

Certified Peer Specialist

Policy Number: SC14P0026A3

Effective Date: May 1, 2018

Last Update: August 5, 2021

PAYMENT POLICY HISTORY

DATE	SUMMARY OF CHANGE
August 5, 2021	Annual policy review completed. Grammatical corrections were made. These changes do not impact the technical requirements of the policy.
September 10, 2020	Annual policy review was completed. No technical changes were made. The policy information was moved to the updated UCare template and as a result some of the information may have been reformatted.
August 28, 2019	Information regarding comparison to the DHS MH Procedure CPT® or HCPCS Codes and Rates Chart and UCare fee schedule information was removed from the document. The UCare Provider Manual contains information regarding how and when UCare updates fee schedules. A link to the UCare Provider Manual continues to be available within the document.
June 24, 2019	Provider eligibility requirements for Level I and Level II Certified Peer Specialists were updated based on DHS requirements.
January 1, 2019	Annual policy review completed. Other than updating the hyperlinks and the UCare logo no changes were made to the policy.
May 1, 2018	The Certified Peer Specialist Services policy is published by UCare.

APPLICABLE PRODUCTS

This policy applies to the products checked below:

UCARE PRODUCT	APPLIES TO
UCare MinnesotaCare	✓
UCare Minnesota Senior Care Plus (MSC+)	✓
UCare Prepaid Medical Assistance (PMAP)	✓
UCare Connect	✓
UCare Connect +Medicare (When MHCP is the primary payer)	✓
UCare Minnesota Senior Health Options (MSHO) (When MHCP is the primary payer)	✓

TABLE OF CONTENTS

TABLE OF CONTENTS	PAGE
PAYMENT POLICY HISTORY	1
APPLICABLE PRODUCTS	1
TABLE OF CONTENTS.....	2
PAYMENT POLICY OVERVIEW	5
POLICY DEFINITIONS	5
ENROLLEE ELIGIBILITY CRITERIA.....	8
ELIGIBLE PROVIDERS OR FACILITIES	8
Provider.....	8
Certified Peer Specialist Level I	8
Certified Peer Specialist Level II	9
Facility	10
Other and/or Additional Information	10
EXCLUDED PROVIDER TYPES	10
MODIFIERS, CPT, HCPCS, AND REVENUE CODES	10
General Information	10
Modifiers	11
Modifiers.....	11
CPT and/or HCPCS Code(s).....	11
Revenue Codes.....	11
PAYMENT INFORMATION	11
Covered Services	11
Payment Information.....	12

Non-Covered Services 12

Time Based Services 13

BILLING REQUIREMENTS AND DIRECTIONS 13

PRIOR AUTHORIZATION, NOTIFICATION AND THRESHOLD INFORMATION 14

 Prior Authorization Notification and Threshold Requirements 14

RELATED PAYMENT POLICY INFORMATION 14

SOURCE DOCUMENTS AND REGULATORY REFENCES 14

DISCLAIMER 15

This page was intentionally left blank

PAYMENT POLICY INSTRUCTIONS

A payment policy assists in determining provider reimbursement for specific covered services. To receive payment, the provider must be in a contractual relationship with UCare and provide services to a member enrolled in one of UCare’s products. This payment policy is intended to provide a foundation for system configuration, work instructions, call scripts, and provider communications. A payment policy describes the rules for payment, which include applicable fee schedules, additional payment rules by regulatory bodies, and contractual terms. This policy is a general guideline and may be superseded by specific provider contract language.

PAYMENT POLICY OVERVIEW

Certified Peer Specialist Services focus on gaining, developing, and enhancing skills needed by an individual with mental illness to move forward in their recovery. These self-directed and person focused services are identified in the individual treatment plan and utilize a partnering approach between the certified peer specialist and the person who receives the services.

POLICY DEFINITIONS

TERM	NARRATIVE DESCRIPTION
<p>Certified Peer Specialist</p>	<p>Means a trained individual who uses a non-clinical approach that helps patients discover their strengths and develop their own unique recovery goals. The CPS models wellness, personal responsibility, self-advocacy, and hopefulness through appropriate sharing of his or her story based on lived experience.</p> <p>UCare recognizes two levels of certified peer specialists: Level I and Level II.</p> <p>Certified Peer Specialist Level I</p> <p>Level I peer specialists must meet the following criteria:</p> <ul style="list-style-type: none"> • Be at least 21 years of age; • Have or have had a primary diagnosis of mental illness; • Is a current or former recipient of mental health services;

TERM	NARRATIVE DESCRIPTION
	<ul style="list-style-type: none"> • Demonstrates leadership and advocacy skills; and • Successfully completes the Minnesota Department of Human Services (DHS) approved Certified Peer Specialist training and certification exam. <p>Certified Peer Specialist Level II</p> <ul style="list-style-type: none"> • Be at least 21 years of age; • Have or have had a primary diagnosis of mental illness; • Is a current or former recipient of mental health services; • Demonstrates leadership and advocacy skills; • Successfully completes the Minnesota Department of Human Services (DHS) approved Certified Peer Specialist training and certification exam; • Is qualified as a mental health practitioner; and • A CPS on a crisis stabilization team must complete at least 30 hours of crisis intervention and stabilization training during their first two years on the team.
Certified Peer Specialist Services	Means specific rehabilitative services emphasizing the acquisition, development and enhancement of skills needed by an individual with a mental illness to move forward in their recovery. These services are self-directed and person-centered with a focus on recovery.
Clinical Supervision	Means the oversight responsibility for individual treatment plans and individual mental health service delivery, including that provided by the case manager. Clinical supervision must be accomplished by full or part-time employment of or contracts with mental health professionals. Clinical supervision must be documented by the mental health professional cosigning individual treatment plans and by entries in the client's record regarding supervisory activities.
Clinical Supervisor	Means the mental health professional who accepts full professional responsibility for the supervisee's actions and decisions, instructs the supervisee in the supervisee's work, and oversees or directs the work of the supervisee.
Mental Health Practitioner	Means a provider who are not eligible for enrollment, must be under clinical supervision of a mental health professional

TERM	NARRATIVE DESCRIPTION
	<p>and must be qualified in at least one of the following five ways:</p> <ol style="list-style-type: none"> 1. Holds a bachelor’s degree in a behavioral science or a related field, from an accredited college or university and meets either a or b: <ol style="list-style-type: none"> a. Has at least 2,000 hours of supervised experience in the delivery of mental health services to patients with mental illness b. Is fluent in a non-English language of a cultural group to which at least 50% of the practitioner’s patients belong, completes 40 hours of training in the delivery of services to patients with mental illness, and receives clinical supervision from a mental health professional at least once a week until the requirements of 2,000 hours of supervised experience are met 2. Has at least 6,000 hours of supervised experience in the delivery of mental health services to patients with mental illness. Hours worked as a mental health behavioral aide I or II under Children’s Therapeutic Services and Supports (CTSS) may be included in the 6,000 hours of experience for child patients. 3. Is a graduate student in one of the mental health professional disciplines and an accredited college or university formally assigns the student to an agency or facility for clinical training 4. Holds a masters or other graduate degree in one of the mental health professional disciplines from an accredited college or university. 5. Is a tribally certified mental health practitioner who is serving a federally recognized Indian tribe <p>In addition to the above criteria:</p> <ul style="list-style-type: none"> • A mental health practitioner for a child patient must have training working with children. • A mental health practitioner for an adult patient must have training working with adults.
Mental Health Professional	<p>Means one of the following:</p> <ul style="list-style-type: none"> • Clinical nurse specialist (CNS) • Clinical nurse specialist (CNS) • Licensed independent clinical social worker (LICSW)

TERM	NARRATIVE DESCRIPTION
	<ul style="list-style-type: none"> • Licensed marriage and family therapist (LMFT) • Licensed professional clinical counselor (LPCC) • Licensed psychologist (LP) • Mental health rehabilitative professional • Psychiatric nurse practitioner (NP) • Psychiatry or an osteopathic physician
Notification	<p>Means an approval by UCare or their delegates prior to the delivery of a specific service or treatment. Prior authorization requests require a clinical review by qualified, appropriate professionals to determine if the service or treatment is medically necessary. UCare requires certain services to be authorized before services begin. Services provided without an authorization will be denied. Refer to the Authorization section of this policy for additional information and link to UCare’s authorization and notification requirements.</p>

ENROLLEE ELIGIBILITY CRITERIA

THIS SECTION OF THE POLICY PROVIDES INFORMATION THAT IS SPECIFIC TO THE UCARE MEMBER, INCLUDING INFORMATION ABOUT THE CRITERIA THE MEMBER MUST MEET IN ORDER FOR THE SERVICE(S) IN THE POLICY TO BE ELIGIBLE FOR PAYMENT

An individual must be enrolled and eligible for coverage in an UCare MHCP product in order to eligible for this service. To receive Peer Specialist Services, the following criteria must be met:

- The patient must be 18 years of age or older; and
- Be receiving ACT, ARMHS, IRTS, or Crisis Services.

ELIGIBLE PROVIDERS OR FACILITIES

OUTLINED BELOW IS THE SPECIFIC CRITERIA A PROVIDER MUST MEET IN ORDER FOR THE SERVICE(S) IN THIS POLICY TO BE ELIGIBLE FOR PAYMENT. THE SERVICE(S) IN THE POLICY TO BE ELIGIBLE FOR PAYMENT

Provider

UCare recognizes two Levels of certified peer specialists:

Certified Peer Specialist Level I

Level I Certified Peer Specialists must meet the following criteria:

- Be at least 21 years of age;
- Have a high school diploma, GED, or the equivalent;
- Have a primary diagnosis of mental illness;
- Is a current or former consumer of mental health services;
- Demonstrates leadership and advocacy skills; and
- Successfully completes the DHS approved Certified Peer Specialist training and certification exam.

Supervision Criteria

- Be supervised by a Mental Health Professional during the first 2,000 hours of employment
Receive direct onsite observation while providing peer services as follows:
 - Newly hired workers: at least 6 hours per 40 hours for the first 160 hours
- Workers in continued employment: at least 6 hours every six months
- Have a Mental Health Professional or Mental Health Practitioner review and co-sign progress notes

Certified Peer Specialist Level II

Level II Certified Peer Specialists must meet all requirement of a Level I Certified Peer Specialist, and one or more of the following criteria:

- Is qualified as a mental health practitioner.
- Has at least 6,000 hours of supervised experience in the delivery of peer services to people with mental illness.
- Has at least 4,000 hours of supervised experience in the delivery of services to people with mental illness and an additional 2,000 hours of supervised experience in the delivery of peer services to people with mental illness.

Supervision Requirements

Certified Peer Specialists Level II must follow the supervision requirements for a Mental Health Practitioner as outlined below:

Clinical supervision must be based on each supervisee's written supervision plan and must:

1. Promote professional knowledge, skills, and values development.
2. Model ethical standards of practice.
3. Promote cultural competency by:

- Developing the supervisee's knowledge of cultural norms of behavior for individual patients and generally for the patients served by the supervisee regarding the patient's cultural influences, age, class, gender, sexual orientation, literacy and mental or physical disability.
 - Addressing how the supervisor's and supervisee's own cultures and privileges affect service delivery.
 - Developing the supervisee's ability to assess their own cultural competence and to identify when consultation or referral of the patient to another provider is needed
 - Emphasizing the supervisee's commitment to maintaining cultural competence as an ongoing process.
4. Recognize that the patient's family has knowledge about the patient and will continue to play a role in the patient's life and encourage participation among the patient, patient's family and providers as treatment is planned and implemented.
 5. Monitor, evaluate and document the supervisee's performance of assessment, treatment planning and service delivery.

Facility

Not applicable.

Other and/or Additional Information

Not applicable.

EXCLUDED PROVIDER TYPES

OUTLINED BELOW IS INFORMATION REGARDING PROVIDERS WHO ARE NOT ELIGIBLE TO FURNISH THE SERVICE(S) LISTED IN THIS POLICY.

Not applicable.

MODIFIERS, CPT, HCPCS, AND REVENUE CODES

General Information

The Current Procedural Terminology (CPT®) HCPCS, and Revenue codes listed in this policy are for reference purposes only. Including information in this policy does not imply that the service described by a code is a covered or non-covered health service. The inclusion of a code does not imply any right to reimbursement or guarantee of claim payment.

Modifiers

The modifiers listed below are not intended to be a comprehensive list of all modifiers. Instead, the modifiers that are listed are those that must be appended to the CPT® / HCPCS codes listed below. Based on the service(s) provided, and the circumstances surrounding those services it may, based on correct coding, be appropriate to append an additional modifier(s) to the CPT® / HCPCS code.

When a service requires multiple modifiers, the modifiers must be submitted in the order listed below. If it is necessary to add additional modifiers they should be added after the modifiers listed below.

Modifiers

MODIFIER(S)	NARRATIVE DESCRIPTION
HA	Child or Adolescent
HQ	Group Modality of Care
U5	Certified Peer Specialist Level II

CPT and/or HCPCS Code(s)

CPT AND/OR HCPCS CODE(S)	MODIFIER(S)	NARRATIVE DESCRIPTION
H0038		Self-help / Peer services by a Level I Certified Peer Specialist
H0038	U5	Self-help / Peer services by a Level II Certified Peer Specialist
H0038	HQ	Self-help / Peer services in a group setting

CPT® is a registered trademark of the American Medical Association.

Revenue Codes

Not applicable.

PAYMENT INFORMATION

Covered Services

Certified Peer Specialist services encompass the following activities:

- Education and skill-building, including, but not limited to the following:
 - Wellness planning
 - Crisis planning
 - Advanced psychiatric directives

- Self-advocacy skills including connecting to professional services when appropriate
- Services that help the patient do the following:
 - Identify strengths and use their strengths to reach their treatment goals.
 - Identify and overcome barriers to participation in community resources
- Connect with resources, including:
 - Visiting community resources to assist them in becoming familiar with potential opportunities
 - Teaching and modeling the skills needed to successfully utilize community resources
- Building relationships and encouraging community-based activities, including, but not limited to:
 - Work
 - Relationships
 - Physical activity
 - Self-directed hobbies
- Transition to Community Living services when employed by a certified Adult Mental Health Rehabilitative Health service provider.

Payment Information

Certified Peer Specialist services provided within or as part of an Assertive Community Treatment team or Intensive Residential Treat Service facility are included in the daily rate and may not be billed separately.

CPT® or HCPCS CODES	MODIFIER	NARRATIVE DESCRIPTION	UNIT OF SERVICE	APPLY MASTER'S LEVEL REDUCTION	DOES 23.7% INCREASE APPLY	PROVIDERS ELIGIBLE TO PERFORM SERVICE
H0038		Self-help / Peer services by a Level I Certified Peer Specialist	15 min	No	No	<ul style="list-style-type: none"> • Level 1 Peer Specialist
H0038	U5	Self-help / Peer services by a Level II Certified Peer Specialist	15 min	No	No	<ul style="list-style-type: none"> • Level II Peer Specialist
H0038	HQ	Self-help / Peer services in a group setting	15 min	No	No	<ul style="list-style-type: none"> • Certified Peer Specialist Level I or II

Non-Covered Services

The following services are not covered as certified peer specialist services:

- Transportation
- Services that are performed by volunteers

- Household tasks, chores, or related activities such as laundering clothes, moving, housekeeping, and grocery shopping
- Time spent “on call” and not delivering services to clients
- Job-specific skills services, such as on-the-job training
- Case management
- Outreach to potential clients
- Room and board
- Service by providers that are not approved to provide CPSS as part of their ARMHS, ACT, IRTS or crisis stabilization services

Time Based Services

When billing for services that include time as part of their definition, follow HCPCS and CPT guidelines to determine the appropriate unit(s) of service to report. Based on current guidelines, providers must spend more than half the time of a time-based code performing the service to report the code. If the time spent results in more than one- and one-half times the defined value of the code, and no additional time increment code exists, round up to the next whole number. Outlined below are the billable units of service based on whether the description of the service includes the unit of measurement of 15 minutes or 60 minutes:

MINUTES	BILLABLE UNITS
Fifteen (15) Minute Increments	
0 – 7 minutes	0 (no billable unit of service)
8 – 15 minutes	1 (unit of billable service)
Sixty (60) Minute Increments	
0 – 30 minutes	0 (no billable unit of service)
31 – 60 minutes	1 (unit of billable service)

BILLING REQUIREMENTS AND DIRECTIONS

The following providers are eligible to bill for certified peer specialists:

- ARMHS providers
- Adult crisis service providers

Note: Certified Peer Specialist Services provided within an Assertive Care Treatment team or Individual Rehabilitation Treatment Service facilities are included in the daily rate and may not be billed separately.

Claims should be submitted using the 837P format or the electronic equivalent.

PRIOR AUTHORIZATION, NOTIFICATION AND THRESHOLD INFORMATION

Prior Authorization Notification and Threshold Requirements

UCare does update its' authorization, notification, and threshold requirements from time-to-time. The most current prior authorization requirements can be found [here](#).

RELATED PAYMENT POLICY INFORMATION

OUTLINED BELOW ARE OTHER POLICIES THAT MAY RELATE TO THIS POLICY AND/OR MAY HAVE AN IMPACT ON THIS POLICY.

POLICY NUMBER	POLICY TITLE
SC14P0021A3	Assertive Community Treatment (ACT)
SC15P0049A3	ARMHS
SC14P0025A4	IRTS
SC14P0027A6	Adult Crisis Response Services

UCare payment policies are updated from time to time. The most current UCare payment policies can be found [here](#).

SOURCE DOCUMENTS AND REGULATORY REFENCES

LISTED BELOW ARE LINKS TO CMS, MHCP, AND STATUTORY AND REGULATORY REFERENCES USED TO CREATE THIS POLICY

[MHCP Provider Manual, Mental Health, Certified Peer Specialists](#)

[Minnesota Statutes 245.461 to 245.468](#) Minnesota Comprehensive Adult Mental Health Act

[Minnesota Statutes 245.462](#) Definitions

[Minnesota Statutes 256B.0615](#) Mental Health Certified Peer Specialist

DISCLAIMER

“Payment Policies assist in administering payment for UCare benefits under UCare’s health benefit Plans. Payment Policies are intended to serve only as a general reference resource regarding UCare’s administration of health benefits and are not intended to address all issues related to payment for health care services provided to UCare members. When submitting claims, all providers must first identify member eligibility, federal and state legislation, or regulatory guidance regarding claims submission, UCare provider participation agreement contract terms, and the member-specific Evidence of Coverage (EOC) or other benefit document. In the event of a conflict, these sources supersede the Payment Policies. Payment Policies are provided for informational purposes and do not constitute coding or compliance advice. Providers are responsible for submission of accurate and compliant claims. In addition to Payment Policies, UCare also uses tools developed by third parties, such as the Current Procedural Terminology (CPT®*), InterQual guidelines, Centers for Medicare, and Medicaid Services (CMS), the Minnesota Department of Human Services (DHS), or other coding guidelines, to assist in administering health benefits. References to CPT® or other sources in UCare Payment Policies are for definitional purposes only and do not imply any right to payment. Other UCare Policies and Coverage Determination Guidelines may also apply. UCare reserves the right, in its sole discretion, to modify its Policies and Guidelines as necessary and to administer payments in a manner other than as described by UCare Payment Policies when necessitated by operational considerations.”