

Healthcare and Family Services
Fee Schedule For Medication Assisted Treatment
Effective 01/01/2017

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 under the Illinois Medical Assistance Program. See Chapter 100, Topic 104 and Chapter A-200, Section 204 for additional exclusions.

HCHP Code	Description	Effective Date	Unit Price	Place of Service	Max Qty
H0020	Medication Assisted Treatment	1/1/2017	\$70.00	11 ,55	1 Unit