

Illinois Department of Healthcare and Family Services

Fee Schedule For Home Visiting Services

Effective 10/01/2025**Updated 08/06/2026**

Please note that the appearance of a code on this fee schedule does not guarantee payment. Services for which medical necessity are 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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Rates are statewide.

Key:

***Telehealth delivery method is allowed via audio-visual modality (modifier GT) or audio-only modality (modifier 93) but only in the home setting (place of service 10). Telehealth 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.**

Taxonomy: 174H00000X

Procedure Code	Modifier	Description	Effective Date	Statewide Unit Price Rate (per 15 min increment)	Daily Max Qty
99600*	HD	Home Visit Services - Nurse Model	10/01/25	39.54	N/A
99600*		Home Visit Services - Non-Nurse Model	10/01/25	26.12	N/A