



							Treatment:	Services										
AUTHORIZED LEVEL OF	BILLABLE ITEM			Billable	Rate with	PSC Billable	PSC Rate				FREQUENCY							
CARE	Name	Procedure Code	Unit	Rate	Incentive	Rate	with Incentive	IDHW	ATR III	Medicaid Only	CP/SUD	PWWC	CP/DC	PSC	IDJC	IDOC*	Frequency Limits	Auth Spar Limits
Assessment	Alcohol and/or drug assessment	H0001	15 min.	\$11.81	\$12.40	\$11.81	\$12.40	Х		Х	Х	Х	Х	Х	Х		assessment. 20 units m	40 units for months
	Education	S9448	15 min.	\$3.94	\$4.14	\$3.94	\$4.14	Х			Х	Χ	Х	Х	Х		for initial treatments	
	Group	H0005	15 min.	\$5.91	\$6.21	\$5.63	\$5.91	Х		Х	Х	Χ	Х	Х	Х		(MI/SOC). (1	
	Individual counseling & therapy	H0004	15 min.	\$11.81	\$12.40	\$11.81	\$12.40	Х		Х	Х	Х	Х	х	Х		unit=15 Min)	
	Individual with family members	90847	15 min.	\$13.52	\$14.20	\$13.52	\$14.20	Х		Х	Х	Х	Х	Х	Х			
Assessment "ONLY"	Alcohol and/or drug assessment	H0001	15 min.	\$11.81	\$12.40				Х							Х	20 units (1 unit=15 minutes).	30 days
Institution Assessment & Assessment Travel	Alcohol and/or drug assessment	H0001	15 min.	\$11.81	\$12.40	\$11.81	\$12.40	Х	Х		Х	Х	Х	Х	Х	Х		30 days
Incarcerated clients or clients in a hospital only.	Travel	S0215	1 mile	\$0.55	\$0.55	\$0.55	\$0.55	Х	Х		Х	Х	Х	Х	Х	Х	120 Units (1 unit=1 mile).	
GPRA Interview (Do not submit claims for GPRA	Intake Interview	90889.GI		\$11.81	\$12.40				Х								Payment will be made for completed GPRA interviews. Interviews must occur at admission, 6 months post admission and at discharge.	
interviews. Claims will be autogenerated based on an	6 month follow up interview	90889.GF	1 GPRA	\$45.00	\$45.00				Х									
accepted GPRA)	Discharge interview	90889.GD	1 GPRA	\$11.81	\$12.40				Х									
Level 1: Outpatient	Alcohol and/or drug assessment	H0001	15 min.	\$11.81	\$12.40	\$11.81	\$12.40	Х		Х	Х	Х	Х	Х	Х	Х	No more than 8 hours per week	832 units fo 6 months
	Education	S9448	15 min.	\$3.94	\$4.14	\$3.94	\$4.14	Х	Χ		Χ	Χ	Х	Χ	Х	Х]	
	Group	H0005	15 min.	\$5.91	\$6.21	\$5.63	\$5.91	Х	Χ	Х	Χ	Χ	Х	Χ	Х	Х		
	Ind. counseling & therapy	H0004	15 min.	\$11.81	\$12.40	\$11.81	\$12.40	Х	Х	Х	Х	Х	Х	Х	Х	Х		
	Individual with family members	90847	15 min.	\$13.52	\$14.20	\$13.52	\$14.20	Х	Х	Х	Х	Х	Х	Х	Х	Х		
Level 2: Intensive Outpatient	Alcohol and/or drug assessment	H0001	15 min.	\$11.81	\$12.40	\$11.81	\$12.40	Х		Х	Х	Х	Х	Х	Х	Х	More than 8 contact hours per week to	912 units fo 3 months
	Education	S9448	15 min.	\$3.94	\$4.14	\$3.94	\$4.14	Х	Х		Х	Х	Х	Х	Х	Χ	qualify as IOP	
	Group	H0005	15 min.	\$5.91	\$6.21	\$5.63	\$5.91	Х	Х	Х	Х	Х	Х	Х	Х	Х	1	



SUD Rate Matrix - Treatment Services

							Treatment :	Services										
AUTHORIZED LEVEL OF CARE	BILLABLE ITEM BI			Billable	Rate with	PSC Billable	PSC Rate				FREQUENCY							
	Name	Procedure Code	Unit	Rate	Incentive	Rate	with Incentive	IDHW	ATR III	Medicaid Only	CP/SUD	PWWC	CP/DC	PSC	IDJC	IDOC*	Frequency Limits	Auth Span Limits
	Ind counseling & therapy	H0004	15 min.	\$11.81	\$12.40	\$11.81	\$12.40	Х	Х	Х	Х	Х	Х	Х	Х	Х		
	Individual with family members	90847	15 min.	\$13.52	\$14.20	\$13.52	\$14.20	Х	Х	Х	Х	Х	Х	Х	Х	Х		
Adult Halfway House	Day	H0018	1 day	\$47.25	\$49.61	\$47.25	\$49.61	Х			х	х	х	Х	х		Once per day; include admit day, do not include discharge day	90 days
Adult Transitional Housing	Day	H0019	Day	\$147.00	\$154.35	\$147.00	\$154.35	Х			Х	Х	Х	Х	х		Once per day; include admit day, do not include discharge day	180 days
Adult Residential	Day	H0017	1 day	\$168.00	\$176.40	\$168.00	\$176.40	Х			Х	Х	Х	Х	х		Once per day; include admit day, do not include discharge day	30 units for 30 days
Adolescent Residential	Day	H0017.HA	1 day	\$189.00	\$198.45	\$189.00	\$198.45	Х			Х	Х	х	х	Х		Once per day; include admit day, do not include discharge day	45 units for 45 days
Adolescent Transitional Housing	Day	H0043	1 day	\$136.50	\$143.33			Х			Х	Х		Х	Х		2 year maximum	90 units for 90 days
Adult Detox	Day	H0008	1 day	\$168.00	\$176.40	\$168.00	\$176.40	Х			Х	Х	х	х	Х	х	Once per day; include admit day, do not include discharge day	5 units for 5 days
Clinical Case Management	Clinical	H0006	15 min.	\$12.86	\$13.50	\$12.86	\$13.50	Х	Х	Х	Х	Х	Х	Х	Х	Х	Up to 4 hours per week	96 units for 6 months

^{*}Frequency and services limits are per the IDOC SUD Clinical Treatment Services Matrix



							Recov	ery Supp	ort Serv	ices								
AUTHORIZED	BILLAE	BILLABLE ITEM			Rate with	PSC Billable	PSC Rate with		APPLICABLE FUNDING/INSURER TYPES FREQUEN									
LEVEL OF CARE	Name	Procedure Code	Unit	Billable Rate	Incentive	Rate	Incentive	IDHW	ATR III	Medicaid only	CP/SUD	PWWC	CP/DC	PSC	IDJC	IDOC*	Frequency Limits	Auth Span Limits
Case Management	Intensive	H0006	15 min.	\$11.81	\$12.40	\$11.81	\$12.40	Χ	Х	Х	Х		Х	Х	Х	Х	Up to 4 hours per week	96 units for 6 months
Case Management	Basic	H0006	15 min.	\$11.81	\$12.40	\$11.81	\$12.40	Χ	Х	Х	Х		Х	Х	Х	Х	Up to 4 hours per week	96 units for 6 months
PWWC Case Manager	ment	H0006	15 min.		\$13.23							Х					Up to 4 hours per week	96 units for 6 months
Aftercare	Group	H0047	15 min	\$5.91	\$5.91	\$5.91	\$5.91	Х			Х	Х	Х	Х			No identified limit. Should not exceed Level 1: Outpatient	N/A
Drug/Alcohol Testing		H0003	1 Test	\$13.50	\$13.50	\$13.50	\$13.50	Х	Х	Х	Х	Х	Х	Х	х	х	104 tests per year / 26 tests for 3 months (no more than twice per week)	52 tests for 6 months
Adolescent Safe & So	ber Housing	H0045	1 day	\$75.00	\$75.00	\$75.00	\$75.00		Х					X**	Х		No identified limit.	90 day maximum stay. \$2,400 cap for assessment, care coordination, outpatient treatment & RSS
Adult Safe & Sober Housing		H0044	1 day	\$11.50	\$11.50	\$11.50	\$11.50	Х	Х		Х	Х	Х	х	Х	х	6 months (180 days) maximum / 90 units for 90 days	Every 90 days
Transportation Air Fare (A0140) & Public Transportation (A0110) on a case by	Transport	A0080	1 mile	\$1.17/mile	\$1.17/mile	\$1.17/mile	\$1.17/mile	Х	Х		Х	Х	Х	х	Х	х	None	Consistent with treatment auth
case basis.	Pick-up	T2002	Pick-up & First Mile	\$4.20	\$4.20	\$4.20	\$4.20	Х	х		х	х	х	х	х	х	Must be documented in care plan	N/A
Child Care		T1009	15 min.	\$4.04	\$4.04	\$4.04	\$4.04	Х	Х		х	х	Х	Х	Х	х	Based on RSS care plan and client need.	N/A
Life Skills	Individual	H2015	15 min.	\$6.56	\$6.56	\$6.56	\$6.56	Х	Х		Х	Х	Х	Х	Х	Х	Up to 2 hours per week	6 months.
	Group	HQ2015	15 min.		\$3.94	\$3.94	\$3.94	Х	Х		Х	Х	Х	Х	Х	Х	with 104 units every 90	
	Client Not Present Ind	H2015.HS	15 min.		\$6.56	\$6.56	\$6.56	Х	Х		Х	Х	Х	Х	Х		days	
	Client Not Present Grp				\$3.94	\$3.94	\$3.94	Х	Х		Х	Х	Х	Х	X			
Medical Needs Benefit		H2016	1 unit = \$1.00	\$263.00	\$263.00						Х	х	Х				\$263.00 Maximum	N/A
Child Protection Drug Court Ancillary	Lodging / day	S9976	1 Day	Billed Amount									Х				No identified limit.	N/A
Services	Personal Care Items NOS	S5199	1 Item	Billed Amount									Х				No identified limit.	N/A

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							Recov	ery Supp	ort Serv	ices									
AUTHORIZED	BILLABLE ITEM				Rate with	PSC Billable	PSC Rate with		APPLICABLE FUNDING/INSURER TYPES									FREQUENCY	
LEVEL OF CARE	Name	Procedure Code	Unit	Billable Rate	Incentive	Rate	Incentive	IDHW	ATR III	Medicaid only	CP/SUD	PWWC	CP/DC	PSC	IDJC	IDOC*	Frequency Limits	Auth Span Limits	
	Parenting Class	S9444	1 Session	Billed Amount									х				No identified limit.	N/A	
	Nutrition Class	S9452	1 Session	Billed Amount									Х				No identified limit.	N/A	
	Behavioral Prevention Education Class	H0025	1 Session	Billed Amount									х				No identified limit.	N/A	
	Stress Management Class	S9454	1 Session	Billed Amount									Х				No identified limit.	N/A	
	Vehicle Modification/ Service	T2039	1 Service	Billed Amount									Х				No identified limit.	N/A	
Cultural Activity	01 = 1 hour	H2032.01	1 unit = 1	\$30.00													No identified limit.	N/A	
	02 = 2 hours	H2032.02	1 unit = 1	\$35.00													No identified limit.	N/A	
	03 = 3 or more hours	H2032.03	1 unit = 1	\$60.00													No identified limit.	N/A	
Em. / Temp. Housing		H0044.ET	Day	\$25.00	\$25.00	\$25.00	\$25.00	Х				Х	Х	Х			No identified limit.	N/A	
Lodging		H0047	Billed unit	Billed Amount				Х			Х	Х					No identified limit.	N/A	
Medical		H0047	Billed unit	Billed Amount													No identified limit.	N/A	
Prenatal Care		H1000	15 min.	Case by Case								Х					No identified limit.	N/A	
Staffing	Use Non-Client Specific	Billing Form	15 min.	\$6.21	\$6.21	\$6.21	\$6.21	Х	Х		Х	Х	Х	Х	Х	Х	No identified limit.	N/A	
Oral Interpreter	interpreter service	T1013	15 min.	Billed Amount	N/A	Billed Amount	N/A	Х	Х		Х	Х	Х	Х	Х	Х	No identified limit.	N/A	
	Travel	A0080	1 mile	\$1.17	\$1.17	\$1.17	\$1.17	Х	Х		Х	Х	Х	Х	Х	Х	No identified limit.	N/A	
Domestic Violence Offender Intervention	Group	99401	15 min.	\$6.21	\$6.21			Х	Х		Х	Х	Х				18 units Per Week to a maximum of 312 units	Match treatment authorization	

^{*}Frequency and services limits are per the IDOC SUD Clinical Treatment Services Matrix

^{**} Applies to Juvenile Drug Court Only