



Bruce Rauner, Governor

James T. Dimas, Secretary

Division of Mental Health
600 East Ash • Building 500 • Springfield, IL 62703

October 19, 2016

Dear Community Mental Health Providers:

The loss of the grant funding for psychiatric services (former program 350) has had a huge impact on the mental health service system, making the hiring and retention of psychiatrists very difficult. Since I have become the director of the Division of Mental Health we have been trying various strategies to return this essential funding to the community. However, it became clear very soon that any solution to this funding would have to be one that assured federal matching funds. Grants with only general revenue funding were no longer an option.

On a regular basis I have been expressing our concerns about the funding loss to leadership in the Departments of Human Services and Healthcare and Family Services and to the Governor's Office. Many of you have been contacting your representatives and the Governor's Office to let them know the seriousness of the loss of funding for psychiatrists. The trade associations, IARF and CBHA, have done the same, as well as adding some very useful data analysis. I am pleased to inform you that these efforts have finally led to remedial action.

Effective July 1, 2016 there will be rate add-ons applied to a range of Medicaid-billable services associated with psychiatry (see attachment). The add-ons have been computed with the expectation that if community mental health centers bill for these services at FY2015 levels they will receive \$27.5 million in additional revenue in FY2017. Since these payments will be matched with federal funds, they are estimated to have a net cost to the state of slightly more than \$13 million per year.

It is clear that this solution is not a restoration of the previous grants. Without billing for these services providers will not experience any increase in revenue. We also want to draw your attention to the fact that while some of the services are billable by community mental health centers (Medicaid provider type 036), others are billable only by physicians (Medicaid provider type 010) working under the auspices of the community mental health center. You will want to make sure that physicians providing these services in your agency are appropriately enrolled with the Department of Healthcare and Family to be able to provide the service as the rendering provider with the community mental health center identified as the payee.

HFS has posted these three related Provider Notices:

1. 10/12/16 - Service Definition and Reimbursement Guide (SDRG), Reissue:

This includes an updated SDRG and a revised Fee Schedule that identifies the add-on amounts for the specific HCPCS Codes. (<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn161012a.aspx>).

2. 10/13/16 - Enhanced Payment for Psychiatric Services Provided Within Community Mental Health Centers (CMHCs):

This applies to community mental health services as described in the Service Definition and Reimbursement Guide and billed to HFS by a community mental health center. HFS will automatically adjust payments for qualifying FY17 claims that have already been adjudicated on behalf of providers.

(<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn161013b.aspx>).

3. 10/13/16 - Psychiatric Services Provided Within Community Mental Health Centers (CMHCs):

This applies to physicians that work in a CMHC and bill HFS directly as a physician after having designated a CMHC as their payee. Any qualifying FY17 services previously adjudicated must be voided and rebilled consistent with the notice, which requires the inclusion of the UB modifier See the Modifier Listing updated 10/14/16 on the HFS website.

(<https://www.illinois.gov/hfs/MedicalProviders/notices/Pages/prn161013a.aspx>).

Please keep in mind that Medicaid reimbursement is always the lower of the established Medicaid rate or the provider's charge for the service. If your charges are lower than the Medicaid rate plus the add-ons for these services, you will be reimbursed no more than your charge. You may consider re-submitting claims with dates of service back to July 1, 2016 if this is the case.

We also need to point out that these changes in rates are not permanent. At present they will expire in one year. DMH and HFS will continue to work towards a permanent solution.

Sincerely,



Diana Knaebe, Director
DHS - Division of Mental Health

Attachment

Community Mental Health Provider Rate Add-Ons for Dates of Service July 1, 2016 through June 30, 2017

Service Codes and Modifiers	Service Name	RDU Unit	Base Rates		07/01/2016 Rates	
			On-Site	Off-Site	Add-On	Off-Site
90791 UB	Psychiatric diagnostic interview without medical services	Event	\$70.00		\$30.00	\$100.00
90792 UB	Psychiatric diagnostic evaluation with medical services	Event	\$72.33		\$30.00	\$102.33
90832 UB	Psychotherapy, 30 minutes with patient and/or family member	0.50	\$79.48		\$12.00	\$41.48
90833 UB	Psychotherapy, 30 minutes with patient and/or family member when performed with an evaluation and management service	0.50	\$24.62		\$10.00	\$34.62
90834 UB	Psychotherapy, 45 minutes with patient and/or family member	0.75	\$44.20		\$15.00	\$59.20
90836 UB	Psychotherapy, 45 minutes with patient and/or family member when performed with an evaluation and management service	0.75	\$40.24		\$15.00	\$55.24
90837 UB	Psychotherapy, 60 minutes with patient and/or family member	1.00	\$66.71		\$25.00	\$91.71
90838 UB	Psychotherapy, 60 minutes with patient and/or family member when performed with an evaluation and management service	1.00	\$64.64		\$25.00	\$89.64
90839 UB	Psychotherapy for crisis, first 60 minutes	1.00	\$66.71		\$12.00	\$78.71
90847 UB	Family Psychotherapy with patient Present	Event	\$61.20		\$15.00	\$76.20
90870 UB	Psychophysiological therapy	Event	\$44.40		\$10.00	\$54.40
H0004 HO	Therapy/counseling--individual (QMHP)	0.25	\$18.02	\$20.90	\$5.00	\$23.02
H0034	Psychotropic medication training--individual	0.25	\$16.65	\$19.31	\$5.00	\$21.65
H0039	Assertive community treatment	0.25	\$26.46	\$30.70	\$12.00	\$38.46
H2011	Crisis intervention	0.25	\$29.97	\$34.77	\$7.00	\$36.97
H2015 HE HN	Community support, residential, individual (MHP)	0.25	\$16.65	\$0.00	\$5.00	\$21.65
H2015 HT	Community support, team	0.25	\$18.02	\$20.90	\$9.00	\$27.02
H0031 TG	Psychological Evaluation (LCP)	0.25	\$24.12	\$27.98	\$5.00	\$29.12
H0031	Psychological Evaluation (MCP)	0.25	\$18.02	\$20.90	\$5.00	\$23.02
H0031 HN	Mental health assessment (MHP)	0.25	\$16.65	\$19.31	\$5.00	\$21.65
H0031 HO	Mental health assessment (QMHP, AM/MA)	0.25	\$18.02	\$20.90	\$5.00	\$23.02
H2010	Psychotropic medication monitoring (MD/DO/DC)	0.25	\$24.44	\$24.44	\$10.00	\$34.44

Please note that for the CPT codes listed above (90791 through 90870) the modifier UB must be used for the add-on amounts to be applied.

