

Illinois Department of Healthcare and Family Services
Fee Schedule For Licensed Clinical Psychologists & Licensed Clinical Social Workers

Effective 11/01/2020

Updated 01/XX/2021

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.

CPT codes and descriptions only are copyrighted by the American Medical Association. All Rights Reserved. Applicable FARS/DFARS apply.

National Correct Coding Institute (NCCI) procedure-to-procedure and medically unlikely edits apply.

NOTE: Group psychotherapy services have been removed from this fee schedule, which is intended for LCPs/LCSWs practicing independently. Group psychotherapy services are billable by a Federally Qualified Health Center or Rural Health Clinic if those services are rendered by LCPs or LCSWs in those settings.

Key:

*Psychiatric add-ons apply to certain CPT codes listed below for services rendered on dates of service beginning 07/01/2019.

**billable only by Licensed Clinical Psychologists

Procedure Code	Description	Code Effective Date	Unit price	Max Qty	State Max	Psychiatric Add-On Child or Adult*
90791	Psychiatric diagnostic evaluation	07/01/19	91.58	1	91.58	17.68
90792	Psychiatric diagnostic evaluation with medical services	07/01/19	93.33	1	93.33	30.38
90832	Psychotherapy, 30 min with patient and/or family member	07/01/19	22.11	1	22.11	31.14
90834	Psychotherapy, 45 min with patient and/or family member	07/01/19	33.15	2	66.30	37.84
90837	Psychotherapy, 60 min with patient and/or family member	07/01/19	50.03	2	100.06	56.72
90839	Psychotherapy for crisis, first 60 min	01/01/17	50.03	1	50.03	N/A
90847	Family psychotherapy with patient present	01/01/17	45.90	1	45.90	N/A
96110	Developmental screening, with scoring and interpretation, per standardized instrument	01/01/17	12.06	2	24.12	N/A
96112	Developmental test administration with interpretation and report, first 60 minutes	01/01/19	57.82	1	57.82	N/A

Procedure Code	Description	Code Effective Date	Unit price	Max Qty	State Max	Psychiatric Add-On Child or Adult*
96113	Developmental test administration with interpretation and report, each additional 30 minutes	01/01/19	26.45	6	158.70	N/A
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	01/01/20	49.71	1	49.71	N/A
96131**	Psychological testing evaluation services, each additional hour	01/01/20	38.34	7	268.38	N/A
96132**	Neuropsychological testing evaluation,first 60 minutes	01/01/19	49.10	1	49.10	N/A
96133**	Neuropsychological testing evaluation, each additional 60 min	01/01/19	37.63	7	263.41	N/A
96136**	Psychological or neuropsychological test admin & scoring by psychologist, first 30 min	05/15/19	27.15	1	27.15	N/A
96137**	Psychological or neuropsychological test admin & scoring by psychologist, each addtl 30 min	05/15/19	21.33	11	234.63	N/A
99406	Smoking and tobacco use cessation counseling, intermediate, greater than 3 min up to 10 min	01/01/17	5.39	1	5.39	N/A
99407	Smoking and tobacco use cessation counseling, intensive, greater than 10 min	01/01/17	11.47	1	11.47	N/A