

**Illinois Department of Healthcare and Family Services**  
**Fee Schedule For Substance Use Prevention and Recovery Providers**  
Effective: 7/1/2025      Updated: 05/06/2026

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 equal to 15% of the Residential Level 3.5 and Level 3.7 and is not reimbursable under Medicaid
2. Medication Assisted Treatment is not eligible to be delivered via telehealth
3. Case Management is only billable by authorized providers approved under the 1115 Healthcare Transformation Waiver
4. 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 <sup>1</sup><br>(non-Medicaid) |
|--------------------------------------------------|---------------|----------------|----------|----------|---------------|--------------------------------------------|
| 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) <sup>2</sup> | 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 <sup>3</sup> | All levels    | H0006          |          | 1/4 hour | \$20.62       |                                            |
| Rehabilitation - Adult (age 21+)                 | Level 3.5     | H0047          |          | Daily    | \$306.55      | \$54.10                                    |
| Rehabilitation - Child (age 20 or under)         | Level 3.5     | H0047          | HA       | Daily    | \$441.97      | \$78.00                                    |
| Adolescent Residential (PRTF)                    | Level 3.5     | H2036          |          | Daily    | \$519.97      |                                            |
| Medically Monitored Withdrawal Management        | Level 3.7     | H0010          |          | Daily    | \$478.44      | \$84.43                                    |
| Telehealth - Originating Site                    | All Levels    | Q3014          |          | Event    | \$25.00       |                                            |

**Telehealth Place of Service and Modifiers <sup>4</sup>**

| POS Code | Description                                      | Modifier | 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      |