

SUPR Services Billing Guideline

This guideline establishes standardized billing codes and claims submission processes to be utilized by the Illinois Department of Human Services' Substance Use Prevention and Recovery (SUPR) certified providers for reimbursement of covered services rendered to eligible Blue Cross and Blue Shield of Illinois (BCBSIL) Blue Cross Community MMAI (Medicare-Medicaid)SM and Blue Cross Community Health PlansSM members.

SERVICES OVERVIEW

The required SUPR services for coverage by BCBSIL are listed in Table 1 below, along with the corresponding American Society of Addiction Medicine (ASAM) level(s).

Table 1. SUPR Services Overview			
Service Name	ASAM Level(s)	Unit	Per Unit Rate
Admission and Discharge Assessment	All Levels	1/4 hour (up to 8 units)	\$17.24
Psychiatric Evaluation	All Levels	Event	\$85.88
Psychotropic Medication Monitoring	All Levels	1/4 hour	\$16.40
Medication Assisted Treatment (MAT)	All levels	Event	\$73.92
Individual Therapy/Counseling, Substance Abuse	Level I	1/4 hour (up to 12 units)	\$16.40
Group Therapy/Counseling, Substance Abuse	Level I	1/4 hour (up to 12 units)	\$6.21
Individual Intensive Outpatient, Substance Abuse	Level II	1/4 hour	\$16.40
Group Intensive Outpatient, Substance Abuse	Level II	1/4 hour	\$6.21
Rehabilitation-Adult (age 21+)	Level III.5	Per Diem	Provider Specific
Rehabilitation-Child (age 20 and under)	Level III.5	Per Diem	Provider Specific
Adolescent Residential	Level III.5	Per Diem	Provider Specific
Detoxification	Level III.7D	Per Diem	Provider Specific

GENERAL CLAIM SUBMISSION REQUIREMENTS

- SUPR services may only be rendered from a site that is certified by the Illinois Department of Human Services' Division of Substance Use Prevention and Recovery. The National Provider Identifier (NPI) that providers use to bill BCBSIL must correspond to a SUPR-certified site (Provider Type 075).
- Providers of MAT services must also be certified and enrolled with HFS under the Methadone Clinic Subspecialty (Category of Service 106).
- Providers offering both substance abuse and mental health services from the same site may not utilize the same NPI number for billing substance abuse and mental health services.

BENEFIT PREAUTHORIZATION REQUIREMENTS

The following services require benefit preauthorization: Individual Intensive Outpatient, Group Intensive Outpatient, Rehabilitation-Adult, Rehabilitation-Child, Adolescent Residential and Detoxification services.

DIAGNOSIS CODES

A primary diagnosis code is required on all SUPR claims. Acceptable primary diagnosis codes for SUPR claims are listed below in Table 2.

Table 2. Acceptable Primary Diagnosis Codes	
ICD-9 (Services rendered prior to Oct.1, 2015)	ICD-10 (Services rendered on or after Oct. 1, 2015)
303-305.93	F10-F19.99

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PROFESSIONAL CLAIMS

Acceptable billing codes for outpatient SUPR services are listed below in Table 3.

Table 3. Professional Claim (837P and CMS-1500) Billing Codes						
Service Name	Billing Code	Modifier	Taxonomy Code	Unit	Per Unit Rate	Place of Service
Admission and Discharge Assessment	H0002		261QR0405X, 276400000X	1/4 hour (up to 8 units)	\$17.24	03, 21, 22, 55, 57, 99
Psychiatric Evaluation	90791			Event	\$85.88	03, 21, 22, 55, 57, 99
Psychotropic Medication Monitoring	H2010			1/4 hour	\$16.40	03, 21, 22, 55, 57, 99
Individual Therapy/Counseling, Substance Abuse	H0004			1/4 hour (up to 12 units)	\$16.40	03, 22, 57, 99
Group Therapy/Counseling, Substance Abuse	H0005			1/4 hour (up to 12 units)	\$6.21	03, 22, 57, 99
Individual Intensive Outpatient, Substance Abuse	H0004	TF		1/4 hour	\$16.40	03, 22, 57, 99
Group Intensive Outpatient, Substance Abuse	H0005	TF		1/4 hour	\$6.21	03, 22, 57, 99
Medication Assisted Treatment (MAT)	H0020		261QM2800X	Event	\$73.92	11, 55

ADDITIONAL PROFESSIONAL CLAIM SUBMISSION REQUIREMENTS

- MAT services are reimbursed on an event-based basis, with a maximum of one unit per every seven (7) calendar days.
- MAT services must be submitted on a unique and separate claim.

INSTITUTIONAL CLAIMS

Acceptable billing codes for institutional/residential SUPR services are listed below in Table 4.

Table 4. Institutional Claim (837I and UB-04) Billing Codes					
Service Name	Revenue Code	Billing Code	Modifier	Taxonomy Code	Type of Bill
Rehabilitation-Adult (age 21 +)	944 or 945	H0047		324500000X, 3245S0500X	086X, 089X
Rehabilitation-Child (age 20 or under)	944 or 945	H0047	HA		
Adolescent Residential	944 or 945	H2036			
Detoxification	944 or 945	H0010			

ADDITIONAL INSTITUTIONAL CLAIM SUBMISSION REQUIREMENTS

- SUPR residential/institutional services are to be billed as one global rate on a single institutional (837I or UB-04) claim.
- A Value Code of 80 is required on all institutional claims for the number of covered treatment days.
- If a member is being dually treated for both alcohol and substance abuse, the primary admitting diagnosis code should be utilized to determine the appropriate Revenue Code (944 or 945) for the claim.

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This material is for educational purposes only and is not intended to dictate what codes should be used in submitting claims. Health care providers are instructed to use the most appropriate codes based upon the medical record documentation and coding guidelines.

Please note that the fact that a guideline is available and/or a service has been preauthorized/pre-certified is not a guarantee of payment. Benefits will be determined once a claim is received and will be based upon, among other things, the member's eligibility and the terms of the member's certificate of coverage applicable on the date services were rendered. If you have questions, contact the number on the member's ID card for assistance.