

**Illinois Department of Healthcare and Family Services
Family Planning Program Covered Services**

Updated 08/15/2025

Covered services under Family Planning eligibility when rendered by Physicians, Physician Assistants, Advanced Practice Nurses, Independent Laboratories, Local Health Departments, School-Based Health Centers, Imaging Centers, Independent Diagnostic Testing Facilities, Portable X-ray companies, Federally Qualified Health Centers, Rural Health Clinics, and Encounter Rate Clinics

Fertility preservation services will be added to this fee schedule at a later date once the Department finalizes a list of covered services

Please note: The above providers should reference the Practitioner Fee Schedule and key for rates and all other billing instructions applicable to their provider type.

Procedure Code	Coverage Effective Date	*Family Planning or Reproductive Health Related Diagnosis Required? (If 'Y' see list of acceptable Dx codes below)
00851	11/30/22	N
00940	01/01/25	N
00948	01/01/25	N
00952	11/30/22	N
01965	11/30/22	N
01966	11/30/22	N
0102U	01/01/25	Y
0103U	01/01/25	Y
0129U	01/01/25	Y
0131U	01/01/25	Y
0132U	01/01/25	Y
0135U	01/01/25	Y
0238U	01/01/25	Y
11976	11/30/22	N
11981	05/01/24	Y
11982	05/01/24	Y
11983	05/01/24	Y
17000	11/30/22	Y

49320	11/30/22	Y
54050	01/01/25	N
54056	01/01/25	N
54065	11/30/22	N
54100	01/01/25	N
55250	11/30/22	N
56420	05/01/24	N
56440	04/01/24	N
56441	01/01/25	Y
56501	11/30/22	N
56515	11/30/22	N
56605	01/01/25	N
56740	04/01/24	N
56805	01/01/25	Y
57061	11/30/22	N
57065	11/30/22	N
57160	05/01/24	N
57170	11/30/22	N
57410	05/01/24	N
57420	05/01/24	N
57452	11/30/22	Y
57454	11/30/22	Y
57455	11/30/22	Y
57456	11/30/22	Y
57460	11/30/22	Y
57461	11/30/22	Y
57500	11/30/22	Y
57505	11/30/22	Y
57510	11/30/22	Y
57511	11/30/22	Y
57520	11/30/22	N
57522	11/30/22	Y
58100	11/30/22	Y
58110	11/30/22	Y
58120	05/01/24	N
58300	11/30/22	N
58301	11/30/22	N
58340	05/01/24	N
58555	05/01/24	N
58558	05/01/24	N
58562	05/01/24	N
58565	11/30/22	N
58600	11/30/22	N
58605	11/30/22	N
58611	11/30/22	N

58615	11/30/22	N
58661	11/30/22	N
58670	11/30/22	N
58671	11/30/22	N
58673	05/01/24	N
58700	05/01/24	N
59812	05/01/24	N
59820	05/01/24	N
59821	05/01/24	N
59830	05/01/24	N
59840	05/01/24	N
59841	05/01/24	N
59850	05/01/24	N
59851	05/01/24	N
59855	05/01/24	N
59856	05/01/24	N
59857	05/01/24	N
74018	11/30/22	Y
74740	05/01/24	N
76376	11/30/22	Y
76830	05/01/24	N
76856	05/01/24	N
76857	11/30/22	Y
76998	11/30/22	Y
77046	01/01/25	N
77047	01/01/25	N
77048	01/01/25	N
77049	01/01/25	N
77063	05/01/24	N
77065	05/01/24	N
77066	05/01/24	N
77067	05/01/24	N
78800	01/01/25	N
80048	05/01/24	N
80061	05/01/24	N
80076	05/01/24	N
81000	05/01/24	N
81001	05/01/24	N
81002	05/01/24	N
81003	11/30/22	N
81005	05/01/24	N
81007	05/01/24	N
81015	05/01/24	N
81025	05/01/24	N
81162	05/01/24	N

81163	01/01/25	N
81164	01/01/25	N
81432	01/01/25	N
82570	05/01/24	N
82670	05/01/24	N
82947	05/01/24	N
83001	05/01/24	N
83002	05/01/24	N
83020	05/01/24	N
83021	05/01/24	N
83026	05/01/24	N
83036	05/01/24	N
83520	05/01/24	N
84144	05/01/24	N
84146	05/01/24	N
84155	05/01/24	N
84156	05/01/24	N
84402	05/01/24	N
84403	05/01/24	N
84702	05/01/24	N
84703	05/01/24	N
85013	05/01/24	N
85014	05/01/24	N
85018	05/01/24	N
85025	05/01/24	N
85027	05/01/24	N
86592	05/01/24	N
86593	05/01/24	N
86628	05/01/24	N
86631	05/01/24	N
86632	05/01/24	N
86689	05/01/24	N
86694	05/01/24	N
86695	05/01/24	N
86696	05/01/24	N
86701	05/01/24	N
86702	05/01/24	N
86703	05/01/24	N
86780	05/01/24	N
86787	05/01/24	N
87086	05/01/24	N
87088	05/01/24	N
87110	05/01/24	N
87184	05/01/24	N
87186	05/01/24	N

87205	01/01/25	N
87210	05/01/24	N
87270	05/01/24	N
87273	05/01/24	N
87285	05/01/24	N
87320	05/01/24	N
87389	05/01/24	N
87390	05/01/24	N
87391	05/01/24	N
87485	05/01/24	N
87490	05/01/24	N
87491	05/01/24	N
87492	05/01/24	N
87510	05/01/24	N
87511	05/01/24	N
87512	05/01/24	N
87528	05/01/24	N
87529	05/01/24	N
87530	05/01/24	N
87590	05/01/24	N
87591	05/01/24	N
87592	05/01/24	N
87623	05/01/24	N
87624	05/01/24	N
87625	05/01/24	N
87660	05/01/24	N
87661	01/01/25	N
87806	05/01/24	N
87808	05/01/24	N
87810	05/01/24	N
87850	05/01/24	N
87899	05/01/24	N
88141	05/01/24	N
88142	05/01/24	N
88143	05/01/24	N
88147	05/01/24	N
88148	05/01/24	N
88150	05/01/24	N
88152	05/01/24	N
88153	05/01/24	N
88155	05/01/24	N
88160	05/01/24	N
88161	05/01/24	N
88162	05/01/24	N
88164	05/01/24	N

88165	05/01/24	N
88166	05/01/24	N
88167	05/01/24	N
88174	05/01/24	N
88175	05/01/24	N
88305	05/01/24	N
88307	05/01/24	N
88331	05/01/24	N
88332	05/01/24	N
88342	01/01/25	N
89300	11/30/22	N
89310	11/30/22	N
89321	11/30/22	N
90611	04/01/24	N
90651	05/01/24	N
90744	05/01/24	N
90746	11/30/22	N
96372	11/30/22	Y
99070	11/30/22	Y
99152	11/30/22	Y
99202	11/30/22	Y
99203	11/30/22	Y
99204	11/30/22	Y
99205	11/30/22	Y
99211	11/30/22	Y
99212	11/30/22	Y
99213	11/30/22	Y
99214	11/30/22	Y
99215	11/30/22	Y
99221	11/30/22	Y
99222	11/30/22	Y
99223	11/30/22	Y
99231	11/30/22	Y
99232	11/30/22	Y
99233	11/30/22	Y
99238	11/30/22	Y
99239	11/30/22	Y
99242	11/30/22	Y
99243	11/30/22	Y
99244	11/30/22	Y
99245	11/30/22	Y
99252	11/30/22	Y
99253	11/30/22	Y
99254	11/30/22	Y
99255	11/30/22	Y

99383	11/30/22	Y
99384	11/30/22	Y
99385	11/30/22	Y
99386	11/30/22	Y
99387	05/01/24	Y
99393	11/30/22	Y
99394	11/30/22	Y
99395	11/30/22	Y
99396	11/30/22	Y
99397	05/01/24	Y
99401*	05/01/24	N
A4267	11/30/22	N
A4268	11/30/22	N
A4269	11/30/22	N
G0101	05/01/24	N
G0123	05/01/24	N
G0124	05/01/24	N
G0279	05/01/24	N
G0432	05/01/24	N
G0433	05/01/24	N
G0435	05/01/24	N
G0475	05/01/24	N
J0694	05/01/24	Y
J0696	05/01/24	Y
J0698	05/01/24	Y
J1050	11/30/22	N
J3490	05/01/24	Y
J7294	11/30/22	N
J7295	11/30/22	N
J7296	11/30/22	N
J7297	11/30/22	N
J7298	11/30/22	N
J7300	11/30/22	N
J7301	11/30/22	N
J7304	11/30/22	N
J7307	11/30/22	N
J8499	11/30/22	Y
Q0111	11/30/22	Y
S0190	11/30/22	N
S0191	11/30/22	N
S0199	11/30/22	N
S4993	11/30/22	N
T1015	11/30/22	Y

*Reimbursable only to a designated eligible/approved facility. The CPT code must be billed by eligible/approved rendering provider, with the 'FP' modifier, and the approved facility must be

designated as the billing provider/payee on the claim

COVID-19 Vaccine & Administration codes

Procedure Code	Coverage Effective Date	Family Planning or Reproductive Health Related Diagnosis Required?	End Date (when applicable)
M0201	11/30/22	N	
91304	11/30/22	N	
91318	09/11/23	N	
91319	09/11/23	N	
91320	09/11/23	N	
91321	09/11/23	N	
91322	09/11/23	N	
90480	09/11/23	N	

COVID-19 Vaccine Counseling

Procedure Code	Coverage Effective Date	Family Planning or Reproductive Health Related Diagnosis Required?
99402	11/30/22	N

***Acceptable ICD-10 family planning/reproductive health related diagnosis codes:**

A50-A64 range

A74.9

R87.619

Z00.00

Z00.01

Z01.411

Z01.419

Z11.3

Z12.4

Z20.2

Z20.6

Z29.81

Z30.X range

Z31.X range

Z70.X range

**Illinois Department of Healthcare and Family Service
Family Planning Program Covered Services**

Effective 11/30/2022

All non-ambulance transportation is covered for Family Planning services. Prior authorization is required.

Refer to the transportation fee schedules for further information:

[Transportation | HFS \(illinois.gov\)](#)

es

Effective 11/30/2022

****Fertility preservation services will be added to this fee schedule at a later date once the Department has received approval from the Centers for Medicare and Medicaid Services (CMS).**

Covered Pharmacy Items

Progestin Contraceptives - Oral
Progestin Contraceptives - Injectable
Emergency Contraceptives
Combination Contraceptives - Transdermal
Combination Contraceptives - Vaginal
Combination Contraceptives - Oral
Condoms - Male
Condoms - Female
Diaphragms
Prenatal Vitamins - By Prescription Only
Folic Acid/Folates - By Prescription Only
HIV Pre-Exposure Prophylaxis (PrEP) Drugs - in accordance with CDC Guidelines
HIV Post-Exposure Prophylaxis (PEP) Drugs - in accordance with CDC Guidelines
STD/STI Treatment Drugs - in accordance with CDC Guidelines (Treatment for chronic diseases such as HIV, Hepatitis B)
Vaccines - when related to preventable reproductive health related conditions (i.e. HPV, Hepatitis B)
Vaccines - COVID-19 vaccine administration

Healthcare and Family Services
Item Covered Services

Department finalizes a list of covered services**

AIDs and hepatitis are NOT COVERED)

**Illinois Department of Healthcare and Family Services
Family Planning Program Covered Services**

Effective 11/30/2022

Updated 08/15/2025

Covered Hospital Services

Anesthesia, procedures of lower abdomen

Intrathecal/epidural catheter insertion, anesthesia for OB procedure

Anesthesia, induced abortion procedure

Laparoscopic abdominal diagnostic procedure

Vasectomy

Conization of the cervix without using a colposcope

Diagnostic and/or therapeutic non-obstetrical dilation and curettage (D&C) procedures

Catheterization and introduction of substances for selective fallopian tube catheterization, including imaging

Diagnostic hysteroscopy to examine uterine cavity

Diagnostic hysteroscopy with endometrial sampling/D&C/polypectomy

Surgical hysteroscopy that removes an impacted foreign body, such as an intrauterine device (IUD)

Laparoscopic/hysteroscopic procedure with bilateral fallopian tube cannulation to induce occlusion by placement of permanent implants

Female Sterilization

Ligation or transection of fallopian tube(s), abdominal or vaginal approach, postpartum during same hospitalization as delivery

Ligation or transection of fallopian tube(s) done at time of cesarean delivery or intra-abdominal surgery

Occlusion of fallopian tube by device (band, clip or ring) at cesarean delivery or intra-abdominal surgery.

Laparoscopic surgical with removal of adnexal (partial or total oophorectomy and /or salpingectomy)

Laparoscopic surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method

Laparoscopic surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
Laparoscopic surgical procedures involving the creation of a new opening at the end of the fallopian tube, used for unilateral procedures only.

Salpingo-oophorectomy, complete or partial, unilateral or bilateral (separate procedure)

Surgical management of an incomplete abortion, used to report the D&C

Treatment of a missed abortion, surgically, first trimester

Treatment of a missed abortion, surgically second trimester

Surgical treatment of septic abortion, removing POC

Abortion procedure by dilation and curettage (D&C), prior to 14 weeks

Induced abortion by dilation and evacuation, after 14 weeks and 0 days

Induced abortion using one or more intra-amniotic injections to cause fetal demise and initiate labor process

Induced abortion using one or more intra-amniotic injections, typically >14 wks, includes hospital admission

Induced abortion, surgical, by 1 or more vaginal suppositories

3D rendering with interpretation and reporting of computed tomography, magnetic resonance imaging, ultrasound, or other tomographic modality with image postprocessing under concurrent supervision

Ultrasound, transvaginal

Ultrasound, complete evaluation of the pelvic structures (nonobstetric), real-time with image documentation; limited

Ultrasound, pelvic (nonobstetric), limited to assess one or more pelvic organs (bladder, uterus, ovaries, or prostate)

Ultrasound guidance, intraoperative

Magnetic resonance imaging (MRI), breast, without contrast material; unilateral

Magnetic resonance imaging (MRI), breast, without contrast material; bilateral

Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral

Mammogram

Mammogram

Mammogram

Mammogram

Radiopharmaceutical localization of tumor or distribution of radiopharmaceutical agent(s); limited area, for a single planar imaging session alone

Basic metabolic panel (BMP) : calcium, carbon dioxide, chloride, creatinine, glucose, potassium, sodium, and urea nitrogen.

Surgical pathology, gross and microscopic examination (code endometrial curettings, biopsies and polyps for gynecological specimens

Surgical pathology, gross and microscopic examination of tissue with moderately high complexity. Applied to ovary with or w/o tube, neoplastic, or excision of lesion requiring microscopic evaluation of surgical margins.

First block of the frozen section specimen- surgical pathology examination

Pathology consultation during surgery, each additional tissue block with frozen section

Diagnostic digital breast tomosynthesis, unilateral or bilateral (list separately in addition to 77065 or 77066)

*Please note: Other hospital services will be added to this fee schedule at a later date once the Department finalizes a list of covered services

Procedure Code

00851

01965

01966

49320

55250

57522

58120

58340

58555

58558

58562

58565

58600

58605

58611

58615

58661

58670

58671

58673

58700

59812

59820

59821

59830

59840

59841

59850

59851

59857

76376

76830

76856

76857

76998

77046

77047

77048

77063

77065

77066

77067

78800

80048

88305

88307

88331

88332

G0279

