

## **Table of Contents**

**State Territory Name: ILLINOIS**

**State Plan Amendment (SPA) #: 23-0003**

This file contains the following documents in the order

listed:1) Approval Letter

2) CMS 179 Form/Summary Form (with 179-like data)

3) Approved SPA Pages

Department of Health & Human Services  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, Maryland 21244-1850



**FINANCIAL MANAGEMENT GROUP**

---

**Division of Reimbursement Review**

April 3, 2023

Theresa Eagleson, Director  
Illinois Department of Healthcare and Family Services  
201 South Grand Avenue East, 3<sup>rd</sup> Floor  
Springfield, IL 62763-0001

RE: State Plan Amendment 23-0003

Dear Ms. Eagleson:

We have reviewed the proposed amendment to your Medicaid State plan submitted under transmittal number IL - 23-0003. This amendment provides a rate increase for Maternal Services.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), and 1902(a)(30) of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We have found that the proposed reimbursement methodology complies with applicable requirements and therefore have approved them with an effective date of January 1, 2023.

If you have any questions, please contact Debi Benson at [Deborah.Benson@cms.hhs.gov](mailto:Deborah.Benson@cms.hhs.gov).

Sincerely,

A solid black rectangular box redacting the signature of Todd McMillion.

Todd McMillion  
Director  
Division of Reimbursement Review

Enclosure


<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE &amp; MEDICAID SERVICES</b>	1. TRANSMITTAL NUMBER <u>2 3</u> — <u>0 0 0 3</u>	2. STATE <u>IL</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>January 1, 2023</b>	
5. FEDERAL STATUTE/REGULATION CITATION 42 CFR 440.30 and 42 CFR 440.50	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>10,050,000</u> b. FFY <u>2024</u> \$ <u>13,400,000</u>	
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Pages 33 and 33C	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Pages 33 and 33C	

9. SUBJECT OF AMENDMENT

Rate increases for maternal health related services and breast tomosynthesis

10. GOVERNOR'S REVIEW (Check One)

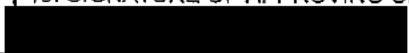
- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL  
 OTHER, AS SPECIFIED:

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Department of Healthcare and Family Services Bureau of Program and Policy Coordination Attn: Mary Doran 201 South Grand Avenue East Springfield, IL 62763-0001
12. TYPED NAME Theresa Eagleson	
13. TITLE Director of Healthcare and Family Services	
14. DATE SUBMITTED 2/14/23	

**FOR CMS USE ONLY**

16. DATE RECEIVED <b>February 14, 2023</b>	17. DATE APPROVED <b>April 3, 2023</b>
---	---

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL <b>January 1, 2023</b>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <b>Todd McMillion</b>	21. TITLE OF APPROVING OFFICIAL <b>Director, Division of Reimbursement Review</b>

22. REMARKS

State: Illinois

STATE PLAN UNDER TITLE XIX OF THE *SOCIAL SECURITY ACT*  
**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—  
OTHER TYPE OF CARE—BASIS FOR REIMBURSEMENT**

---

5. RESERVED
- 07/12 6. OTHER LABORATORY AND X-RAY SERVICES: Lesser of the usual and customary charge to the general public or statewide maximums established by the Department not to exceed the upper limits specified in federal regulations. Reimbursement is based upon the applicable modifier billed by the provider, and will be either for the technical component, the professional component or a global amount.
- 01/23 Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Other Laboratory and X-ray services. The agency's fee schedule rate was set as of January 1, 2023, and is effective for services provided on or after that date. All rates are published on the Department's website in Practitioner Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>
- Clinic diagnostic laboratory services comply with Section 1903(i)(7) of the Social Security Act, which limits Medicaid payments for clinical diagnostic lab services to the amount paid by Medicare for those services on a per test basis.
- 01/23 Effective January 1, 2023, reimbursement for breast tomosynthesis services shall be increased to the Medicare Chicago Metropolitan rate.
- 04/09 7. PHYSICIAN'S SERVICES: Reimbursement for physician services are at the physician's usual and customary charges, not to exceed the maximum established by the Department.
- 01/23 Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Physician services. The agency's fee schedule rate was set as of January 1, 2023, and is effective for services provided on or after that date. All rates are published on the Department's website in the Practitioner Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>.
- 07/20 Effective July 1, 2020, reimbursement rates for physician services shall be increased to 60% of Medicare rates in effect as of of January 1, 2020, utilizing Illinois Locality 99 facility rates.
- Providers, including practitioners working under the supervision of the physician and billing under the physician's name and provider number, statewide who meet the participation requirements for the Maternal and Child Health Program receive enhanced reimbursement rates for services provided to pregnant women and children through age 20 who are participants in the MCH Program. The enhanced rates, which are detailed on the practitioner fee schedule and paid in combination with the maximum fee-for-service rates, include:

STATE PLAN UNDER TITLE XIX OF THE *SOCIAL SECURITY ACT*  
State: **Illinois**  
**METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES—**  
**OTHER TYPE OF CARE—BASIS FOR REIMBURSEMENT**

---

7. Physician Services, Continued:
- 07/19 Effective for dates of service July 1, 2019 and after, physicians and APNs partnering with participating providers of Mental Health Rehabilitative Services and who bill the Mental Health Rehabilitative service provider's National Provider Identification (NPI) as their payee will receive an add-on payment. The procedure codes and reimbursement rates subject to the add-on payment are published on the Practitioner Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/FeeSchedule/>
- 07/19 Effective for dates of service July 1, 2019 and after, certain office visits and behavioral health procedure codes billable by physicians board certified in psychiatry and APNs with a psychiatric certification will be reimbursed at the Medicare rate in effect on July 1, 2019. The procedure codes and reimbursement rates subject to the rate increase are published on the Practitioner Fee Schedule located at: <https://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/default.aspx>
- 07/22 Effective for dates of service July 1, 2022 and after, physician or APN-led teams of qualified professionals shall be eligible to receive reimbursement for psychiatric collaborative care model (CoCM) services. Reimbursement for CoCM services billed under the lead practitioner's name and provider number shall be made at 75% of the Medicare rates in effect as of January 1, 2022. Reimbursement shall be made at a rate of \$98.07 for each month of service for teams billed under an FQHC, RHC, encounter rate, or critical care clinic's provider number.
- 01/23 Effective January 1, 2023, reimbursement rates for prenatal and postpartum visits shall be increased to the rate for an adult well visit, including any applicable add-ons. The agency's fee schedule rate was set as of January 1, 2023, and is effective for services provided on or after that date. Rates for adult well visits are published on the Department's website in the Practitioner Fee Schedule located at <http://www.illinois.gov/hfs/MedicalProviders/MedicaidReimbursement/Pages/>.
- 01/23 Effective January 1, 2023, reimbursement rates for external cephalic version (ECV) will be increased to 100% of the Medicare rate.