

Rationale Used for Proposing FY22 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 5%, the current fee is maintained.
- A limited number of exceptions are noted in the following table:

Service	Exceptions
Medical Procedures and Visits	Two codes set at No Charge to ensure access: <ul style="list-style-type: none">• 97802 Medical Nutrition, Initial visit• 97803 Medical Nutrition, Subsequent
Behavioral Health Visits	The state allowed rate is used for state specific codes per the Illinois Department of Mental Health and Illinois Department of Alcohol and Substance Abuse contracts.
Immunizations	Fees for vaccines covered under the federally funded Vaccines for Children program are set as No Charge. Two immunizations set at No Charge due to receiving adult vaccine from the state: <ul style="list-style-type: none">• 90632 Hepatitis A• 90746 Hepatitis B
Labs	No fee is set below the lab vendor's rate schedule. 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. Starting 12/1/21, uninsured patients will not be charged a lab fee for medical services. Lab fees will still be charged to grants if applicable.
Radiology	No fee is proposed below the radiology vendor's rate schedule.
Drugs and Supplies	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.
Dental	One code set at No Charge to ensure access: <ul style="list-style-type: none">• D1310 Nutritional Counseling