

Jan. 13, 2020

On January 7, the Illinois Department of Healthcare and Family Services (HFS) issued a [Provider Notice](#) that informs physicians of psychiatric service add-on payments effective with dates of service beginning July 1, 2019, authorized to participating board-certified psychiatrists billing the procedure codes listed in the table below.

Due to a delay until mid-October in finalizing the psychiatric add-on payments, claims submitted prior to that would not have received the add-on. Providers may submit replacement claims to receive the correct reimbursement. HFS will accept electronic transactions submitted through the Medical Electronic Data Interchange (MEDI) System or via 837P files to replace a paid claim, if submitted within 12 months from the original paid voucher date. Instructions for replacement claim submittal may be found in the [Chapter 300 Companion Guide](#).

The [Practitioner Fee Schedule](#) has been updated with a specific sheet that identifies the procedure codes and psychiatric add-on payments. Prompted by [Public Act 101-0010](#), the following procedure codes are eligible to receive the add-on payments:

Proc. Code	Description	Unit Price	Max Qty.	State Max	Add-On Payments		
					Child	Adult	Psychiatric Add-On Child or Adult
90791	Psychiatric diagnostic evaluation		1	122.11			23.57
90792	Psychiatric diagnostic evaluation w/ medical services		1	124.44			40.50
90832	Psychotherapy, 30 minutes w/ patient and/or family members		1	29.48			41.52
90833	Psychotherapy, 30 min w/ patient &/or family w/ E/M service		1	24.62			49.63
90834	Psychotherapy, 45 min w/ patient and/or family members	44.20	2	88.40			50.45
90836	Psychotherapy, 45 min w/ patient &/or family w/ E/M service		1	40.24			53.34
90837	Psychotherapy, 60 min w/ patient and/or family members	66.71	2	133.42			75.62
99213	Office/other outpatient visit, established patient, expanded focus		1	28.35	18.21	18.21	50.87

99214	Office/other outpatient visit, established patient, detailed/moderate complexity		1	42.50	30.47	30.47	73.33
99215	Office/other outpatient visit, established patient, comprehensive/complexity		1	48.00	1.95	1.95	107.62

Questions regarding this notice may be directed to the Bureau of Professional and Ancillary Services at 877-782-5565 for fee-for-service claims, or to the applicable managed care plan. Questions or comments for IHA can be submitted [here](#).

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