

Rationale Used for Proposing FY 20 Fees

- In all categories, the market 75th percentile is used except where the proposed fee would fall below the Blue Cross rate; then the higher of the two fees is used.
- Where a proposed fee using the 75th percentile would exceed the current fee by more than 10%, the current fee is maintained.
- A limited number of exceptions are noted in the following table:

Service	Exceptions
Medical procedures and visits	<p>Two codes are set at No Charge to ensure access</p> <ul style="list-style-type: none"> • 97802 Medical Nutrition, Initial visit • 97803 Medical Nutrition, Subsequent
Immunizations	<ul style="list-style-type: none"> ▪ The following immunizations set at No Charge due to receiving adult vaccine from the state (90632 Hepatitis A, 90746 Hepatitis B)
Behavioral Health visits	<ul style="list-style-type: none"> ▪ The state allowed rate is used as a basis for those state specific codes per the Illinois Department of Mental Health and Illinois Department of Alcohol and Substance Abuse contracts.
Dental	<p>One code set at No Charge to ensure access</p> <ul style="list-style-type: none"> • D1310 Nutritional Counseling
Labs	<ul style="list-style-type: none"> ▪ No fee is proposed below the lab vendor's schedule of rates. As new services are added during the year, fees will be evaluated against the vendor's rate schedule to ensure they do not fall below the vendor's rates.
Radiology	<ul style="list-style-type: none"> ▪ No fee is proposed below the radiology vendor's schedule of rates.
Drugs and Supplies	<ul style="list-style-type: none"> ▪ Items covered by a grant or provided by the patient have fees set at No Charge ▪ Items purchased through the 340B program have fees set at the amount of the purchase