

201 South Grand Avenue East
Springfield, Illinois 62763-0002

Telephone: 1-877-782-5565
TTY: (800) 526-5812

INFORMATIONAL NOTICE

DATE: January 29, 2009

TO: Participating Physicians, Advanced Practice Nurses (APN) and Local Health Departments

RE: Increases to Reimbursement for Physician Services Effective February 1, 2009

The purpose of this notice is to inform providers that Healthcare and Family Services (HFS) will be increasing its reimbursement rates for several physician services.

Effective for dates of service on or after February 1, 2009, the following reimbursement enhancements will be implemented:

- State Maximum rates for Inpatient Neonatal and Pediatric Critical Care services will be increased.
- Office consultation services and several other physician services provided to participants age 0 through 20 will receive an add-on.
- Preventive office visits provided by Maternal and Child Health providers (MCH) and Illinois Health Connect Primary Care Providers (PCP) to participants age 21 and older will receive an add-on.

The procedure codes and rates impacted by this change are identified on the attached chart.

These steps are being taken in order to ensure access to physician services for HFS enrollees. HFS hopes that these first steps will encourage physicians to broaden access for HFS enrollees. HFS will continue to assess the potential for rate increases to increase access as it considers further steps to improve quality and access to care.

In addition, office consultation services provided to participants age 21 and older will receive an add-on beginning with dates of services on or after June 1, 2009. HFS will provide additional details regarding this increase in a future provider notice.

Information regarding the Maternal and Child Health Program and enrolling as an MCH provider may be found on the department's Web site at: <http://www.hfs.illinois.gov/mch/>. Information regarding the Primary Care Case Management Program, called Illinois Health Connect may be found on the Illinois Health Connect Web site at www.illinoishealthconnect.com, or call the Illinois Health Connect Provider Helpdesk at 1-877-912-1999.

Your participation in our programs is greatly appreciated. Questions regarding this notice may be directed to the Bureau of Comprehensive Health Services at 1-877-782-5565.

Theresa A. Eagleson, Administrator
Division of Medical Programs

PHYSICIAN RATE INCREASES

Procedure	Description	State Max.
99468	Neonatal Critical Care, Initial	\$586.70
99469	Neonatal Critical Care, Subsequent	\$251.67
99471	Inpatient Pediatric, Critical Care, Initial	\$510.67
99472	Inpatient Pediatric, Critical Care, Subsequent	\$249.51
99477	Initial Hospital Care Per Day E/M Neonate 28 days or less	\$220.73
99478	Subsequent Intensive Care (<1500g)	\$88.85
99480	Subsequent Intensive Care (2501-5000g)	\$79.04

PHYSICIAN SERVICES ADD-ONS FOR PARTICIPANTS AGE 0 THROUGH 20 YEARS

Procedure	Description	State Max.	Add-Ons	Total
90801	Psychiatric Diag Interview Exam/ 0-20 Yr	\$67.50	\$52.11	\$119.61
90802	Interactive Psych Diag Interview Using Physical Devices	\$27.55	\$92.06	\$119.61
95951	Cerebral Seizure Monitoring, With EEG, Video Monitoring And Interpretation/ 0-20 Yr	\$355.90	\$51.66	\$407.56
99241	Consult New/Est Pt Office/ 0-20 Yr	\$32.15	\$7.04	\$39.19
99242	Consult New/Est Pt Office/ 0-20 Yr	\$40.20	\$32.71	\$72.91
99243	Consult New/Est Pt Office/ 0-20 Yr	\$51.30	\$48.56	\$99.86
99244	Consult New/Est Pt Office/ 0-20 Yr	\$71.40	\$75.84	\$147.24
99245	Consult New/Est Pt Office/ 0-20 Yr	\$92.80	\$90.02	\$182.82
99291	Critical Care (30-74 Minutes)/ 0-20 Yr	\$84.90	\$55.20	\$140.10

MCH/PCP PROVIDER ADD-ONS FOR PARTICIPANTS AGE 21 YEARS AND OVER

Procedure	Description	State Max.	Add-Ons	Total
99385	Initial Eval Healthy/ 18-39 Yrs; Preventive	\$32.15	\$72.81	\$104.96
99386	Initial Eval Healthy/ 40-64 Yrs; Preventive	\$66.40	\$38.56	\$104.96
99387	Initial Eval Healthy/ 65 Yrs And Greater; Preventive	\$66.40	\$38.56	\$104.96
99395	Periodic Reeval/Mgmt. 18-39 Yrs; Preventive	\$32.15	\$53.50	\$85.65
99396	Periodic Reeval/Mgmt. 40-64 Yrs; Preventive	\$42.50	\$43.15	\$85.65
99397	Periodic Reeval/Mgmt. 65 Yrs And Greater; Preventive	\$42.50	\$43.15	\$85.65