

Illinois Department of Healthcare and Family Services Fee Schedule For Doulas

Effective 05/01/2026

Updated 09/15/2026

This fee schedule is applicable to services rendered by an enrolled Doula.

Please note that the appearance of a code on this fee schedule does not guarantee payment. Services for which medical necessity is not clearly established are not covered in the Department's Medical Programs. See Chapter 100, Topic 104 and Chapter A-200, Section 204 for additional exclusions.

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Taxonomy code for Doula Services: 374J00000X

All fees listed on this schedule are statewide rates and do not vary by population group or geographic region.

Key:

*HQ modifier refers to services provided in a group setting of 2 or more individuals.

**Telehealth service allowable. Please note telehealth delivery modality is allowed as long as the service is of an amount and nature that would be sufficient to meet the key components of a face-to-face encounter.

***Service is reimbursable when the doula accompanies the birthing person to a postpartum visit with a practitioner, and the visit occurs within 26 days from delivery date, and/or between 27-89 days of the delivery date. The actual delivery date must be reported on the claim in Loop 2300, DTP*454 'Initial Treatment Date' segment, of the 837P to receive payment for attendance at the postpartum visit(s), provided the above timelines are met. There is a maximum of 2 postpartum visit attendance payments, one for each time period. If multiple claims for a single time period are received, the first payable claim received will be reimbursed.

****Service is reimbursable when the doula accompanies the birthing person to the initial newborn visit with a practitioner, and that visit occurs within the first two weeks following delivery. CPT 99381 must be billed under the newborn's recipient ID number (RIN), and may be billed for each child of a multiple birth.

Procedure Code	Modifier	Description	Effective Date	Statewide Unit price (per 15 min increment)	Daily Unit Max Quantity	Daily Maximum Quantity Payable
S9445**		Non-physician Prenatal Patient Education - billable in 15 min increments per unit <i>Note: billable separately from labor & delivery support in the inpatient hospital setting only with clinical indication for a prolonged antepartum hospital stay due to medical necessity (e.g. PPRM, pre-eclampsia, placenta previa, etc.) that is supported in the patient's medical record</i>	02/01/24	15.00	8	120.00
S9445**	HQ*	Non-physician Prenatal Patient Education, Group (2+ individuals) - billable in 15 min increments per unit per customer	02/01/24	5.00	8	40.00
59409		Labor & Delivery Support - Vaginal Delivery Only	02/01/24	720.00	1	1 unit per pregnancy
59514		Labor & Delivery Support - Cesarean Delivery	02/01/24	720.00	1	1 unit per pregnancy
59612		Labor & Delivery Support - Vaginal Delivery, after previous cesarean delivery (VBAC)	02/01/24	720.00	1	1 unit per pregnancy

59620		Labor & Delivery Support - Cesarean delivery only, following attempted vaginal delivery after previous cesarean delivery	02/01/24	720.00	1	1 unit per pregnancy
S9444**		Postpartum Parenting Education, Advocacy and Connection to Appropriate Resources - billable in 15 min increments per unit	02/01/24	15.00	16	240.00
S9444**	HQ*	Postpartum Parenting Education, Advocacy and Connection to Appropriate Resources, Group (2+ individuals) - billable in 15 min increments per unit per customer	02/01/24	5.00	8	40.00
59430***		Postpartum Visit (attendance at practitioner/OB visit with birthing person)	02/01/24	50.00	1	2 units per delivery
99381****		Initial Newborn Visit - Facilitation & Attendance with birthing person (1st newborn visit with practitioner that occurs within 2 weeks of delivery)	02/01/24	50.00	1	1 unit per child
T1032**		Doula support during or after miscarriage or abortion - billable in 15 min increments per unit	02/01/24	15.00	8	120.00