Provider Memorandum

SUPR Inpatient Billing Process Refresher

As a reminder, Molina Healthcare of Illinois (Molina) follows HFS (the Department of Healthcare and Family Services) billing guidelines for all Substance Use Prevention and Recovery (SUPR) inpatient claims. This is a reminder of policy and procedure billing changes that went into effect on September 1, 2020, for licensed facilities billing for SUPR services by providers designated to provide SUPR services by HFS.

HFS and IAMHP (Illinois Association of Medicaid Health Plans) have made billing rule updates and changes to account for the 1115 Waiver Pilot programs in effect for SUPR providers, as well as 837I billing format changes needed to comply with the HFS encounter claims system. This billing guidance replaces the guidance previously set forth in June 2017.

Key Takeaways

The required SUPR services covered by HFS-contracted MCOs are listed below, along with the corresponding ASAM (American Society of Addiction Medicine) level(s). All inpatient/residential SUPR services are to be submitted on an 837I claim, in line with the Claim Type listed:

Service Name	ASAM Level(s)	Claim Type	Unit
Admission and Discharge Assessment	All levels	837P	1/4 hour
Psychiatric Evaluation	All levels	837P	Event
Psychotropic Medication Monitoring	All levels	837P	1/4 hour
Medication Assisted Treatment (MAT)	All levels	837P	Event
Individual – Therapy/Counseling, Substance Abuse	Level I	837P	1/4 hour
Group – Therapy/Counseling, Substance Abuse	Level I	837P	1/4 hour
Individual – Intensive Outpatient, Substance Abuse	Level II	837P	1/4 hour
Group – Intensive Outpatient, Substance Abuse	Level II	837P	1/4 hour
Rehabilitation – Adult (age 21+)	Level III.5	837I	Per diem
Rehabilitation – Child (age 20 or under)	Level III.5	837I	Per diem
Adolescent Residential	Level III.5	837I	Per diem
Detoxification	Level III.5	837I	Per diem
Withdrawal Management Waiver	All levels	837I	Per diem
Case Management Waiver (SUD)	All levels	837P	1/4 hour
Peer Recovery Support (PRS Waiver)	All levels	837P	1/4 hour

Additional institutional (837I) claims submission requirements:

- SUPR residential/institutional services are to be billed as one global rate on a single 837I claim. Domiciliary (room and board) and treatment costs should **not** be split, nor should they be billed to Molina separately.

- SUPR providers are asked to comply with HFS billing guidance as documented in the [IAMHP Comprehensive Billing Manual](#) for inpatient hospital providers when submitting bill type 837I claims. This methodology is based on treating 944 and 945 as accommodation revenue codes vs. treatment days as IAMHP previously indicated to providers.
  - Revenue code 944 and 945 are considered "accommodation" revenue codes in this instance, per HFS.
  - The units will be defined as units (UN) only, **not** days (DA) in the 837I transaction.
  - Should be reported on one single line at the (2400 Loop, LX1, SV2, DTP segments).
  - This change is mandated by HFS and is effective with claims received as of July 1, 2020.

- Admission Date (FL 12) is the date the patient was admitted to the facility or indicates the start of care date. It **must** be reported on the claim regardless of whether it is an initial, interim, or final bill. On an Interim Continuing (FL 4 Type of Bill = XX3) or Interim Final (FL 4 Type of Bill = XX4), the Admission Date must be prior to the statement covers "From" date. For additional guidance, refer to [Inpatient Hospital Coding Guidance](#).

- SUPR services are to be billed with Statement From and Statement Through dates **and** ONE applicable line level Dates of Service for services (LX*1):
  - When billing H0047, provider should include Statement From and Through Dates **and** service line detail of when the services were received. Example:
    - LX*1 SV2*0945*HC>H0047*20169*UN*26
    - DTP*472*RD8*20190401-20190427
    - Units must be defined as units (UN), **not** days (DA), at the line level.
  - The month Statement From Date and the month of Statement Through Date **must** be the same month. For additional guidance, refer to [Inpatient Hospital Coding Guidance](#).

- Bill Type XX1 – Admit through discharge claim.
- Bill Type XX2 – First Interim claim.
- Bill Type XX3 – Continuing Interim claim.
- Bill Type XX4 – Last Interim through discharge claim.
- For Bill Type XX1 (Admit through discharge claim) **or** Bill Type XX4 (Interim through discharge claim):
  - Do **not** calculate the day of discharge in total days of the stay.
- On the **service lines level** (2400 SV2 and DTP), units reported with the 944 or 945 revenue codes **must** be equal to total number of covered units **with RD8 qualifier** in the 837I (Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD)
  - SV2*0944* HC>H0047*9645*UN*5
  - DTP*472*RD8*20190701-20190706

Interim Claims

Claims for inpatient services rendered and paid by the per diem reimbursement methodology **cannot** be split unless the stay exceeds 30 days, or unless the patient is transferred to another facility or category of service.

Provider Resources

Detailed IAMHP memo outlining HFS guidelines for SUPR billing: iamhp.net/resources/Documents/IAMHP 4.24.2020 SUPR and Memo.pdf.

IAMHP Comprehensive Billing Manual located on this page of the IAMHP website: Illinois Association of Medicaid Health Plans (IAMHP) - Providers.

Questions?

We're here to help. Contact your Provider Network Manager or email the Provider Network Management team at MHILProviderNetworkManagement@MolinaHealthcare.com. For help identifying your Provider Network Manager, visit Molina's Service Area page at MolinaHealthcare.com.

Availity Provider Portal

We continue our transition to the Molina Availity Provider Portal, a tool that streamlines your claims management, authorizations, and eligibility/benefit verification. Are you registered? Click here.

Get Critical Updates

Receive news and updates about Molina services and plan requirements delivered straight to your inbox! Click here to join Molina's provider email list.

Note: Molina's website and documents are best viewed in Google Chrome or Microsoft Edge.