**Update to SUPR Services Notification Requirements**

CountyCare Health Plan is committed to providing an efficient and consistent Utilization Management (UM) experience for our members and providers. Based on provider feedback, we are providing some additional clarification regarding the notification and authorization of inpatient detoxification and rehabilitation (See procedure codes below).

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| **Code Type** | **Code** | **Description** |
| HCPCS | H0010 | Detoxification |
| HCPCS | H0012 | Alcohol and/or drug services; sub-acute detoxification (residential addiction program outpatient) |
| HCPCS | H0047 | Rehabilitation-Adult (Age 21+) |
| HCPCS | H0047 | Rehabilitation-Child (Age 20 or under) |
| HCPCS | H2036 | Adolescent Residential care |

* The provider or facility is required to provide notification of the initiation of rehabilitation treatment to the CountyCare Utilization Management department within 24 hours of admission of the CountyCare member.
* If CountyCare does not receive notification within 24 hours of admission, CountyCare can follow standard Utilization Review process to include medical necessity-based review.
* Continued stay requests should be submitted timely as noted in the authorization letter and include current clinical information that can include treatment, recent therapy notes and a discharge plan.
* Claims will not successfully process until notification of service is received for the full length of stay.

As a one-time courtesy, CountyCare will review all denied claims that were submitted between 01/10/2024 and 05/14/2024 (for the codes listed above) and reprocess accordingly. After 05/15/2024, providers must follow the instructions above to ensure claims are processed appropriately.

**This policy is intended to provide guidance for In-Network facilities. All Out of Network requests are subject to prior authorization along with Medical Director review and may be redirected to an In-Network facility.**

**Reminder** - there are multiple ways to request Prior Authorization:

* **In-network providers only:** may submit requests via the [CountyCare Health Plan portal](https://countycare.valence.care/) for a quicker response. Visit CountyCare Provider Portal for details on how to sign up. **You can find the portal link** [here](https://countycare.valence.care/).
* Submit via phone by calling 312-864-8200, option 5, or 1-855-444-1661, option 5.
* Submit via fax by visiting www.countycare.com for fax numbers and detail.

**Contact us**

Please contact CountyCare Provider Services at **312-864-8200, Option 6**. You can also use our Interactive Voice Response (IVR) system to verify eligibility. The Provider Services Representatives can assist you with eligibility and claim status. They can also connect you with your assigned PR Representative.

Thank you for working with us to ensure that CountyCare members receive quality care at the right time and in the right setting. If you have any questions or would like additional information, please contact your assigned Provider Relations Representative or if you do not know your assigned Representative, please contact [CountyCareProviderServices@cookcountyhhs.org](mailto:CountyCareProviderServices@cookcountyhhs.org).