

Healthcare and Family Services
School Based/Linked Health Centers Fee Schedule Key
Revised 06/06/2018

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> <ul style="list-style-type: none"> Effective October 1, 2016 through June 30, 2018 private stock vaccines that had previously been available through VFC prior to October 1, 2016 and administered to Title XXI (21) and State-Funded eligible children will be reimbursed at the lesser of the provider charge amount or the \$6.40 <i>Unit Price</i> rate <u>plus</u> the <i>State Max</i> rate as noted on the Practitioner Fee Schedule. This policy does not apply to Federally Qualified Health Centers (FQHCs), Rural Health Centers (RHCs), and Encounter Rate Clinics (ERCs). Refer to the January 17, 2017 provider notice for more information. All available vaccines for children age 0 through 18 with Title XIX (19) eligibility should be obtained through the Vaccines for Children (VFC) program. Specialty/sub-specialty OB-GYN practitioners are not required to participate in the VFC program for the purposes of administering and billing the HPV vaccine. For VFC-obtained vaccines administered to Title XIX (19) eligible children, the Department will reimburse the administrative cost shown in the <i>Unit Price</i> column. Administrative cost refers to the practice expense of obtaining the vaccine through the VFC program. For private stock vaccines that have never been available through VFC regardless of eligibility type and administered to any child, the Department will reimburse the medically necessary vaccine product as shown in the <i>State Max</i> column. The additional \$6.40 administrative cost reimbursement does not apply. The E/M service payment includes reimbursement for the injection service except when noted. FQHCs, RHCs and ERCs may bill private stock vaccines either fee-for-service or as part of a medical encounter when administered to children age 0 through 18 with Title XXI (21) or state-funded eligibility. Private stock vaccines for this population must be billed with the GB modifier appended to each vaccine-specific procedure code and include the provider's usual and customary charge. The Department will reimburse the medically necessary vaccine product as shown in the <i>State Max</i> column. Billing guidelines, including vaccine billing instructions and examples, are available in Practitioner Handbook and in Handbook for School Based/Linked Health Centers. 	
*E	Vaccine is supplied through the VFC program for children age 0 through 18 with Title XIX (19) eligibility, but not for adults or children age 0 through 18 with Title XXI (21) or state-funded eligibility.
*F	Vaccine is not available through the VFC program. Additional <i>Unit Price</i> reimbursement is not applicable regardless of eligibility type.
*I	<ul style="list-style-type: none"> Enter name of vaccine in Note Field (Loop 2400 of 837P) Vaccine restricted to females age 9 through 25 years Vaccine is supplied through the VFC program for children age 9 through 18 years with Title XIX (19) eligibility Obstetric/Gynecology providers are reimbursed for the vaccine product for ages 9 through 25 as shown in the <i>State Max</i> column
J	The blood draw for lead analysis is covered only when the specimen is submitted to IDPH as a Healthy Kids service. Bill with the U1 modifier to document the service meets this description. Billing guidelines are available in 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 age 9 through 26 years Vaccine is supplied through the VFC program for children age 9 through 18 years with Title XIX (19) eligibility Obstetric/Gynecology providers are reimbursed for the vaccine product for ages 9 through 25 as shown in the <i>State Max</i> column

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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. Note: Dispensing fees were reduced by \$1.00 for dates of service May 1, 2015 – June 30, 2015.
U	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. *The \$35.00 dispensing fee is applicable for the following procedure codes: <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.
HP (Hand Priced Indicator)	If “Y”, special pricing methodology is applied. 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 Handbook for School Based/Linked Health Centers . 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.
NDC Ind (NDC indicator)	If “Y”, the 11-digit NDC must be billed according to NDC billing guidelines available in the Handbook for School Based/Linked Health Centers .
Unit Price	Price for each unit when multiple quantities are billable.
Max Qty (Maximum Quantity)	The maximum number of payable units. Billing Multiples when not H/P: When a quantity is listed in the Max Qty field, enter the number performed in the days/units field. When the Max Qty field is blank: <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).