

**Illinois Department of Health Care and Family Services Fee
Schedule, 2008-9 (Effective 10/2/08)**

Service Category	CPT Code	IDHCFS Fee	MCH- Rate
Well Child Medical Examination	99381 (age 0-11 months) New	\$32.15	\$91.90
	99382 (age 1-4 Years) New	\$32.15	\$98.65
	99383(age 5-11Years) New	\$32.15	\$96.60
	99391 (age 0-11 Months) Est.	\$32.15	\$69.52
	99392 (age 1-4 Years) Est.	\$32.15	\$77.87
	99393 (age 5-11 Years) Est.	\$32.15	\$76.84
Interim Medical Visit	99212	\$24.25	\$25.65
Developmental Screening	96110	\$16.07	\$32.15
Hemoglobin	85018	\$1.16	\$2.32
Hematocrit (Spun)	85013	\$1.16	\$2.32
Urinalysis	81003	\$1.09	\$2.18
Lead Screening (Analysis)	83655	\$5.93	\$11.96
Mantoux Test	86580	\$4.00	\$4.00
Hearing Sceneing	92551	\$15.20	\$15.20
Vision Screening	99173	\$7.45	\$7.45
Make-up Visit	99211	\$12.30	\$12.88
OPV	90712	\$14.00	\$14.00
IPV	90713	\$6.40	\$6.40
DTaP	90700	\$6.40	\$6.40
DTaP/Hib	90721	\$6.40	\$6.40
DTaP/HepB/IPV	90723	\$6.40	\$6.40
DTaP/IPV	90696	\$6.40	\$6.40
MMR	90707	\$6.40	\$6.40
Hib	90645-90648	\$6.40	\$6.40
HepB	90744	\$6.40	\$6.40
Combined Hib/HBV	90748	\$6.40	\$6.40
Varicella	90716	\$6.40	\$46.60
PCV	90669 (to age 5)	\$6.40	\$6.40
PCV	90732 (age 5 and up)	\$6.40	\$14.60
Influenza (TIV)	90655-90658	\$6.40	\$6.40
Influenza (LAIV)	90660	\$6.40	\$22.37
Rotavirus	90680-90681	\$6.40	\$6.40
HepA	90633-90634	\$6.40	\$6.40
Health Education	99078	\$45.00	\$45.00

DENTAL SERVICES			
Procedure	Code #	Fee	
Comprehensive Oral Examination	D0150	\$21.05	
Periodic Oral Evaluation	D0120	\$28.00	
Prophylaxis- Office	D1120	\$41.00	
Fluoride	D1203	\$26.00	
Sealant (per tooth)	D1351	\$36.00	