

Healthcare and Family Services  
 School Based/Linked Health Centers Fee Schedule Key      Revised 3/13/2017

COLUMN HEADING	COLUMN DESCRIPTION
<b>HCPSCS</b>	CPT-4 or HCPSCS procedure code
<b>NOTE</b>	Special billing information applies to this code
<p><b>*Vaccine Notes E, F, I, M:</b></p> <ul style="list-style-type: none"> <li>• Effective October 1, 2016 through June 30, 2017 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• The E/M service payment includes reimbursement for the injection service except when noted.</li> <li>• 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.</li> <li>• Billing guidelines, including vaccine billing instructions and examples, are available in <a href="#">Chapter A-200 Practitioner Handbook</a> and in <a href="#">Chapter S-200 Handbook for School Based/Linked Health Centers</a>.</li> </ul>	
<b>*E</b>	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.
<b>*F</b>	Vaccine is not available through the VFC program. Additional <i>Unit Price</i> reimbursement is not applicable regardless of eligibility type.
<b>*I</b>	<ul style="list-style-type: none"> <li>•Enter name of vaccine in Note Field (Loop 2400 of 837P)</li> <li>•Vaccine restricted to females age 9 through 25 years</li> <li>•Vaccine is supplied through the VFC program for children age 9 through 18 years with Title XIX (19) eligibility</li> <li>•Obstetric/Gynecology providers are reimbursed for the vaccine product for ages 9 through 25 as shown in the <i>State Max</i> column</li> </ul>
<b>J</b>	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 <a href="#">Chapter S-200 Handbook for School Based/Linked Health Centers, Section S-222.1</a> .
<b>*M</b>	<ul style="list-style-type: none"> <li>•Enter name of vaccine in Note Field (Loop 2400 of 837P)</li> <li>•The EPSDT indicator is required to identify as a preventive service</li> <li>•Vaccine restricted to age 9 through 26 years</li> <li>•Vaccine is supplied through the VFC program for children age 9 through 18 years with Title XIX (19) eligibility</li> <li>•Obstetric/Gynecology providers are reimbursed for the vaccine product for ages 9 through 25 as shown in the <i>State Max</i> column</li> </ul>
<b>T</b>	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

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	<p>requirements, providers may reference the <a href="#">Informational Notice</a> dated April 15, 2013.</p> <p>Note: Dispensing fees were reduced by \$1.00 for dates of service May 1, 2015 – June 30, 2015.</p>
<b>U</b>	<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 applicable for the following procedure codes:</p> <ul style="list-style-type: none"> <li>• J3490 when billing Depo-SubQ Provera 104mg Injection</li> <li>• J8499 when billing Emergency Contraceptives (ECPs), effective June 1, 2016.</li> </ul> <p>Note: Dispensing fees were reduced by \$1.00 for dates of service May 1, 2015 – June 30, 2015.</p>
<b>Description</b>	Brief literal description of HCPCS or CPT code.
<b>Eff Date</b> (Effective Date)	Effective date of codes added on or after 07/01/02 <i>or</i> date of change in payment policy.
<b>HP</b> (Hand Priced Indicator)	<p>If “Y”, special pricing methodology is applied.</p> <p><b>Medications:</b> 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 <a href="#">Chapter S-200 Handbook for School Based/Linked Health Centers</a> (pdf).</p> <p><b>Billing Multiples:</b> The number listed in the days/units field must be “1”, and the actual quantity must be included in the description/note field.</p>
<b>NDC Ind</b> (NDC indicator)	If “Y”, the 11-digit NDC must be billed according to NDC billing guidelines available in the <a href="#">Chapter S-200 Handbook for School Based/Linked Health Centers</a> (pdf).
<b>Unit Price</b>	Price for each unit when multiple quantities are billable.
<b>Max Qty</b> (Maximum Quantity)	<p>The maximum number of payable units.</p> <p><b>Billing Multiples when not H/P:</b> When a quantity is listed in the Max Qty field, enter the number performed in the days/units field.</p> <p>When the Max Qty field is blank:</p> <ul style="list-style-type: none"> <li>○ on a service line, submit the specific procedure code and a quantity of one;</li> <li>○ on the subsequent line, <ul style="list-style-type: none"> <li>▪ submit the unlisted procedure code with a quantity of one in the days/unit field;</li> <li>▪ list the additional quantities and the specific procedure code in the description field.</li> </ul> </li> </ul>
<b>State Max</b> (State Maximum)	The maximum allowable reimbursement (reflects combined professional and technical components where applicable).

Illinois Department of Healthcare and Family Services  
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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 Handbook Chapter 100 and Handbook Chapter S-200 for additional information regarding exclusions and noncovered services. Updates are based on periodic modifications to the HCPCS/cpt code set.

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Applicable FARS/DFARS apply. National Correct Coding Institute (NCCI) edits apply.

\*Code appears as duplicate due to price update with effective date shown

\*\*J8499 is billable only for Emergency Contraceptives. Please refer to the billing instructions for hand-priced codes.

HCPCS	NOTE	DESCRIPTION	EFF DATE	HP	NDC IND	UNIT PRICE	MAX QTY	STATE MAX
0500F		INITIAL PRENATAL VISIT	01/01/05					44.10
0502F		PRENATAL CARE VISIT SUBSEQUENT	01/01/05					44.10
0503F		POSTPARTUM CARE VISIT	01/01/05					50.15
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 CAPILLARY 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
82270		BLOOD,OCCULT PEROXIDASE ACTIVITY,QUAL,FECES; NEOPLASM SCREEN	11/01/12					2.48

HCPCS	NOTE	DESCRIPTION	EFF DATE	HP	NDC IND	UNIT PRICE	MAX QTY	STATE MAX
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
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
86580		SKIN TEST, TUBERCULOSIS, INTRADERMAL	07/01/02					4.00
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

HCPCS	NOTE	DESCRIPTION	EFF DATE	HP	NDC IND	UNIT PRICE	MAX QTY	STATE MAX
87338		ANTIGEN DETECTN ENZYM IMMUNOASSAY;HELICOBACTR PYLORI,STOOL	01/01/16					18.80
87430		ANTIGEN DETECTN,ENZYME IMMUNOASSAY TECH;STREPTOCOCUS,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
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
90620	E	MENINGOCOCCAL GROUP B VACCINE, 2-DOSE	02/26/15			6.40		160.00
90621	E	MENINGOCOCCAL GROUP B VACCINE, 3-DOSE	02/26/15			6.40		115.00
90630	E	INFLUENZA VACCINE, QUAD, PRSRV FREE, INTRADERMAL	04/01/16			6.40		23.47
90632	E	HEPATITIS A VACCINE, ADULT DOSAGE, INTRAMUSCULAR USE	04/01/16			6.40		51.77
90633	E	HEPATITIS A VACCINE, PEDS/ADOLESCENT DOSAGE-2 DOSE SCHED IM	06/01/07			6.40		
90636	E	HEPATITIS A&B VACCINE ADULT DOSAGE INTRAMUSCULAR	10/01/15			6.40		88.35
90644	E	MENINGOCOCCAL CONJUGATE VACCINE, (HIB-MENCY-TT) 4 DOSE SCHED	01/01/14			6.40		
90647	E	HEMOPHILUS INFLUENZA B VAC, PRP-OMP CONJUGATE (3 DOSE SCH) IM	01/01/06			6.40		
90648	E	HEMOPHILUS INFLUENZA B VAC, PRP-T CONJUGATE (4 DOSE SCH) IM	01/01/06			6.40		
90649	M	HPV VAC. TYPES 6, 11, 16, 18, QUADRIVALENT 3 DOSE SCHED, IM	10/01/15			6.40		146.26
90650	I	HPV TYPES 16 & 18 BIVALENT 3 DOSE SCHEDULE IM	10/01/15			6.40		128.00
90651	M	HPV TYPES TYPES 6, 11, 16, 18, 31, 33, 45, 52, 58, 3 DOSE SCHED	10/01/15			6.40		162.34
90654	F	INFLUENZA VACCINE, SPLIT VIRUS, PRESERVATV FREE; INTRADERMAL	04/01/15					18.92
90655	E	INFLUENZA VACCINE, SPLIT VIRUS, PRESERV FREE, 6-35MO	02/01/12			6.40		
90656	E	INFLUENZA VACCINE, SPLIT VIRUS, PRESERV FREE, 3+YRS, IM	04/01/16			6.40		13.88
90658	E	INFLUENZA VIRUS VACCINE, SPLIT VIRUS, 3 YRS+	10/01/15			6.40		9.94
90661	F	INFLUENZA VACCINE, PRESERV/ANTIBIOTIC FREE, IM USE	04/01/16					22.29
90670	E	PNEUMOCOCCAL CONJUGATE VACCINE 13 VALENT, FOR IM USE	04/01/16			6.40		181.06
90672	E	INFLUENZA VIRUS VACCINE,QUADRIVALENT, LIVE, FOR INTRANASAL USE	04/01/16			6.40		26.88

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90673	F	INFLUENZA VACCINE, TRIVALENT, PRESERV/ANTIBX FREE, IM	04/01/16					37.19
90674	E	INFLUENZA VIRUS VACCINE, QUADRIVALNT (CCIIV4), 0.5ML	07/01/16			6.40		22.94
90675	F	RABIES VACCINE, INTRAMUSCULAR	04/01/16					273.97
90680	E	ROTAVIRUS VACCINE, LIVE, ORAL, PENTAVALENT, 3 DOSE SCHEDULE	02/03/06			6.40		
90681	E	ROTAVIRUS VACCINE, HUMAN, ATTENUATED, 2 DOSE SCHEDULE ORAL	01/01/09			6.40		
90685	E	INFLUENZA VACCINE, QUADRIVALNT, PRESERVATV FREE, 6-35M I.M	07/01/13			6.40		
90686	E	INFLUENZA VIRUS VACCINE, PRESERVATIVE FREE, 3YRS+, I.M (FLUARIX)	04/01/16			6.40		18.16
90687	E	INFLUENZA VIRUS VACCINE, QUADRIVALENT, 6-35MNTHS OF AGE, IM USE	10/01/14			6.40		
90688	E	INFLUENZA VIRUS VACCINE,QUADRIVALENT, 3YRS & OLDER, IM USE	04/01/16			6.40		18.27
90696	E	DIPHTHERIA TETANUS PERTUSSIS, POLIO, VAC (DTAP-IPV) AGES 4-6	01/01/09			6.40		
90698	E	DIPHTHERIA, TETANUS, ACCELLULAR PERTUSSIS, HAEMOPHILUS INFLU	08/01/08			6.40		
90700	E	DTAP VACCINE, IM FOR UNDER 7 YRS	01/01/06			6.40		
90702	E	IMMUNIZATION, DT, ADSORBED IM FOR UNDER 7 YRS	10/01/15			6.40		
90707	E	IMMUNIZATION MEASLES-MUMPS-RUB VIRUS VAC, LIVE, SUB-Q	10/01/15			6.40		57.66
90710	E	MEASLES, MUMPS, RUBELLA, VARICELLA VACCINE (MMRV),LIVE, SUB-Q	09/06/05			6.40		
90713	E	IMMUNIZATION POLIOVIRUS VAC, INACTIVE, SUB-Q OR IM	01/01/06			6.40		
90714	E	TETANUS & DIPHTHERIA(TD) ADSORBED, PRESERV FREE, 7+ YRS, IM	04/01/16			6.40		22.07
90715	E	TETANUS, DIPHTHERIA TOXOIDS & ACELULAR PERTUSIS VACCINE 7+YRS, IM	04/01/16			6.40		32.55
90716	E	VARICELLA VACCINE, LIVE, SUB-Q	10/01/15			6.40		99.93
90723	E	DTAP-HEP B-IPV IM	01/01/06			6.40		
90732	E	PNEUMOCOCCALPOLYSACHARID VACINE, ADLT/IMMUNOSUP, 2+YRS,SUB-Q, IM	04/01/16			6.40		89.95
90733	F	MENINGOCOCCAL POLYSACCHARIDE VACCINE (ANY GROUP) SUB-Q	10/01/15					122.42
90734	E	MENINGOCOCCAL CONJUGATE VAC, SEROGRP A C Y, W-135, IM	10/01/15			6.40		122.42
90740	F	HEP B VACCINE, DIALYSIS OR IMMUSUPRESSED PATIENT 3 DOSE IM	01/01/16					119.42
*90740	F	HEP B VACCINE, DIALYSIS OR IMMUSUPRESSED PATIENT 3 DOSE IM	04/01/16					122.96
90743	E	HEPATITIS B VACCINE ADOLESCENT (2 DOSE), IM	04/01/15			6.40		
90744	E	HEPATITIS B VACCINE PEDIATRIC/ADOLESCENT (3 DOSE), IM	02/01/12			6.40		
90746	E	HEPATITIS B VACCINE ADULT DOSAGE, FOR IM USE	04/01/16			6.40		61.48
90747	F	HEPATITIS B VAC,DIALYSIS OR IMMUNOSUP, 4 DOSE SCHED, IM	04/01/16					122.96
90748	E	HEPATITIS B + HIB VACCINE, IM	07/01/02			6.40		
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
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

HCPCS	NOTE	DESCRIPTION	EFF DATE	HP	NDC IND	UNIT PRICE	MAX QTY	STATE MAX
96110		DEVELOP. SCREENING,W INTERP & REPORT, PER STANDARDIZED INSTRUMENT	01/01/06			16.08	2	32.15
96111		DEVELOP. TESTING; EXTENDED W/ INTERP & REPORT	01/01/06			16.08	2	32.15
96127		BRIEF EMOTIONAL/BEHAVIORAL ASSESSMENT W SCORING AND DOCUMENTATION	01/01/17			14.60	2	29.20
96150		HEALTH&BEHAVIOR INITIAL ASSESS EA 15 MIN, CLINICAL INTERP	01/01/16	Y				
96151		HEALTH & BEHAVIOR OBSERVE/ASSESS BEHAVIOR EA.15 MINUTES, INDIVIDUAL	01/01/16	Y				
96152		HEALTH & BEHAVIOR INTERVENTION EA.15 MIN. INDIVIDUAL	01/01/16	Y				
96153		HEALTH & BEHAVIOR INTERVENT GROUP EA.15 MIN.,2 OR MORE PT.	01/01/16	Y				
96154		HEALTH & BEHAVIOR INTERVENT FAMILY EACH 15 MINUTES,PT PRESENT	01/01/16	Y				
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
99201		OFFICE/OTHER OUTPT VISIT, NEW PT, PROBLEM FOCUSED	01/01/13					27.95
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/MANAGEMENT; 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			1.13	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

HCPCS	NOTE	DESCRIPTION	EFF DATE	HP	NDC IND	UNIT PRICE	MAX QTY	STATE MAX
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	10/01/15		Y	0.335	1000	335.00
J1100	T	INJECTION DEXAMETHASONE SODIUM PHOSPHATE 1MG	01/01/16		Y	0.152	40	6.08
*J1100	T	INJECTION DEXAMETHASONE SODIUM PHOSPHATE 1MG	04/01/16		Y	0.162	40	6.48
J1200	T	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	01/01/16		Y	0.655	2	1.31
*J1200	T	INJECTION, DIPHENHYDRAMINE HCL, UP TO 50 MG	04/01/16		Y	0.519	2	1.04
J1885	T	INJECTION, KETOROLAC TROMETHAMINE, PER 15MG	01/01/16		Y	0.8275	4	3.31
*J1885	T	INJECTION, KETOROLAC TROMETHAMINE, PER 15MG	04/01/16		Y	0.709	4	2.84
J2550	T	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	01/01/16		Y	1.60	1	1.60
*J2550	T	INJECTION, PROMETHAZINE HCL, UP TO 50 MG	04/01/16		Y	1.68	1	1.68
J7297	U	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE,52MG, 3YR	01/01/16		Y			625.00
J7298	U	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE,52MG, 5 YR	01/01/16		Y			810.51
J7300	U	INTRAUTERINE COPPER CONTRACEPTIVE	10/01/15		Y			739.00
J7301	U	LEVONORGESTREL-RELEASING INTRAUTERINE CONTRACEPTIVE, 13.5 MG	10/01/15		Y			650.32
J7303	U	CONTRACEPTIVE SUPPLY, VAGINAL RING, EACH	04/01/16		Y	122.10	3	366.30
J7304	U	CONTRACEPTIVE SUPPLY PATCH	04/01/16		Y	35.31	9	317.79
J7306	T	LEVONORGESTREL IMPLANT SYSTEM, INCLUDING IMPLANT & SUPPLIES	01/01/06	Y	Y			
J7307	U	ETONOGESTREL IMPLANT SYSTEM, INCLUDING IMPLANT & SUPPLIES	12/02/16		Y	847.90	1	847.90
J7613	T	ALBUTEROL INHAL SOL ADM THRU DME UNIT DOSE 1 MG	01/01/16		Y	0.048	5	0.24
*J7613	T	ALBUTEROL INHAL SOL ADM THRU DME UNIT DOSE 1 MG	04/01/16		Y	0.049	5	0.28
J7620	T	ALBUTEROL TO 2.5 MG & IPRATROPIUM BROMIDE UP TO 0.5 MG INH	01/01/16		Y	0.15	1	0.15
*J7620	T	ALBUTEROL TO 2.5 MG & IPRATROPIUM BROMIDE UP TO 0.5 MG INH	04/01/16		Y	0.17	1	0.17
J7644	T	IPRATROPIUM BROMIDE INH SOL ADMIN THRU DME UNIT PER 1MG	01/01/16		Y	0.21	1	0.21
**J8499	U	PRESCRIPTION DRUG, ORAL, NON CHEMOTHERAPEUTIC	01/01/16	Y	Y			
Q2035	E	INFLU VAC.SPLIT.WHEN ADMIN TO 3 OR GREATR INTRAMUS AFLURIA	04/01/16			6.40		13.03
Q2036	E	INFLU VAC.SPLIT.WHEN ADMIN TO 3 OR GRTER INTRAMUS FLULAVAL	10/01/15			6.40		28.60
Q2037	E	INFLU VAC.SPLIT.WHEN ADMIN TO 3 OR GRTER INTRAMUS FLUVIRIN	04/01/16			6.40		15.83
Q2038	E	INFLU VAC.SPLIT.WHEN ADMIN TO 3 OR GRTER INTRAMUS FLUZONE	04/01/16			6.40		12.04
S4993	U	CONTRACEPTIVE PILLS FOR BIRTH CONTROL	04/01/16		Y	0.45	91	40.95