

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

*Effective date as indicated in Column D

Updated 9/19/2025

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.

Procedure Code	NOTE	DESCRIPTION	*EFF DATE	UNIT PRICE	MAX QTY	STATE MAX
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,INTIAL/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			32.03
58300		INSERTION OF INTRAUTERINE DEVICE (IUD)	10/01/14			88.00
58301		REMOVAL OF INTRAUTERINE DEVICE (IUD)	04/01/24			46.21
59400		ROUTINE OB CARE,INCLUDING PRENATAL VISITS & VAGINAL DELIVERY	10/01/23			1,840.25

Procedure Code	NOTE	DESCRIPTION	*EFF DATE	UNIT PRICE	MAX QTY	STATE MAX
59430	FF	POSTPARTUM CARE ONLY	04/01/24			128.84
59510		ROUTINE OB CARE,INCLUDING PRENATAL VISITS AND CESCAREAN DELIVERY	10/01/23			2,046.31
59610		ROUTINE OB CARE,W PRENATAL VISITS&VAGINAL DELIVRY W PREVIOUS CESAREAN	10/01/23			1,938.17
59618		ROUTINE OB CARE,W VISITS AND CESAREAN AFTER ATTEMPTD VAGINAL DELIVERY	10/01/23			2,069.53
69210		REMOVAL IMPACTED CERUMEN REQUIRING INSTRUMENTATION, UNILATERAL	04/01/24			22.37
81000		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		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	04/01/24			6.03
82043		ALBUMIN ; URINE, MICROALBUMIN, QUANTITATIVE	04/01/24			4.05
82270		BLOOD,OCCULT PEROXIDASE ACTIVITY,QUAL,FECES; NEOPLASM SCREEN	04/01/24			3.07
82272		BLOOD,OCCULT,QUALITATIVE; FECES,OTHER THAN NEOPLASM SCREENING	04/01/24			2.96
82306		VITAMIN D ; 25 HYDROXY, INCLUDES FRACTION(S) IF PERFORMED	04/01/24			20.72
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	04/01/24			3.53
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	04/01/24			2.30
83001		GONADOTROPIN ; FOLLICLE STIMULATING HORMONE (FSH)	01/01/16			18.18
83036		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		GONADOTROPIN, CHORIONIC, QUANTITATIVE	04/01/24	10.54	2	21.08
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	04/01/24	4.90	2	9.80
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	04/01/24	3.02	3	9.06
85041		BLOOD COUNT; RED BLOOD CELL (RBC), AUTOMATED	04/01/24	2.11	2	4.22

Procedure Code	NOTE	DESCRIPTION	*EFF DATE	UNIT PRICE	MAX QTY	STATE MAX
85048		BLOOD COUNT; LEUKOCYTE (WBC), AUTOMATED	04/01/24	1.78	2	3.56
86403		PARTICLE AGGLUTINATION; SCREEN; EACH ANTIBODY	04/01/24			8.08
86580		SKIN TEST, TUBERCULOSIS, INTRADERMAL	04/01/24			6.59
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	04/01/24			11.82
86632		ANTIBODY; CHLAMYDIA IGM	04/01/24	12.68	3	38.04
86703		ANTIBODY; HIV-1 AND HIV-2, SINGLE RESULT	04/01/24			13.71
86709		HEPATITIS A ANTIBODY (HAAB); IGM ANTIBODY	04/01/24			7.88
86787		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		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/NAI LS FOR FUNGI/OVA/MITES	04/01/24	4.27	3	12.81
87338		ANTIGEN DETECTN ENZYM IMMUNOASSAY;HELICOBACTR PYLORI,STOOL	04/01/24			14.38
87430		ANTIGEN DETECTN,ENZYME IMMUNOASSAY TECH;STREPTOCOCUS,GROUP A	01/01/16			15.70
87491		INF AGENT DETECTN,NUCLC ACID;CHLAMYDIA TRACHOMATIS,AMP PROBE	04/01/24			35.09
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
87503		INFECT AGT DETECT NUCLEIC ACIDFLU VIRUS,REV TRANSC,3+ TYPES	04/01/24			20.45
87650		AGENT DETECTN,NUCLEIC ACID;STREPTOCOCUS,GROUP A,DIRECT PROBE	04/01/24			20.05
87651		AGENT DETECTN,NUCLC ACID;STREPTOCOCUS,GROUP A,AMPLIFIED PROBE	04/01/24			35.09
87652		AGENT DETECTN,NUCLEIC ACID;STREPTOCOCUS,GROUP A,QUANTIFICATN	01/01/16			35.86
87653		AGENT DETECTN,NUCLEIC ACID;STREPTOCOCUS,GRP B,AMPLIFIED PROBE	04/01/24			35.09
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	04/01/24	35.09	13	456.17
87802		INFECTIOUS AGENT ANTIGEN DETECT, IMMUNOASSAY STREP,GROUP-B	04/01/24	12.73	2	25.46
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	04/01/24			12.43
90380	E	RESPIRATORY SYNCYTIAL VIRUS,MONOCLONL ANTBODY,SEASONL,0.5 ML	04/01/25	16.71		

Procedure Code	NOTE	DESCRIPTION	*EFF DATE	UNIT PRICE	MAX QTY	STATE MAX
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.	04/01/25	16.71		258.12
90619	E	MENINGOCOCCAL CONJUGATE VACCINE, A,C,W,Y, QUADRIVALENT, IM	04/01/25	16.71		164.41
90620	E	MENINGOCOCCAL GROUP B VACCINE, 2-DOSE	04/01/25	16.71		226.69
90621	E	MENINGOCOCCAL GROUP B VACCINE, 2 OR 3 DOSE SCHEDULE	04/01/25	16.71		198.20
90625	F	CHOLERA VACCINE, LIVE,ADULT DOSAGE,1DOSE SCHEDULE, ORAL USE	04/01/25			2.63
90627	F	TICK-BORNE ENCEPHALITIS VIRUS VACCINE,INACTIVE, 0.5 ML, IM	04/01/25			290.53
90632	F	HEPATITIS A VACCINE, ADULT DOSAGE, INTRAMUSCULAR USE	04/01/25			72.16
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	04/01/25	16.71		126.60
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, NONAVALENT 2 OR 3 DOSE SCHED	04/01/25	16.71		294.08
90656	E	INFLUENZA VIRUS VACCIN,SPLIT VIRUS,PRESRV FREE,0.5ML DOSEIM	04/01/25	16.71		22.35
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	04/01/25	16.71		21.86
90660	E	INFLUENZA VIRUS VACCINE, LIVE, FOR INTRANASAL USE	04/01/25	16.71		28.87
90661	E	INFLUENZA VIRUS VACCINE,PRESRVTV/ANTIBIOTIC FREE,IM USE0.5ML	04/01/25	16.71		36.85
90670	E	PNEUMOCOCCAL CONJUGATE VACCINE 13 VALENT, FOR IM USE	04/01/25	16.71		257.99
90671	E	PNEUMOCOCCAL CONJUGATE VACCINE, 15 VALENT (PCV15), IM USE	04/01/25	16.71		261.15
90673	E	INFLUENZA VACCINE,TRIVALENT,PRESERVATV&ANTIBIOTIC FREE, IM	04/01/25	16.71		83.49
90675	F	RABIES VACCINE, INTRAMUSCULAR	04/01/25			317.67
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)	04/01/25			293.30
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	04/01/25	16.71		327.89
90690	F	TYPHOID VACCINE, LIVE, ORAL (VIVOTIF)	04/01/25			25.49
90691	F	TYPHOID VACCINE, VI CAPSULAR POLYSACCHARIDE, INTRAMUSCULAR	04/01/25			147.13
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		

Procedure Code	NOTE	DESCRIPTION	*EFF DATE	UNIT PRICE	MAX QTY	STATE MAX
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		
90702	E	IMMUNIZATION, DT, ADSORBED IM FOR UNDER 7 YRS	04/01/25	16.71		
90707	E	IMMUNIZATION MEASLES-MUMPS-RUB VIRUS VAC, LIVE, SUB-Q	04/01/25	16.71		91.01
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	04/01/25	16.71		42.76
90714	E	TETANUS & DIPHTHERIA(TD) ADSORBED, PRESERV FREE, 7+ YRS, IM	04/01/25	16.71		33.96
90715	E	TETANUS, DIPHTHERIA TOXOIDS & ACELULAR PERTUSIS VACCINE 7+YRS, IM	04/01/25	16.71		39.07
90716	E	VARICELLA VACCINE, LIVE, SUB-Q	04/01/25	16.71		174.95
90717	F	IMMUNIZATION YELLOW FEVER VACCINE, LIVE SUBQ	04/01/25			107.06
90723	E	DTAP-HEP B-IPV IM	04/01/25	16.71		
90732	E	PNEUMOCOCCAL POLYSACHARID VACINE, ADLT/IMMUNOSUP, 2+YRS,SUB-Q, IM	04/01/25	16.71		133.47
90734	E	MENINGOCOCCAL CONJUGATE VAC, SEROGRP A C Y, W-135, IM	04/01/25	16.71		159.41
90738 (Age 0-18)	F	JAPANESE ENCEPHALITIS VACCINE, INACTIVATED, IM USE	04/01/25			141.05
90738 (Age19+)	F	JAPANESE ENCEPHALITIS VACCINE, INACTIVATED, IM USE	04/01/25			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 IMMUOSUPRESSED 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	04/01/25			70.38
90747	F	HEPATITIS B VAC,DIALYSIS OR IMMUNOSUP, 4 DOSE SCHED, IM	04/01/25	16.71		140.75
90791		PSYCHIATRIC DIAGNOSTIC EVALUATION				122.11
90792		PSYCHIATRIC DIAGNOSTIC EVALUATION WITH MEDICAL SERVICES				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

Procedure Code	NOTE	DESCRIPTION	*EFF DATE	UNIT PRICE	MAX QTY	STATE MAX
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		ROUTINE 12 LEAD ECG, TRACING ONLY, NO REPORT	04/01/24	5.83	3	17.49
94150		VITAL CAPACITY TEST	07/01/02			7.60
94640		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		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	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

Procedure Code	NOTE	DESCRIPTION	*EFF DATE	UNIT PRICE	MAX QTY	STATE MAX
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
99459		PELVIC EXAMINATION(LIST SEPARATLY TO CODE FOR PRIMARY PROC)	01/01/24			14.62
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			
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	10/01/23	0.15217	1000	152.17
J1100	T	INJECTION DEXAMETHASONE SODIUM PHOSPHATE 1MG	04/01/25	0.093	40	3.72
J1200	T	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	04/01/25	0.661	2	1.32
J1885	T	INJECTION, KETOROLAC TROMETHAMINE, PER 15MG	04/01/25	0.501	4	2.00
J2550	T	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	04/01/25	3.313	1	3.31
J3490	T, U	UNCLASSIFIED, SEE FEE SCHEDULE KEY	01/01/18			
J7294	U	SEGESTRONE ACETATEÐINYL ESTRADIOL;YEARLY VAGINL SYSTEM,EA	10/01/23	2305.28	1	2,305.28
J7295	U	ETHINYL ESTRADIOL&ETONOGESTREL.015&012MG Q24HR;MNTH VAG RING	10/01/23	79.94	1	79.94
J7296	U	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE, 19.5 MG	01/01/25	1214.16	1	1214.16
J7297	U	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE,52MG, 3YR	01/01/25	931.73	1	931.73
J7298	U	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE,52MG, 5 YR	01/01/25	1214.16	1	1214.16
J7300	U	INTRAUTERINE COPPER CONTRACEPTIVE	01/01/25	1139.00	1	1139.00
J7301	U	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE, 13.5 MG	01/01/25	1011.38	1	1011.38
J7304	U	CONTRACEPTIVE SUPPLY PATCH	10/01/23	35.439	9	318.95
J7307	U	ETONOGESTREL IMPLANT SYSTEM, INCLUDING IMPLANT & SUPPLIES	01/02/25	1214.63	1	1214.63
J7613	T	ALBUTEROL INHAL SOL ADM THRU DME UNIT DOSE 1 MG	04/01/25	0.077	5	0.39
J7620	T	ALBUTEROL TO 2.5 MG & IPRATROPIUM BROMIDE UP TO 0.5 MG INH	04/01/25	0.194	1	0.19
J7644	T	IPRATROPIUM BROMIDE INH SOL ADMIN THRU DME UNIT PER 1MG	04/01/25	0.362	1	0.36
J8499	T, U	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC, SEE FEE SCHEDULE KEY	06/01/16			
S0190	T	MIFEPRISTONE,ORAL, 200 MG	04/01/19	68.33	1	68.33

Procedure Code	NOTE	DESCRIPTION	*EFF DATE	UNIT PRICE	MAX QTY	STATE MAX
S0191	T	MISOPROSTOL, ORAL, 200 MCG	04/01/18	1.35	4	5.40
S4993	U	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	02/01/12	0.45	91	40.95