

Illinois Medicaid COVID-19 Fee Schedule

PLEASE NOTE: New COVID-19 related codes will be added to the HFS system as they are released by the Centers for Medicare and Medicaid Services (CMS) in accordance with the [December 8, 2020 provider notice](#). Claims containing new codes which do not have a Medicare or National Government Services (NGS) rate will temporarily suspend until a code rate is assigned. Once a rate is assigned, the HFS system will be updated with that rate and any held claims released into processing.

COVID-19 Vaccines and Vaccine Administration

COVID-19 vaccine product procedure codes are included as a reference but should not be billed when obtained at zero cost to the provider. COVID-19 vaccine administration procedure codes are billable by Physicians, Advance Practice Nurses (APNs), Physician Assistants (PAs), Local Health Departments, Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Encounter Rate Clinics (ERCs).

Please Note: FQHCs, RHCs and ERCs must submit COVID-19 vaccine administration codes fee-for-service separately from an encounter claim, even if the vaccine was administered during a face-to face encounter with a practitioner.

Vaccine administration for the uninsured population should be billed through the [Health Services and Resources Administration \(HRSA\) COVID-19 Uninsured Program](#).

Procedure Code	Effective Date	Description	State Max Amount
91300	12/11/2020	Pfizer-Biontech COVID-19 Vaccine	N/A (currently government supplied at no cost to the provider)
0001A	12/11/2020 – 3/14/2021	Pfizer-Biontech COVID-19 Vaccine Administration – First Dose	16.94
0001A	3/15/2021	Pfizer-Biontech COVID-19 Vaccine Administration – First Dose	42.14
0002A	12/11/2020 – 3/14/2021	Pfizer-Biontech COVID-19 Vaccine Administration – Second Dose	28.39
0002A	3/15/2021	Pfizer-Biontech COVID-19 Vaccine Administration – Second Dose	42.14
91301	12/18/2020	Moderna COVID-19 Vaccine	N/A (currently government supplied at no cost to the provider)

0011A	12/18/2020 – 3/14/2021	Moderna COVID-19 Vaccine Administration – First Dose	16.94
0011A	3/15/2021	Moderna COVID-19 Vaccine Administration – First Dose	42.14
0012A	12/18/2020 – 3/14/2021	Moderna COVID-19 Vaccine Administration – Second Dose	28.39
0012A	3/15/2021	Moderna COVID-19 Vaccine Administration – Second Dose	42.14
91303	2/27/2021	Janssen (Johnson & Johnson) COVID-19 Vaccine	N/A (currently government supplied at no cost to the provider)
0031A	2/27/2021 – 3/14/2021	Janssen (Johnson & Johnson) COVID-19 Vaccine Administration – Single Dose	28.39
0031A	3/15/2021	Janssen (Johnson & Johnson) COVID-19 Vaccine Administration – Single Dose	42.14
M0201	6/8/2021	COVID-19 Vaccine Administration Inside a Patient's Home ; Reported Only Once Per Residence Per Date of Service	37.05

Virtual Healthcare/Telehealth Expansion

Billable by Local Health Departments, Physicians, Advance Practice Nurses (APNs), and Physician Assistants (PAs) – including physicians, APNs, and PAs rendering the service in a Federally Qualified Health Center (FQHC), Rural Health Clinic (RHC), Encounter Rate Clinic (ERC), or School Based Health Center (SBHCs):

**Note:* all virtual healthcare/telehealth codes must be billed with place of service 02 and GT modifier

Procedure Code	Effective Date	Description	State Max Amount
G0406	3/9/2020	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth	39.17
G0407	3/9/2020	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth	72.13

G0408	3/9/2020	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth	103.70
G0425	3/9/2020	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth	100.35
G0426	3/9/2020	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth	136.14
G0427	3/9/2020	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes or more communicating with the patient via telehealth	201.99
G2010	3/9/2020	Remote evaluation of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment	9.24
G2012	3/9/2020	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of medical discussion	13.19
G2061	3/9/2020 – 12/31/2020	Qualified nonphysician healthcare professional online assessment, for an established patient, for up to seven days, cumulative time during the 7 days; 5-10 minutes	12.10
G2062	3/9/2020 – 12/31/2020	Qualified nonphysician healthcare professional online assessment service, for an established patient, for up to seven days, cumulative time during the 7 days; 11-20 minutes	21.37
G2063	3/9/2020 – 12/31/2020	Qualified nonphysician qualified healthcare professional assessment service, for an established patient, for up to seven days, cumulative time during the 7 days; 21 or more minutes	33.14
G2250	1/1/2021	Remote assessment of recorded video and/or images submitted by an established patient (e.g., store and forward), including interpretation with follow-up with the patient within 24 business hours, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment	9.24

G2251	1/1/2021	Brief communication technology-based service, e.g. virtual check-in, by a qualified health care professional who cannot report evaluation and management services, provided to an established patient, not originating from a related service provided within the previous 7 days nor leading to a service or procedure within the next 24 hours or soonest available appointment; 5-10 minutes of clinical discussion	13.05
G2252	1/1/2021	Brief communication technology-based service, e.g. virtual check-in, by a physician or other qualified health care professional who can report evaluation and management services, provided to an established patient, not originating from a related e/m service provided within the previous 7 days nor leading to an e/m service or procedure within the next 24 hours or soonest available appointment; 11-20 minutes of medical discussion	25.14
98970	1/1/2021	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 min.	11.36
98971	1/1/2021	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 min.	20.31
98972	1/1/2021	Qualified nonphysician health care professional online digital assessment and management, for an established patient, for up to 7 days, cumulative time during the 7 days; 21+ min.	32.41
99421	3/9/2020	Online Digital Evaluation and Management Service, for an established patient, for up to 7 days, cumulative time during the 7 days; 5-10 minutes	13.19
99422	3/9/2020	Online Digital Evaluation and Management Service, for an established patient, for up to 7 days, cumulative time during the 7 days; 11-20 minutes	27.14
99423	3/9/2020	Online Digital Evaluation and Management Service, for an established patient, for up to 7 days, cumulative time during the 7 days; 21 or more minutes	43.23

Please Note: Evaluation and management services rendered by Physicians, Advance Practice Nurses, and Physician Assistants to new or existing patients using audio only telephonic equipment may be billed as a distant site telehealth service so long as the E/M service is of an amount and nature that would be sufficient to meet the key components of a face-to-face encounter. In this scenario, the claim must be submitted with Place of Service (POS) 02 and modifier GT appended to the applicable procedure code.

If an audio only telephonic interaction cannot meet key components of a face-to-face encounter, the provider may instead seek reimbursement for virtual check-in services using CPT code G2012.

FQHCs/RHCs/ERCs will be reimbursed at the above rates (not their medical encounter rate) for virtual check-in and E-visit codes. Virtual check-in and e-visit/online portal services must be submitted fee-for-service without the T1015 encounter code.

Virtual Healthcare/Teledentistry Expansion**Billable by Dentists:**

Procedure Code	Effective Date	Description	State Max Amount
D9995	3/9/2020	Teledentistry, synchronous; real-time encounter	13.19
D9996	3/9/2020	Teledentistry asynchronous; information stored and forwarded to dentist for subsequent review	9.24

Note: The above codes must be billed in addition to D0140, with place of service 02. Do not include the GT modifier.

COVID-19 Antibody Treatment and Administration

COVID-19 antibody product procedure codes are included as a reference but should not be billed when obtained at zero cost to the provider. Antibody treatment administration codes are billable by Physicians, Advance Practice Nurses (APNs), and Physician Assistants (PAs). Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Encounter Rate Clinics (ERCs) may bill antibody treatment administration codes as detail codes with an encounter claim.

Procedure Code	Effective Date	Description & Labeler Name	State Max Amount
Q0239	11/10/2020 – 04/16/2021 *discontinued effective 4/17/2021 per the FDA	Bamlanivimab, 700 mg (Eli Lilly)	N/A (currently government supplied at no cost to the provider)
M0239	11/10/2020 – 4/16/2021 *discontinued effective 4/17/2021 per the FDA	Intravenous infusion, Bamlanivimab, includes infusion and post administration monitoring (Eli Lilly)	309.60
Q0243	11/21/2020	Casirivimab and Imdevimab, 2400 mg (Regeneron)	N/A (currently government supplied at no cost to the provider)
M0243	11/21/2020	Intravenous infusion, Casirivimab and Imdevimab, includes infusion and post administration monitoring (Regeneron)	309.60
Q0245	02/09/2021	Injection, bamlanivimab and etesevimab, 2100 mg (Eli Lilly)	N/A (currently government supplied at no cost to the provider)

M0245	02/09/2021	intravenous infusion, bamlanivimab and etesevimab, includes infusion and post administration monitoring (Eli Lilly)	309.60
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Laboratory Services

Billable by Local Health Departments, Physicians, Advance Practice Nurses (APNs), Physician Assistants (PAs), hospitals, and Independent Laboratories. Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), and Encounter Rate Clinics (ERCs) may bill the following laboratory services as detail codes with an encounter claim when the laboratory service is performed on-site.

Procedure Code	Effective Date	Description	State Max Amount
0202U	05/20/2020	Infectious disease (bacterial or viral respiratory tract infection), pathogenspecific nucleic acid (DNA or RNA), 22 targets including severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), qualitative RT-PCR, nasopharyngeal swab, each pathogen reported as detected or not detected	250.07
86318	04/10/2020	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single step method (e.g. reagent strip)	16.90
86328	04/10/2020	Immunoassay for infectious agent antibody(ies), qualitative or semiquantitative, single-step method (e.g., reagent strip); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	45.23
86769	04/10/2020	Antibody; severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19])	42.13
87426	06/25/2020	Infectious agent antigen detection by immunoassay technique, (eg, enzyme immunoassay [EIA], enzyme-linked immunosorbent assay [ELISA], immunochemiluminometric assay [IMCA]) qualitative or semiquantitative, multiple-step method; severe acute respiratory syndrome coronavirus (eg, SARS-CoV, SARS-CoV-2 [COVID-19])	35.33
87635	03/13/2020	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique	51.31
U0001	02/04/2020	CDC 2019-Novel Coronavirus real-time RT-PCR diagnostic panel	35.91
U0002	02/04/2020	Coronavirus (COVID-19) SARS-COV-2/2019-NCOV, Non-CDC Lab Test	51.31

U0003	04/14/2020 through 03/01/2021	Infectious Agent Detection by Nucleic Acid (DNA or RNA); SARS-COV-2, COVID-19, Amplified Probe Technique, High Throughput Technologies	100.00
U0003	03/01/2021	Infectious Agent Detection by Nucleic Acid (DNA or RNA); SARS-COV-2, COVID-19, Amplified Probe Technique, High Throughput Technologies	75.00
U0004	04/14/2020 through 03/01/2021	2019-NCOV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), Any Technique, Multiple Subtypes, Non-CDC, High Throughput Technologies	100.00
U0004	03/01/2021	2019-NCOV Coronavirus, SARS-CoV-2/2019-nCoV (COVID-19), Any Technique, Multiple Subtypes, Non-CDC, High Throughput Technologies	75.00
+U0005	03/01/2021	Infectious agent detection by nucleic acid (DNA or RNA); severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), amplified probe technique, CDC or non-CDC, making use of high throughput technologies, completed within 2 calendar days from date and time of specimen collection. (*add-on to U0003 or U0004 ; List separately in addition to either HCPCS code U0003 or U0004) <u>NOTE:</u> certain conditions must be met to bill this code ; refer to the 02/26/2021 provider notice for billing guidelines	25.00

COVID-19 Diagnostic Testing Specimen Collection

***Billable by Local Health Departments, Physicians, Advance Practice Nurses (APNs), Physician Assistants (PAs), and Federally Qualified Health Centers (FQHCs) with drive-thru testing sites. FQHCs may bill fee-for-service when there is not a billable medical encounter.**

****Billable by Local Health Departments, Physicians, Advance Practice Nurses (APNs), Physician Assistants (PAs), and Independent Labs.**

*****Billable by Independent Labs only.**

Procedure Code	Effective Date	Description	State Max Amount
99000*	03/18/2020	Handling of Specimen for Transfer from Office to a Lab	23.46
G2023**	03/01/2020	Specimen Collection, SARS-CoV-2, COVID-19, any specimen source	23.46
G2024***	03/01/2020	Specimen collection for severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Coronavirus disease [COVID-19]), from an individual in a skilled nursing facility or by a laboratory on behalf of a home health agency, any specimen source	25.46

COVID-19 Testing and Testing-Related Services for the Uninsured Population

The following procedure codes are covered for the uninsured population for the purposes of COVID-19 testing and testing-related services for dates of service beginning March 18, 2020. Testing-related services include those directly related to the administration of an in vitro diagnostic product described in section 1905(a)(3)(B) of the Social Security Act, or to the evaluation of a patient for purposes of determining the need for such product.

HCPCS codes: G2010, G2012, G2023, G2024, G2061, G2062, G2063, G2250, G2251, G2252, T1015, U0001, U0002, U0003, U0004

CPT codes: 71045, 71046, 71047, 71048, 86318, 86328, 86769, 87426, 87635, 99000, 99201, 99202, 99203, 99204, 99205, 99211, 99212, 99213, 99214, 99215, 99421, 99422, 99423

Rates for these codes may be found on the COVID-19 Fee Schedule above, on the [Practitioner Fee Schedule](#) or, in the case of T1015, will be at the FQHC/RHC/ERC provider-specific medical encounter rate. Please note, effective dates for codes found on the COVID-19 fee schedule above are applicable, and CPT 99201 is an obsolete code effective with dates of service beginning 1/1/2021. Providers normally subject to a SMART Act rate reduction must include modifier CR to exempt the COVID-related service from the rate reduction when billing outside the portal. It is not necessary to include the modifier when billing through the portal.

As a reminder, Federally Qualified Health Centers (FQHCs) may bill specimen collection procedure code 99000 – Handling of Specimen for Transfer from Office to Lab, as fee-for-service utilizing the full functionality of the COVID portal. However, if an FQHC needs to bill a T1015 encounter for a testing-related service, it can only use the portal to obtain a RIN. The FQHC will have to submit the encounter claim through its normal billing process outside the portal once a RIN is obtained.