

**Illinois Department of Healthcare and Family Services
Fee Schedule For Substance Use Prevention and Recovery Providers**

Effective: 7/1/2025 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 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.

Key

1. Domiciliary is 15% of the Residential Level 3.5 and Level 3.7 and is not reimbursable through Medicaid Fee-for-Service.
2. Total Encounter Rate is equal to Medicaid rate plus Domiciliary rate, eligible for reimbursement through a Managed Care Plan.
3. Medication Assisted Treatment is not eligible to be delivered via telehealth.
4. Case Management is only billable by authorized providers approved under the 1115 Healthcare Transformation Waiver.
5. Eligible SUD services delivered via telehealth and submitted for reimbursement must include both a place of service (POS) code and a Modifier.

Service Name	ASAM Level	Procedure Code	Modifier	Unit	Medicaid Rate	Domiciliary ¹ (non-Medicaid)	Total Encounter Rate ²
Admission and Discharge Assessment	All levels	H0002		1/4 hour	\$28.01		
Psychiatric Evaluation	All levels	90791		Event	\$139.38		
Medication Monitoring	All levels	H2010		1/4 hour	\$26.62		
Medication Assisted Treatment (MAT) ³	All levels	H0020		Weekly	\$119.98		
Individual - Therapy/Counseling, Substance Use	Level 1 and 2	H0004		1/4 hour	\$26.62		
Group - Therapy/Counseling, Substance Use	Level 1 and 2	H0005		1/4 hour	\$10.09		
Peer Recovery Support	All levels	H2014		1/4 hour	\$25.87		
Case Management - 1115 Waiver Pilot ⁴	All levels	H0006		1/4 hour	\$20.62		
Rehabilitation - Adult (age 21+)	Level 3.5	H0047		Daily	\$306.55	\$54.10	\$360.65
Rehabilitation - Child (age 20 or under)	Level 3.5	H0047	HA	Daily	\$441.97	\$78.00	\$519.97
Adolescent Residential (PRTF)	Level 3.5	H2036		Daily	\$519.97		\$519.97
Medically Monitored Withdrawal Management	Level 3.7	H0010		Daily	\$478.44	\$84.43	\$562.87
Telehealth - Originating Site	All Levels	Q3014		Event	\$25.00		

Telehealth Place of Service and Modifiers ⁵

POS Code and Description	Modifier and Description
02 - Telehealth provided other than in patient's home	GT - Telehealth delivered via audio and video
10 - Telehealth provided in patient's home	93 - Telehealth delivered via audio - only