATITIS B VACCINE PEDIATRIC/ADOLESCENT (3 DOSE), IM	04/01/23			16.71		
90746	F	HEPATITIS B VACCINE ADULT DOSAGE, FOR IM USE	04/01/23					70.38
90747	F	HEPATITIS B VAC,DIALYSIS OR IMMUNOSUP, 4 DOSE SCHED, IM	04/01/23			16.71		144.06
90756	E	INFLUENZA VACCINE, QUADRIVALENT (CCIIV4), 0.5 ML DOSE, IM	04/01/23			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

Procedure Code	NOTE	DESCRIPTION	*EFF DATE	HP	NDC IND	UNIT PRICE	MAX QTY	STATE MAX
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
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
G8431		SCREENING FOR DEPRESSION ; POSITIVE, FOLLOW-UP PLAN IS DOCUMENTED	04/01/23					14.60
G8510		SCREENING FOR DEPRESSION ; NEGATIVE, FOLLOW-UP PLAN NOT REQUIRED	04/01/23					14.60
H1000		PRENATAL CARE, AT RISK ASSESSMENT	7/1/2007					\$ 14.60
J1050	U	INJECTION, MEDROXYPROGESTERONE ACETATE, PER 1MG	04/01/23		Y	0.15217	1000	152.17
J1100	T	INJECTION DEXAMETHASONE SODIUM PHOSPHATE 1MG	04/01/23		Y	0.126	40	5.04
J1200	T	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	04/01/23		Y	1.129	2	2.26
J1885	T	INJECTION, KETOROLAC TROMETHAMINE, PER 15MG	04/01/23		Y	0.487	4	1.95
J2550	T	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	04/01/23		Y	3.112	1	3.11
J3490	T, U	UNCLASSIFIED, SEE FEE SCHEDULE KEY	01/01/18	Y				
J7294	U	SEGESTRONE ACETATEÐINYL ESTRADIOL;YEARLY VAGINL SYSTEM,EA	04/01/23		Y	2305.28	1	2,305.28

Procedure Code	NOTE	DESCRIPTION	*EFF DATE	HP	NDC IND	UNIT PRICE	MAX QTY	STATE MAX
J7295	U	ETHINYL ESTRADIOL&ETONOGESTREL.015&012MG Q24HR;MNTH VAG RING	04/01/23		Y	85.00	1	85.00
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
J7304	U	CONTRACEPTIVE SUPPLY PATCH	04/01/23		Y	33.88	9	304.92
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	04/01/23		Y	0.031	5	0.16
J7620	T	ALBUTEROL TO 2.5 MG & IPRATROPIUM BROMIDE UP TO 0.5 MG INH	04/01/23		Y	0.131	1	0.13
J7644	T	IPRATROPIUM BROMIDE INH SOL ADMIN THRU DME UNIT PER 1MG	04/01/23		Y	0.235	1	0.24
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