

Fee Schedule for Providers of Community-Based Behavioral Health Services

Effective: 4/1/2023

Service Name	Proc Code	Modifiers		Units	State Max	
		1	2		On-Site	Off-Site
Group A - billable by BHC, CMHC, IPs						
Assessment and Treatment Planning						
Integrated Assessment and Treatment Planning (IATP)	H2000	HN		1/4 hr	\$ 26.32	\$ 29.26
Integrated Assessment and Treatment Planning (IATP)	H2000	HO		1/4 hr	\$ 27.84	\$ 31.00
IATP: LPHA Review	H2000	SC		1/4 hr	\$ 31.81	N/A
IATP: Review and Update	H2000	HN	SF	1/4 hr	\$ 26.32	\$ 29.26
IATP: Review and Update	H2000	HO	SF	1/4 hr	\$ 27.84	\$ 31.00
IATP: Clinical Assessment Tool under LPHA direction	H2000	52		1/4 hr	\$ 26.32	\$ 29.26
IATP: Clinical Assessment Tool performed by an LPHA	H2000	TF		1/4 hr	\$ 27.84	\$ 31.00
IATP: Psychological Assessment	H2000	AH		1/4 hr	\$ 27.84	\$ 31.00
IATP: Psychological Assessment	H2000	HP		1/4 hr	\$ 34.54	\$ 38.80
IATP: LOCUS Assessment	H2000	HN	HE	1/4 hr	\$ 26.32	\$ 29.26
Crisis Services						
Crisis Intervention	H2011	HN		1/4 hr	\$ 39.98	\$ 45.27
Therapy/Counseling Services						
Therapy/Counseling - Individual	H0004	HN		1/4 hr	\$ 27.32	\$ 30.26
Therapy/Counseling - Individual	H0004	HO		1/4 hr	\$ 34.84	\$ 38.00
Therapy/Counseling - Brief Intervention	H0004	TF	TL	1/4 hr	\$ 31.81	\$ 35.60
Therapy/Counseling - Group	H0004	HN	HQ	1/4 hr	\$ 4.58	\$ 5.31
Therapy/Counseling - Group	H0004	HO	HQ	1/4 hr	\$ 6.62	\$ 7.67
Therapy/Counseling - Family	H0004	HN	HR	1/4 hr	\$ 27.32	\$ 30.26
Therapy/Counseling - Family	H0004	HO	HR	1/4 hr	\$ 34.84	\$ 38.00
Group B - billable by BHC and CMHC						
General Medicaid Rehabilitation Option Services						
Community Support - Individual	H2015	HM		1/4 hr	\$ 30.05	\$ 32.47
Community Support - Individual	H2015	HN		1/4 hr	\$ 33.32	\$ 36.26
Community Support - Individual	H2015	HO		1/4 hr	\$ 34.84	\$ 38.00
Community Support - Group	H2015	HM	HQ	1/4 hr	\$ 3.77	\$ 4.37
Community Support - Group	H2015	HN	HQ	1/4 hr	\$ 4.58	\$ 5.31
Community Support - Group	H2015	HO	HQ	1/4 hr	\$ 6.62	\$ 7.67
Medication Administration	T1502	TE		Event	\$ 22.02	\$ 25.54
Medication Administration	T1502	SA		Event	\$ 27.89	\$ 32.37
Medication Monitoring	H2010	52		1/4 hr	\$ 22.04	\$ 22.04
Medication Monitoring	H2010	SA		1/4 hr	\$ 26.54	\$ 26.54
Medication Monitoring	H2010	AF		1/4 hr	\$ 36.89	\$ 36.89
Medication Training - Individual	H0034	52		1/4 hr	\$ 23.32	\$ 26.26
Medication Training - Individual	H0034	SA		1/4 hr	\$ 26.54	\$ 30.80
Medication Training - Group	H0034	52	HQ	1/4 hr	\$ 6.11	\$ 7.10
Medication Training - Group	H0034	SA	HQ	1/4 hr	\$ 8.85	\$ 10.27
Targeted Case Management Services						
Case Management - Client-Centered Consultation	T1016	HM	HS	1/4 hr	\$ 30.05	\$ 32.47
Case Management - Client-Centered Consultation	T1016	HN	HS	1/4 hr	\$ 33.32	\$ 36.26
Case Management - Mental Health	T1016	HM		1/4 hr	\$ 30.05	\$ 32.47
Case Management - Mental Health	T1016	HN		1/4 hr	\$ 33.32	\$ 36.26
Case Management - Transition Linkage and Aftercare	T1016	HN	TS	1/4 hr	\$ 33.32	\$ 36.26
Case Management - Transition Linkage and Aftercare	T1016	HO	TS	1/4 hr	\$ 34.84	\$ 38.00
Crisis Services						
Crisis Intervention - Team	H2011	HN	HT	1/4 hr	N/A	\$52.57
Crisis Stabilization	T1019	HN		1/4 hr	\$25.00	\$25.00
Mobile Crisis Response	S9484	HN		Event	\$202.09	\$274.60
Mobile Crisis Response - Team	S9484	HN	HT	Event	N/A	\$327.92

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Intensive Services Requiring Program Certification						
Community Support Team	H2016	*		1/4 hr	\$34.84	\$38.00
Violence Prevention Community Support Team - Individual	H0037	*		1/4 hr	\$34.84	\$38.00
Violence Prevention Community Support Team - Group	H0037	HQ	*	1/4 hr	\$4.86	\$5.64
Mental Health Intensive Outpatient - Adult Program	S9480	HO	HB	1 hr	\$17.62	\$17.62
Mental Health Intensive Outpatient - Child Program	S9480	HO	HA	1 hr	\$70.00	N/A
Behavioral Health Screening Services						
Developmental Screening	96110	TF		Event	\$ 17.14	\$ 17.14
Developmental Testing	96112	TF		Event	\$ 17.14	\$ 17.14
Depression Screening; screening is documented as positive and a follow-up plan is documented	G8431	TF		Event	\$ 15.57	\$ 15.57
Depression Screening; screening is documented as negative, a follow-up plan is not required	G8510	TF		Event	\$ 15.57	\$ 15.57
Mental Health Risk Assessment	96127	TF		Event	\$ 15.57	\$ 15.57
Prenatal Care At-Risk Assessment	H1000	TF		Event	\$ 15.57	\$ 15.57
Pathways to Success Program Services**						
IATP: Child and Family Team <= 90 mins	G9007			Event	\$ 75.00	\$ 75.00
IATP: Child and Family Team >90 mins	G9007	TG		Event	\$ 150.00	\$ 150.00
Family Peer Support	H0038	HS		1/4 hr	\$ 26.32	\$ 29.26
Intensive Home Based - Support	S9482			1/4 hr	\$ 27.32	\$ 30.26
Intensive Home Based - Clinical	S9482	HO		1/4 hr	\$ 34.84	\$ 38.00
Intensive Home Based - Clinical	S9482	TF		1/4 hr	\$ 41.34	\$ 45.06
Respite	T1005			1hr	N/A	\$ 40.50
Respite - Group	T1005	HQ		1hr	N/A	\$ 13.50
Therapeutic Mentoring	H2019			1/4 hr	\$ 26.32	\$ 29.26
Group C - billable by CMHC only						
Telehealth Services						
Telepsychiatry: Originating Site	Q3014	HN		Event	\$ 25.00	N/A
Intensive Services Requiring Program Certification						
Assertive Community Treatment - Individual	H0039	*		1/4 hr	\$49.98	\$ 54.78
Assertive Community Treatment - Group	H0039	HQ	*	1/4 hr	\$9.99	\$ 11.59
Psychosocial Rehabilitation - Individual	H2017	HM		1/4 hr	\$15.05	N/A
Psychosocial Rehabilitation - Individual	H2017	HN		1/4 hr	\$18.32	N/A
Psychosocial Rehabilitation - Individual	H2017	HO		1/4 hr	\$19.84	N/A
Psychosocial Rehabilitation - Group	H2017	HM	HQ	1/4 hr	\$3.77	N/A
Psychosocial Rehabilitation - Group	H2017	HN	HQ	1/4 hr	\$4.58	N/A
Psychosocial Rehabilitation - Group	H2017	HO	HQ	1/4 hr	\$6.62	N/A
Group D - billable by CCSOs only+						
Care Coordination and Support - High Fidelity Wraparound	G9001			Month	-	\$ 862.57
Care Coordination and Support - Intensive Care Coordination	G9002			Month	-	\$ 460.47
Individual Support Services	T1999			Event	Event-based pricing	
Therapeutic Support Services	H0046			Event	Event-based pricing	
FSP Application Assistance	G9012	HN	SE	1/4 hr	\$ 19.60	\$ 19.60
FSP Clinical Case Participation	T1016	HN	SE	1/4 hr	\$ 20.19	\$ 20.19
*CST, VP-CST, and ACT services must be billed with an additional modifier indicating the highest level of practitioner level delivering the unit(s) of service from the acceptable list of modifiers. See the Handbook for Providers of Community-Based Behavioral Services for more information.						
**Pathways to Success Program services are only reimbursable when delivered to customers enrolled in the Pathways to Success program and when the services are authorized on an IATP maintained by the customer's CCSO (pathways.illinois.gov).						
+CCSO service delivery and billing guidance can be found in the Handbook for Care Coordination and Support Organizations.						

Allowable Place of Service Codes	
On-Site	
02 - Telehealth provided other than in patient's home**	15 - Mobile Unit
10 - Telehealth provided in patient's home**	20 - Urgent Care Facility
11 - Office	53 - Community Mental Health Center
Off-Site	
03 - School	33 - Custodial Care Facility
04 - Homeless Shelter	34 - Hospice
12 - Home	51 - Inpatient Psychiatric Facility
13 - Assisted Living Facility	52 - Psychiatric Facility - Partial Hospitalization
14 - Group Home	54 - Intermediate Care Facility/ Individuals with Intellectual Disabilities
21 - Inpatient Hospital	55 - Residential Substance Abuse Treatment Facility
22 - On-Campus Outpatient Hospital	56 - Psychiatric Residential Treatment Center
23 - Emergency Room - Hospital	57 - Non-residential Substance Abuse Treatment Facility
26 - Military Treatment Facility	71 - Public Health Clinic
31 - Skilled Nursing Facility	99 - Other Place of Service
32 - Nursing Facility	

Modifier Key	
Modifier	Description
93**	Telehealth services delivered via audio only
52	Lower level of care
AF	Physician
AH	Psychologist - Masters
GT**	Telehealth services delivered via video and audio
HA	Child program
HB	Adult program
HE	LOCUS assessment
HH	Substance Use Disorder (SUD) worker
HK	High risk mental health program
HM	RSA
HN	MHP
HO	QMHP
HP	Psychologist - Licensed Clinical
HQ	Group setting
HR	Family/couple
HS	Client not present
HT	Multidisciplinary team
SA	APN
SC	Medically necessary service
SE	FSP service
SF	Review
TD	RN
TE	LPN/LVN
TF	LPHA
TG	Complex level of care
TL	Brief Intervention
TS	Transition service

**Providers billing a service that was performed via audio or video communication must append their claims with the appropriate telehealth modifier (93 or GT) and place of service code (02 or 10). See the Handbook for Providers of Community-Based Behavioral Services for more information. Services provided via telehealth should be 'rolled up' only when there is an *exact match* with both the modifier and place of service.