Illinois Department of Healthcare and Family Services

Fee Schedule For Licensed Practitioners of the Healing Arts (LPHA)

Effective 01/01/2025 Updated 05/13/2026

This fee schedule is applicable to services rendered by a Licensed Clinical Social Worker (LCSW), Licensed Clinical Psychologist (LCP), Licensed Marriage and Family Therapist (LMFT), or a Licensed Clinical Professional Counselor (LCPC).

All fees listed on this schedule are statewide rates and do not vary by population group or geographic region.

Please note that the appearance of a code on this fee schedule does not guarantee payment. Services for which medical necessity is 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.

NOTE: Group psychotherapy services are not included on this fee schedule, which is intended for LPHAs practicing independently. Group psychotherapy services are billable by a Federally Qualified Health Center or Rural Health Clinic if those services are rendered by an LPHA in those settings.

Key:

*Psychiatric add-ons apply to certain CPT codes listed below for services rendered on dates of service beginning 7/1/2019. The Psychiatric Add-on amount is multiplied by the number of unts billed, up to the max quantity, and added to the Unit Price for the number of units billed.

**billable only by Licensed Clinical Psychologists

Procedure Code	Description	Effective Date	Unit price	Max Qty	Max Unit Price	*Psychiatric Add-On Child or Adult (paid in addition to unit price rate and multiplied by number of units billed)	Maximum Reimbursement (Assuming Max Qty billed)
90791*	Psychiatric diagnostic evaluation	01/01/25	91.58	1	91.58	127.88	219.46
90792*	Psychiatric diagnostic evaluation with medical services	01/01/25	93.33	1	93.33	144.42	237.75
90832*	Psychotherapy, 30 min with patient and/or family member	01/01/25	35.24	1	35.24	66.50	101.74
90834*	Psychotherapy, 45 min with patient and/or family member	01/01/25	46.52	2	93.04	87.78	268.60
90837*	Psychotherapy, 60 min with patient and/or family member	01/01/25	68.69	2	137.38	129.63	396.64
90839	Psychotherapy for crisis, first 60 min	04/01/24	66.44	1	66.44	N/A	66.44

Key:

90847	Family psychotherapy with patient present	04/01/24	52.35	1	52.35	N/A	52.35
96110	Developmental screening, with scoring and interpretation, per standardized instrument	01/01/17	12.06	2	24.12	N/A	24.12
96112	Developmental test administration with interpretation and report, first 60 minutes	04/01/24	62.93	1	62.93	N/A	62.93
96113	Developmental test administration with interpretation and report, each additional 30 minutes	04/01/24	28.82	6	172.92	N/A	172.92
96127	Brief emotional/behavioral assessment (non-depression) with scoring and documentation, per standardized instrument (use either G8431 or G8510 for depression screenings)	04/01/23	10.95	2	21.90	N/A	21.90
96130**	Psychological testing evaluation services, including integration of patient data, interpretation of standardized test results and clinical data, clinical decision making, treatment planning & report, and interactive feedback to the patient, family member(s)/caregiver(s), when performed, first hour	04/01/24	55.79	1	55.79	N/A	55.79
96131**	Psychological testing evaluation services, each additional hour	04/01/24	38.65	7	270.55	N/A	270.55
96132**	Neuropsychological testing evaluation, first 60 minutes	04/01/24	53.83	1	53.83	N/A	53.83
96133**	Neuropsychological testing evaluation, each additional 60 min	04/01/24	38.81	7	271.67	N/A	271.67
96136**	Psychological or neuropsychological test admin & scoring by psychologist, first 30 min	05/15/19	27.15	1	27.15	N/A	27.15
96137**	Psychological or neuropsychological test admin & scoring by psychologist, each addtl 30 min	05/15/19	21.33	11	234.63	N/A	234.63
99406	Smoking and tobacco use cessation counseling, intermediate, greater than 3 min up to 10 min	04/01/24	6.02	1	6.02	N/A	6.02
99407	Smoking and tobacco use cessation counseling, intensive, greater than 10 min	04/01/24	12.68	1	12.68	N/A	12.68
G2011	Alcohol and/ or substance (other than tobacco) abuse structured screening/assessment and brief intervention	04/01/24	8.58	1	8.58	N/A	8.58
G0396	Alcohol and/or substance (other than tobacco) abuse structured assessment and brief intervention	04/01/24	16.13	1	16.13	N/A	16.13
G0397	Alcohol and/or substance (other than tobacco) abuse structured assessment and intervention	04/01/24	32.88	1	32.88	N/A	32.88

Key:

G8431	Depression Screening ; Screening is documented as positive and a follow-up plan is documented	04/01/23	10.95	1	10.95	N/A	10.95
G8510	Depression Screening ; Screening is documented as negative, a follow-up plan is not required	04/01/23	10.95	1	10.95	N/A	10.95
H0049	Alcohol and/ or drug screening (Negative Screen)	01/01/22	7.56	1	7.56	N/A	7.56