



SUPR Services Overview and Rate Reimbursement

This resource serves as a reference for the SUPR services standardized billing codes, rate reimbursement effective Jan. 1, 2022, and benefit authorization requirements 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 Plan)SM and Blue Cross Community Health PlansSM (BCCHPSM) members.

Services Overview

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

Service Name	ASAM Level(s)	Billing Code	Modifier	Unit	Per Unit Rate as of Jan. 1, 2022
Admission and Discharge Assessment	All Levels	H0002		¼ hour (up to 8 units)	\$17.95
Psychiatric Evaluation	All Levels	90791		Event	\$89.35
Psychotropic Medication Monitoring	All Levels	H2010		¼ hour	\$17.07
Medication Assisted Treatment (MAT)	All Levels	H0020		Event	\$76.91
Individual Therapy/Counseling, Substance Abuse	Level I	H0004		¼ hour (up to 12 units)	\$17.07
Group Therapy/Counseling, Substance Abuse	Level I	H0005		¼ hour (up to 12 units)	\$6.47
Individual Intensive Outpatient, Substance Abuse	Level II	H0004	TF	¼ hour	\$17.07
Group Intensive Outpatient, Substance Abuse	Level II	H0005	TF	¼ hour	\$6.47
Rehabilitation-Adult (age 21+)	Level III.5	H0047		Per Diem	Provider Specific
Rehabilitation-Child (age 20 and under)	Level III.5	H0047	HA	Per Diem	Provider Specific
Adolescent Residential	Level III.5	H2036		Per Diem	Provider Specific
Detoxification	Level III.7D	H0010		Per Diem	Provider Specific

Benefit Authorization Requirements

The following services require benefit authorization 24 hours after the start of service: Individual Intensive Outpatient, Group Intensive Outpatient, Rehabilitation-Adult, Rehabilitation-Child, Adolescent Residential and Detoxification Services.

Admission and Discharge Assessments when in excess of 8 units, Individual Therapy (Level I) when in excess of 12 units in one day and Group Therapy (Level I) when in excess of 12 units in one day.

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.

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