



SUD Rate Matrix - Treatment Services

Treatment Services																		
AUTHORIZED LEVEL OF CARE	BILLABLE ITEM			Billable Rate	Rate with Incentive	PSC Billable Rate	PSC Rate with Incentive	APPLICABLE FUNDING/INSURER TYPES								FREQUENCY		
	Name	Procedure Code	Unit					IDHW	ATR III	Medicaid Only	CP/SUD	PWWC	CP/DC	PSC	IDJC	IDOC*	Frequency Limits	Auth Span Limits
Assessment	Alcohol and/or drug assessment	H0001	15 min.	\$11.81	\$12.40	\$11.81	\$12.40	X		X	X	X	X	X	X	X	20 units for assessment. 20 units for initial treatments (MI/SOC). (1 unit=15 Min)	40 units for 6 months
	Education	S9448	15 min.	\$3.94	\$4.14	\$3.94	\$4.14	X			X	X	X	X	X	X		
	Group	H0005	15 min.	\$5.91	\$6.21	\$5.91	\$6.21	X		X	X	X	X	X	X	X		
	Individual counseling & therapy	H0004	15 min.	\$11.81	\$12.40	\$11.81	\$12.40	X		X	X	X	X	X	X	X		
	Individual with family members	90847	15 min.	\$13.52	\$14.20	\$13.52	\$14.20	X		X	X	X	X	X	X	X		
Assessment "ONLY"	Alcohol and/or drug assessment	H0001	15 min.	\$11.81	\$12.40				X							X	20 units (1 unit=15 minutes).	30 days
Institution Assessment & Assessment Travel <i>Incarcerated clients or clients in a hospital only.</i>	Alcohol and/or drug assessment	H0001	15 min.	\$11.81	\$12.40	\$11.81	\$12.40	X	X		X	X	X	X	X	X	22 units (1 unit=15 minutes).	30 days
	Travel	S0215	1 mile	\$0.55	\$0.55	\$0.55	\$0.55	X	X		X	X	X	X	X	X	120 Units (1 unit=1 mile).	
GPRA Interview <i>(Do not submit claims for GPRA interviews. Claims will be autogenerated based on an accepted GPRA)</i>	Intake Interview	90889.GI	1 GPRA	\$11.81	\$12.40				X								Payment will be made for completed GPRA interviews. Interviews must occur at admission, 6 months post admission and at discharge.	N/A
	6 month follow up interview	90889.GF	1 GPRA	\$45.00	\$45.00				X									
	Discharge interview	90889.GD	1 GPRA	\$11.81	\$12.40				X									
Level 1: Outpatient	Alcohol and/or drug assessment	H0001	15 min.	\$11.81	\$12.40	\$11.81	\$12.40	X		X	X	X	X	X	X	X	No more than 8 hours per week	832 units for 6 months
	Education	S9448	15 min.	\$3.94	\$4.14	\$3.94	\$4.14	X	X		X	X	X	X	X	X		
	Group	H0005	15 min.	\$5.91	\$6.21	\$5.91	\$6.21	X	X	X	X	X	X	X	X	X		
	Ind. counseling & therapy	H0004	15 min.	\$11.81	\$12.40	\$11.81	\$12.40	X	X	X	X	X	X	X	X	X		
	Individual with family members	90847	15 min.	\$13.52	\$14.20	\$13.52	\$14.20	X	X	X	X	X	X	X	X	X		
Level 2: Intensive Outpatient	Alcohol and/or drug assessment	H0001	15 min.	\$11.81	\$12.40	\$11.81	\$12.40	X		X	X	X	X	X	X	X	More than 8 contact hours per week to qualify as IOP	912 units for 3 months
	Education	S9448	15 min.	\$3.94	\$4.14	\$3.94	\$4.14	X	X		X	X	X	X	X	X		
	Group	H0005	15 min.	\$5.91	\$6.21	\$5.91	\$6.21	X	X	X	X	X	X	X	X	X		
	Ind counseling & therapy	H0004	15 min.	\$11.81	\$12.40	\$11.81	\$12.40	X	X	X	X	X	X	X	X	X		
	Individual with family members	90847	15 min.	\$13.52	\$14.20	\$13.52	\$14.20	X	X	X	X	X	X	X	X	X		



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	Name	Procedure Code	Unit					IDHW	ATR III	Medicaid Only	CP/SUD	PWWC	CP/DC	PSC	IDJC	IDOC*	Frequency Limits	Auth Span Limits
Adult Halfway House	Day	H0018	1 day	\$47.25	\$49.61	\$47.25	\$49.61	X			X	X	X	X	X		Once per day; include admit day, do not include discharge day	90 Units for 90 days
Adult Transitional Housing	Day	H0019	Day	\$147.00	\$154.35	\$147.00	\$154.35	X			X	X	X	X	X		Once per day; include admit day, do not include discharge day	180 units for 180 days
Adult Residential	Day	H0017	1 day	\$168.00	\$176.40	\$168.00	\$176.40	X			X	X	X	X	X		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	X			X	X	X	X	X		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	\$130.00	\$136.50	X			X	X		X	X		2 year maximum	90 units for 90 days
Adult Detox	Day	H0008	1 day	\$168.00	\$176.40	\$168.00	\$176.40	X			X	X	X	X	X	X	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	X	X	X	X	X	X	X	X	X	Up to 4 hours per week	96 units for 6 months

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



SUD Rate Matrix - Recovery Support Services (RSS)

Recovery Support Services																		
AUTHORIZED LEVEL OF CARE	BILLABLE ITEM			Billable Rate	Rate with Incentive	PSC Billable Rate	PSC Rate with Incentive	APPLICABLE FUNDING/INSURER TYPES								FREQUENCY		
	Name	Procedure Code	Unit					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	X	X	X	X		X	X	X	X	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	X	X	X	X		X	X	X	X	Up to 4 hours per week	96 units for 6 months
PWWC Case Management		H0006	15 min.	\$12.60	\$13.23							X					Up to 4 hours per week	96 units for 6 months
Aftercare	Group	H0047	15 min	\$5.91	\$5.91	\$5.91	\$5.91	X			X	X	X	X			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	X	X	X	X	X	X	X	X	X	104 tests per year / 26 tests for 3 months (no more than twice per week)	52 tests for 6 months
Adolescent Safe & Sober Housing		H0045	1 day	\$75.00	\$75.00	\$75.00	\$75.00		X					X**	X		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	X	X		X	X	X	X	X	X	6 months (180 days) maximum / 90 units for 90 days	Every 90 days
Transportation <i>Air Fare (A0140) & Public Transportation (A0110) on a case by case basis.</i>	Transport	A0080	1 mile	\$1.17/mile	\$1.17/mile	\$1.17/mile	\$1.17/mile	X	X		X	X	X	X	X	X	None	Consistent with treatment auth
	Pick-up	T2002	Pick-up & First Mile	\$4.20	\$4.20	\$4.20	\$4.20	X	X		X	X	X	X	X	X	Must be documented in care plan	N/A
Child Care		T1009	15 min.	\$4.04	\$4.04	\$4.04	\$4.04	X	X		X	X	X	X	X	X	Based on RSS care plan and client need.	N/A
Life Skills	Individual	H2015	15 min.	\$6.56	\$6.56	\$6.56	\$6.56	X	X		X	X	X	X	X	X	Up to 2 hours per week with 104 units every 90 days	6 months.
	Group	HQ2015	15 min.	\$3.94	\$3.94	\$3.94	\$3.94	X	X		X	X	X	X	X	X		
	Client Not Present Ind	H2015.HS	15 min.	\$6.56	\$6.56	\$6.56	\$6.56	X	X		X	X	X	X	X	X		
	Client Not Present Grp	HQ2015.HS	15 min.	\$3.94	\$3.94	\$3.94	\$3.94	X	X		X	X	X	X	X	X		
Medical Needs Benefit		H2016	1 unit = \$1.00	\$263.00	\$263.00						X	X	X				\$263.00 Maximum	N/A
Child Protection Drug Court Ancillary Services	Lodging / day	S9976	1 Day	Billed Amount									X				No identified limit.	N/A
	Personal Care Items NOS	S5199	1 Item	Billed Amount									X				No identified limit.	N/A
	Parenting Class	S9444	1 Session	Billed Amount									X				No identified limit.	N/A



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	Name	Procedure Code	Unit					IDHW	ATR III	Medicaid only	CP/SUD	PWWC	CP/DC	PSC	IDJC	IDOC*	Frequency Limits	Auth Span Limits
	Nutrition Class	S9452	1 Session	Billed Amount									X				No identified limit.	N/A
	Behavioral Prevention Education Class	H0025	1 Session	Billed Amount									X				No identified limit.	N/A
	Stress Management Class	S9454	1 Session	Billed Amount									X				No identified limit.	N/A
	Vehicle Modification/Service	T2039	1 Service	Billed Amount									X				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	X				X	X	X	X		No identified limit.	N/A
Lodging		H0047	Billed unit	Billed Amount				X			X	X					No identified limit.	N/A
Medical		H0047	Billed unit	Billed Amount													No identified limit.	N/A
Prenatal Care		H1000	15 min.	Case by Case								X					No identified limit.	N/A
Staffing	Use Non-Client Specific Billing Form		15 min.	\$6.21	\$6.21	\$6.21	\$6.21	X	X		X	X	X	X	X	X	No identified limit.	N/A
Oral Interpreter	interpreter service	T1013	15 min.	Billed Amount	N/A	Billed Amount	N/A	X	X		X	X	X	X	X	X	No identified limit.	N/A
	Travel	A0080	1 mile	\$1.17	\$1.17	\$1.17	\$1.17	X	X		X	X	X	X	X	X	No identified limit.	N/A
Domestic Violence Offender Intervention	Group	99401	15 min.	\$6.21	\$6.21												18 units Per Week to a maximum of 312 units	Match treatment authorization

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** Applies to Juvenile Drug Court Only