Illinois Department of Healthcare and Family Services

Fee Schedule For Home Visiting Services

Effective 11/21/2025

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.

National Correct Coding Institute (NCCI) procedure-to-procedure and medically unlikely edits apply.

Key:
***Telehealth allowed via video modality only (modifer GT), and only in the home setting (Place of Serive 10). Please note telehealth service delivery modality 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	Unit Price (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