



ILLINOIS OUTPATIENT PROCEDURES AND CHARGES LIST

LOCATION: ILLINOIS

RATE EFFECTIVE DATE: 01/1/2022

| CODE | SERVICE DESCRIPTION | RATES | | | | |
|--|--|----------------|---|---|--------------------------------|------------------------------|
| | | MD, APN, NP | PHD1, PSYD1 (Licensed as PhD/ PsyD) | PHD2, PSYD2 (Post-doc or other license) | LSW, LCSW, LCPC LMFT* | MA, INTERN or Other |
| PSYCHOTHERAPY & OTHER MISC. SERVICES | | | | | | |
| 90792 | Initial Psychiatric/Psychological Status Evaluation | 320.00 | | | | |
| 90791 | Initial Psychiatric/Psychological Status Eval./Assess. | | 225.00 | 200.00 | 190.00 | 156.00 |
| 90832 | Individual (30 minutes) | | 115.00 | 110.00 | 105.00 | 90.00 |
| 90833 | Individual Therapy (30 min) PLUS Med Mgmt-MEDICAL STAFF ONLY | 100.00 | | | | |
| 90834 | Individual (45 minutes) | | 185.00 | 160.00 | 150.00 | 130.00 |
| 90837 | Individual (53-60 minutes) | | 210.00 | 185.00 | 175.00 | 150.00 |
| 90846 | Family/Conjoint Therapy <u>Without</u> Patient Present (Medicare-see below) | 235.00 | 185.00 | 175.00 | 160.00 | 155.00 |
| 90847 | Family/Conjoint Therapy <u>With</u> Patient Present (Medicare-see below) | 235.00 | 185.00 | 175.00 | 160.00 | 155.00 |
| 99441 | Telephone Evaluation & Management (5-10 min.) | 95.00 | | | | |
| 99442 | Telephone Evaluation & Management (11-20 min.) | 160.00 | | | | |
| 96130 - 96131 | Psychological Testing (specify tests, time spent, referring MD–billed by unit/hours involved) | | 210.00 | | | |
| 96132 - 96133 | Neuropsychological Testing (specify tests, time spent, referring MD–billed by unit/hours involved) | | 210.00 | | | |
| 96136 - 96137 | Psychological or Neuropsych Test Admin & Scoring -billed by units of 30 mins | | 105.00 | | | |
| 96130 - 96131 | Psychological Testing (specify tests, time spent, referring MD–billed by unit/hours involved) | | 210.00 | | | |
| 99443 | Telephone Evaluation & Management (21-30 min.) | 235.00 | | | | |
| 98966 | Telephone Call (5-10 min) | | 85.00 | 80.00 | 75.00 | |
| 98967 | Telephone Call (11-20 min.) | | 115.00 | 105.00 | 95.00 | 90.00 |
| 98968 | Telephone Call (21-30 min.) | | 175.00 | 160.00 | 140.00 | 130.00 |
| EVALUATION & MGMT. SERVICES (MD ONLY) | | | | | | |
| 99205 | Comprehensive- <i>New Patient</i> (60 minutes) | 340.00 | | | | |
| 99213 | Expanded- <i>Established Patient</i> (15 minutes) | 140.00 | | | | |
| 99214 | Detailed- <i>Established Patient</i> (25 minutes) | 165.00 | | | | |
| 99215 | Comprehensive- <i>Established Patient</i> (40 minutes) | 225.00 | | | | |

Patients are responsible for co-pays and co-insurance if your provider is contracted with your insurance, or if private pay, they are responsible for the appointment amount listed. If you do not have insurance, a reduced rate can be considered with the completion of a financial disclosure form.