

Illinois Medicaid Mental Health Fee for Service

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	Staffing	Mode of Treatment	Billing Increment	On-Site	Off-Site	Billing Increment	On-Site	Off-Site
Mental Health Assessment	MHP	Individual	¼ hr.	\$16.65	\$19.31	Hourly	\$66.60	\$77.24
	QMHP	Individual	¼ hr.	\$18.02	\$20.90	Hourly	\$72.08	\$83.60
Psychological Evaluation	LCP	Individual	¼ hr.	\$18.02	\$24.12	Hourly	\$72.08	\$72.08
	MA- Psych.	Individual	¼ hr.	\$20.90	\$27.98	Hourly	\$83.60	\$83.60
Treatment Plan Development, Review, Modification	MHP	Individual	¼ hr.	\$16.65	\$19.31	Hourly	\$66.60	\$77.24
	QMHP	Individual	¼ hr.	\$18.02	\$20.90	Hourly	\$72.08	\$83.60
Assertive Community Treatment	Team	Individual	¼ hr.	\$26.46	\$30.70	Hourly	\$105.84	\$122.80
	Team	Group	¼ hr.	\$8.82	\$10.23	Hourly	\$35.28	\$40.92
Case Mangement - Client Centered Consultation	RSA	Individual	¼ hr.	\$13.68	\$15.87	Hourly	\$54.72	\$63.48
	MHP	Individual	¼ hr.	\$16.65	\$19.31	Hourly	\$66.60	\$77.24
Case management - Mandated Follow Up	MHP	Individual	¼ hr.	\$16.65	\$19.31	Hourly	\$66.60	\$77.24
	QMHP	Individual	¼ hr.	\$18.02	\$20.90	Hourly	\$72.08	\$83.60
Case management - Mental Health	RSA	Individual	¼ hr.	\$13.68	\$15.87	Hourly	\$54.72	\$63.48
	MHP	Individual	¼ hr.	\$16.65	\$19.31	Hourly	\$66.60	\$77.24
Case management - LOCUS Assessment	MHP	Individual	Event	\$41.04	\$47.61	N/A	N/A	N/A
Case mangement- Transition. Linkage and Aftercare	MHP	Individual	¼ hr.	\$16.65	\$19.31	Hourly	\$66.60	\$77.24
	QMHP	Individual	¼ hr.	\$18.02	\$20.90	Hourly	\$72.08	\$83.60
Community Support (individual)	RSA	Individual	¼ hr.	\$13.68	\$15.87	Hourly	\$54.72	\$63.48
	MHP	Individual	¼ hr.	\$16.65	\$19.31	Hourly	\$66.60	\$77.24
Community Support (group)	RSA	Group	¼ hr.	\$3.42	\$3.97	Hourly	\$13.68	\$15.88
	MHP	Group	¼ hr.	\$4.16	\$4.83	Hourly	\$16.64	\$19.32
Community Support - Residential (Individual)	RSA	Individual	¼ hr.	\$13.68	N/A	Hourly	\$54.72	N/A
	MHP	Individual	¼ hr.	\$16.65	N/A	Hourly	\$66.60	N/A
Community Support - Residential (Group)	RSA	Group	¼ hr.	\$3.42	N/A	Hourly	\$13.68	N/A
	MHP	Group	¼ hr.	\$4.16	N/A	Hourly	\$16.64	N/A
Community Support Team	Team	Individual	¼ hr.	\$18.02	\$20.90	Hourly	\$72.08	\$83.60

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Crisis Intervention	MHP	Individual	¼ hr.	\$29.97	\$34.77	Hourly	\$119.88	\$139.08
	Multi	Individual	¼ hr.	N/A	\$47.77	Hourly	\$191.08	\$191.08
Crisis Intervention Pre-Hospitalization Screening	MHP	Individual	Event	\$299.70	\$347.70	N/A	N/A	N/A
		Multi-Individual	Event	N/A	\$477.74	N/A	N/A	N/A
MH Intensive Outpatient	QMHP	Group - Adult	1 hr.	\$16.02	\$16.02	Hourly	\$64.08	\$64.08
	QMHP	Group - Child	1 hr.	\$32.04	\$32.04	Hourly	\$128.16	\$128.16
Psychosocial Rehabilitation - Individual	RSA	Individual	¼ hr.	\$13.68	N/A	Hourly	\$54.72	N/A
	MHP	Individual	¼ hr.	\$16.65	N/A	Hourly	\$66.60	N/A
Psychosocial Rehabilitation - Group.	RSA	Group	¼ hr.	\$3.42	N/A	Hourly	\$13.68	N/A
	MHP	Group	¼ hr.	\$4.16	N/A	Hourly	\$16.64	N/A
Psychotropic Medication Administration	LPN	Individual	Event	\$10.21	\$11.84	N/A	N/A	N/A
	APN	Individual	Event	\$12.30	\$14.27	N/A	N/A	N/A
Psychotropic Medication Monitoring	Non-APN, Non-Doc	Individual	¼ hr.	\$20.02	\$20.02	Hourly	\$80.08	\$80.08
	APN	Individual	¼ hr.	\$24.12	\$24.12	Hourly	\$96.48	\$96.48
Psychotropic Medication Training - Individual	MHP	Individual	¼ hr.	\$16.65	\$19.31	Hourly	\$66.60	\$77.24
	APN	Individual	¼ hr.	\$24.12	\$27.98	Hourly	\$96.48	\$111.92
Psychotropic Medication Training - Group	MHP	Group	¼ hr.	\$5.55	\$6.44	Hourly	\$22.20	\$25.76
	APN	Group	¼ hr.	\$8.04	\$9.33	Hourly	\$32.16	\$37.32
Therapy/Counseling	MHP	Individual	¼ hr.	\$16.65	\$19.31	Hourly	\$66.60	\$77.24
	MHP	Group	¼ hr.	\$4.16	\$4.83	Hourly	\$16.64	\$19.32
	QMHP	Family	¼ hr.	\$18.02	\$20.90	Hourly	\$72.08	\$83.60
Oral Interpretation/Sign language	Specialist	Individual	¼ hr.	\$16.65	\$19.31	Hourly	\$77.24	\$77.24
Transitional Subsidies	QMHP	Group	¼ hr.	\$6.01	\$6.97	Hourly	\$24.04	\$27.88
Utilities	N/A	Individual	Prior Authorization Required			N/A	N/A	N/A
Rent	N/A	Individual	Prior Authorization Required			N/A	N/A	N/A
Transportation	N/A	Individual	Prior Authorization Required			N/A	N/A	N/A
Personal Items	N/A	Individual	Prior Authorization Required			N/A	N/A	N/A
House wares, Furniture	N/A	Individual	Prior Authorization Required			N/A	N/A	N/A
Psychiatric Medications	N/A	Individual	Prior Authorization Required			N/A	N/A	N/A
Non-Psychiatric Medications	N/A	Individual	Prior Authorization Required			N/A	N/A	N/A

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Other	N/A	Individual	Prior Authorization Required			N/A	N/A	N/A
Forensic Evaluations and Reports	QMHP	Individual	¼ hr.	\$18.02	N/A	Hourly	\$72.08	#VALUE!
Forensic UST Fitness Restoration and NGRI Reintegration	QMHP	Group	¼ hr.	\$6.01	N/A	Hourly	\$24.04	#VALUE!
Residential Services	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Residential Services (620) Community Integrated Living Arrangement	Consumer Present	Individual	Day/Night	Per Diem	N/A	N/A	N/A	N/A
	Bedhold	Individual	Day/Night	Per Diem	N/A	N/A	N/A	N/A
Residential Services (820) Supported Residential	Consumer Present	Individual	Day/Night	Per Diem	N/A	N/A	N/A	N/A
	Bedhold	Individual	Day/Night	Per Diem	N/A	N/A	N/A	N/A
Residential Services (830) Supervised Residential	Consumer Present	Individual	Day/Night	Per Diem	N/A	N/A	N/A	N/A
	Bedhold	Individual	Day/Night	Per Diem	N/A	N/A	N/A	N/A
Residential Services (860) Crisis Residential	Consumer Present	Individual	Day/Night	Per Diem	N/A	N/A	N/A	N/A
Case Management – Transition Linkage & Aftercare (Nursing Fac.)	MHP	Individual	¼ hr.	\$16.65	\$19.31	Hourly	\$66.60	\$77.24
	QMHP	Individual	¼ hr.	\$18.02	\$20.90	Hourly	\$72.08	\$83.60
Developmental Testing	LPHA	Individual	Event	\$16.10	N/A	N/A		
	QMHP	Individual	¼ hr.	\$18.02	N/A	Hourly	\$72.08	N/A
MH Risk Assessment	LPHA	Individual	Event	\$14.60	N/A	Hourly	\$58.40	N/A
	QMHP	Group	¼ hr.	\$6.01	N/A	Hourly	\$24.04	N/A
Pre-Natal Care At Risk Assessment	LPHA	Individual	Event	\$14.60	N/A	N/A	N/A	N/A

<p style="text-align: center;">Key:</p> <p>APN = Advance Practice Nurse LCP = Licensed Clinical Practitioner LPHA = Licensed Practitioner of the Healing Arts LPN = Licensed Practical Nurse</p>	<p style="text-align: center;">Source:</p> <p>Community Mental Health Services Service Definition and Reimbursement Guide at: http://www.hfs.illinois.gov/assets/cmhs.pdf</p>
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MA - Psych = Masters Degree in Psychology
MHP = Mental Health Professional
RSA = Residential Services Advisor
QMHP = Qualified Mental Health Professional

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Important Features of Mental Health Medicaid Services Delivery and Reimbursement

Medical Necessity: Any provider seeking reimbursement from the Illinois Medicaid Program for the provision of Medicaid-funded mental health services must adhere to all applicable state and federal rules, including this guide, regarding the requirement for medical necessity for every service provided to a Medicaid eligible participant.

Medicaid Rate: HFS is responsible for establishing rates for all eligible services in the Illinois Medicaid Program. The HFS established rate is the maximum allowable rate for each eligible service. Reimbursement of a Medicaid service by a public payer in any amount up to the maximum allowable rate published by HFS shall be considered payment in full and cannot be supplemented in any way. The HFS authorized Medicaid-funded Mental Health Services and rates for Illinois will be published and maintained as a Section of this guide.

Medicaid Certification: Any provider seeking reimbursement for services consistent with this guide, either directly from HFS or as part of the Illinois Medicaid Program as funded by another public payer must be enrolled with HFS as a Community Mental Health Center (Provider Type 036) to participate with HFS Medical Programs.

Non-Covered Services: The following activities are not reimbursable to Medicaid Community Mental Health Centers, either because they are not directly therapeutic, and/or because the cost associated with the activity was already taken into account in the rates paid for billable services:

- Medicaid-funded mental health services provided to individuals not meeting the requirement of Medical Necessity as defined by 59 Illinois Administrative Code, Part 132, at the time of service provision.
- Services requiring a prior approval to individuals in instances where the provider has not sought or received authorization.
- Services provided to individuals that do not have an appropriate ICD-9-CM or ICD-10 diagnosis.
- Services for which the provider is not enrolled or certified to provide.
- Medicaid-funded mental health services that do not meet service requirements specified by 59 Illinois Administrative Code, Part 132, including staff that do not meet minimal qualifications for performing the service.
- Non-Medicaid services delivered in a manner inconsistent with the policies or procedures of the public payer.
- The provider is attempting to bill for more than one staff person per service delivered on individual claims. (Multiple staff members may be utilized and are accounted for with services that have an allowable 'HT' modifier.)
- Performance of a billable service in less than one-half billable unit (e.g., Services that are assumed at 15 minute units cannot be billed if the service is completed in less than 7.5 minutes).
- Preparation, required to perform a billable activity, (e.g., gathering child files, planning activities, reserving space).
- Activities required to complete a billable service after the billable portion of the episode is concluded (e.g., completing case notes, returning file material, clinical documentation, billing documentation, etc.).
- Unavoidable down-time, including waiting for individuals prior to a billable activity or due to failure of an individual to attend billable sessions, regardless of place of service.
- Time spent interacting with or building a relationship with individuals when this activity cannot be directly accounted for in a service listed in Section III of this guide.
- Personnel/management activities (e.g., hiring, staff evaluations, normal staff meetings, utilization review activities, and staff supervision).
- Staff training, orientation, and development.
- Clinical supervision.
- Observation of individual or activities with the individual while not actively performing another billable service.