

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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