



**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
<b>PSYCHOTHERAPY &amp; OTHER MISC. SERVICES</b>						
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) <b>PLUS Med Mgmt-MEDICAL STAFF ONLY</b>	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
<b>EVALUATION &amp; MGMT. SERVICES (MD ONLY)</b>						
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.**