

## Reimbursement Policy Statement Illinois Medicaid

<b>Effective Date</b>	<b>Next Annual Review</b>	<b>Policy Number</b>	
<b>06/01/2026</b>	<b>02/01/2027</b>	<b>ABHIL-RP-0022</b>	
<b>Policy Name</b>		<b>Department</b>	
<b>Psychotherapy</b>		<b>Claims Operations Medical Payment</b>	
<b>Policy Type</b>			
<b>Medical</b>	<b>Administrative</b>	<b>Pharmacy</b>	<b>Reimbursement</b>

Aetna Better Health® of Illinois (ABH IL) implements comprehensive and robust policies and procedures to ensure alignment with Illinois Department of Health Care and Family Services (HFS) and to warrant that regulatory standards are met.

ABH IL reimbursement policies are intended to provide a general reference for claims filing, coding, documentation guidelines and administrative functions. Providers are ultimately responsible for submission of accurate reporting of services provided.

Reimbursement of reported services is subject to member benefit, eligibility on date of service, medical necessity, related plan policies and procedures, correct coding and clinical editing logic, provider contracts and all applicable plan documentation and guidelines set forth by Illinois Department of Health Care and Family Services (HFS). Coding methodology, regulatory requirements, industry standard claims logic, guidance from specialty organizations and other factors are considered in the development of plan policies. ABH IL retains the right to change, amend or withdraw this policy as needed, at any time.

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**A. Policy**

This policy is provided as a guide to medical coding and editing guidelines for the appropriate reporting of psychotherapy services. This guidance aligns with AMA CPT Coding Guidelines for coding and reporting of psychotherapy as well as Illinois Department of Healthcare and Family Services provider policies.

**B. Overview**

This policy outlines the coding and editing guidelines for reporting psychotherapy services. Psychotherapy services are mental health treatments that involve talking with a trained healthcare professional to help a person understand, manage, and improve emotional, behavioral, or mental health conditions. This policy applies to all professional claim types.

**C. Definitions**

<b>Term</b>	<b>Definition</b>
Aetna Better Health of Illinois (ABHIL)	A subsidiary of CVS Health Corporation, Medicaid subsidiary that provides plan management and other administrative services for the Illinois Medicaid program.
American Medical Association (AMA)	A professional group that publishes research to advance public health and advocates for the interests of registered physician-members.
Centers for Medicare & Medicaid Services (CMS)	The federal agency that administers the Medicare program as well as works with the individual states to administer state Medicaid and Children’s Health Insurance Programs.
Current Procedural Terminology (CPT)	A medical code set maintained by the American Medical Association through the CPT Editorial Panel. The CPT code set (copyright protected by the AMA) describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes.
Illinois Department of Health Care and Family Services (HFS)	The Department of Healthcare and Family Services administers health insurance programs for children, pregnant women, and adults who are residents of Illinois.
Medicaid	The state administered program that provides health coverage to millions of Americans, including eligible low-income adults, children, pregnant women, elderly adults, and people with disabilities, according to federal requirements. The program is funded jointly by states and the federal government.



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Medicare	Medicare is a health insurance program for: people aged sixty-five (65) or older, people under age sixty-five (65) with certain disabilities, and people of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).
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**D. Reimbursement Guidelines**

ABH IL will only reimburse for psychotherapy services when appropriately reported. Appropriate reporting includes

- Psychotherapy and evaluation services are not reported with psychotherapy for crisis services
- Group psychotherapy services are reported no more than twice in a seven-day period by any provider- unless reported as conducted in a community mental health center (Place of Service 53)

Claims that are submitted will be denied when

- Psychotherapy and evaluation services are not reported with psychotherapy for crisis services
- Group psychotherapy is reported more than twice in a seven-day period by any provider in any place of service that is not a community mental health center

The medical record documentation is expected to support the specific CPT code(s) and ICD-10-CM codes reported.

**E. Codes/Condition of Coverage**

CPT Codes

90791-90792	Psychiatric diagnostic evaluation
90832-90838	Psychotherapy
90839-90840	Psychotherapy for crisis
90846-90847	Family psychotherapy
90849	Multiple-family group psychotherapy
90853	Group psychotherapy (other than of a multiple-family group)

**F. Frequently Asked Questions**

N/A

<b>G. Review/Revision Date</b>		
Action	Date	Comments
Effective Date	06/01/2026	

<b>H. Resources</b>
<ol style="list-style-type: none"><li>1. American Medical Association. <i>CPT Professional Edition 2026, AMA; 2025.</i></li><li>2. Illinois Department of Healthcare and Family Services. <i>Handbook for Practitioners Rendering Medical Services</i> [PDF]. Springfield, IL; June 16, 2021.</li></ol>