

Healthcare and Family Services
School Based/Linked Health Centers Fee Schedule Key
Updated 12/26/2023

COLUMN HEADING	COLUMN DESCRIPTION
HCPCS	CPT-4 or HCPCS procedure code
NOTE	Special billing information applies to this code
<p>*Vaccine Notes E, F, M: The Department will reimburse practitioners, local health departments, and school-based linked health centers 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. <i>Please Note:</i> FQHCs with a school-based/school-linked specialty are not reimbursed separately for the administrative cost of acquiring VFC vaccines, as this is inclusive of their medical encounter rate.</p>	
*E	Vaccine is supplied through the VFC program for children age 0 through 18
*F	Vaccine is not available through the VFC program.
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-208.1.
*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 • Providers with OB/GYN specialty 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 April 15, 2013 provider notice.
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)
CC	Effective 10/01/2023, the U5 modifier must be used with an appropriate level evaluation and management visit code in the range 99202-99215 when billing a subsequent prenatal care visit in accordance with the 'Billing Guidelines for Changes to Maternity Care Reimbursement' document on the NIPS webpage. The U5 modifier will distinguish these prenatal care services from other types of visits and also derive a rate of \$104.96, mirroring the rate for 0502F that was formerly used to bill subsequent prenatal care visits prior to 10/01/2023.
DD	Prior approval is required for pregnant women between 32-36 weeks gestation period. Providers will need to request an age override IF they have a prior approval on file with the Department for a pregnant woman by attaching the HFS 1604 Override Request Form.
EE	<p>The Department will reimburse the "initial prenatal care visit", 0500F when billed in conjunction with the U4 modifier when not billing a global maternity code in accordance with the 'Billing Guidelines for Changes to Maternity Care Reimbursement' document on the NIPS webpage.</p> <p>*Note: 0502F and 0503F were discontinued effective 10/1/2023 in accordance with these changes.</p>

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FF	Bonus payments will be reimbursed at a rate of \$75 per postpartum visit, effective on/after 01/01/2023 if both of the following conditions are met, in accordance with the 02/21/23 provider notice : 1. The actual delivery date is included in the Loop 2300, DTP*454 'Initial Treatment Date' segment, of the 837P, or entered on a MEDI DDE claim. 2. The postpartum visit occurs within the first 26 days, or within 27-89 days, following the delivery date on file. Each time period will have a limit of one payable bonus payment. For instances when more than one claim is received during each of those time periods, the bonus payment will be reimbursed on the first claim received.
Description	Brief literal description of HCPCS or CPT code.
Eff Date (Effective Date)	Effective date of code updates (e.g. additions, rate changes, max quantity changes, etc.)
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 the Handbook Supplement.</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)	If 'Y', the 11-digit NDC must be billed according to NDC billing guidelines available in the Handbook Supplement .
Unit Price	Price for each unit when multiple quantities are billable, when applicable. Also, for vaccines obtained via the Vaccines For Children (VFC) program, the unit price represents the reimbursement amount for the administrative cost of acquiring the vaccine.
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)	The maximum allowable reimbursement (reflects combined professional and technical components where applicable). Blanks in this field indicate the vaccine is applicable only to children ages 0-18 and must be obtained through VFC, with reimbursement amounts for the administrative cost of obtaining the vaccine noted in the 'Unit Price' column.