

Mental Health Certified Family Peer Specialist (CFPS)

Policy Number: SC17P0065A3

Effective Date: May 1, 2018

Last Update: September 19, 2022

PAYMENT POLICY HISTORY

DATE	SUMMARY OF CHANGE
September 19, 2022	Information regarding code-specific procedure CPT® or HCPCS was removed.
November 23, 2021	The annual policy review is completed. No changes were made to the policy.
October 20, 2020	Annual policy review was completed. Grammatical and typographical corrections were made. Enrollee eligibility criteria was updated. The Policy was moved to UCare’s updated template, and as a result some information may have been reformatted.
August 30, 2019	Information regarding comparison to the DHS MH Procedure CPT® or HCPCS Codes and Rates Chart and UCare fee schedules 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.
July 5, 2019	Based on changed DHS made to the MHCP provider manual dated May 24, 2019, UCare updated provider eligibility requirements, patient eligibility criteria, and the covered services associated with mental health certified family peer specialist services. In addition, the UCare logo and links within the policy have been updated as well.
May 1, 2018	The Mental Health Certified Family Peer Specialist was published by UCare.

APPLICABLE PRODUCTS

This policy applies to the products listed below:

UCARE PRODUCT	APPLIES TO
UCare MinnesotaCare	✓
UCare Prepaid Medical Assistance (PMAP)	✓

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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 This policy is a general guideline and may be superseded by specific provider contract language.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 (CFPS) are rehabilitative and use a non-clinical approach to help an individual with mental illness discover their strengths and develop their own recovery goals by emphasizing development, enhancement, and acquisition of skills needed to move forward in their recovery.

POLICY DEFINITIONS

TERM	NARRATIVE DESCRIPTION
Diagnostic Assessment	Means functional face-to-face evaluation resulting in a complete written assessment that includes clinical considerations and severity of the client's general physical, developmental, family, social, psychiatric, and psychological history, and current condition. The Diagnostic Assessment will also note strengths, vulnerabilities, and needed mental health services.
Emotional Disturbance	Means a child with an organic disorder of the brain or a clinically significant disorder of thought, mood, perception, orientation, memory, or behavior that seriously limit’s a child’s ability to function in primary aspects of daily living, including, but not limited to personal relations, living arrangements, work, school, and recreation.
Individual Treatment Plan (ITP)	Means the person-centered process that focuses on developing a written plan that defines the course of treatment for the patient. The plan is focused on collaboratively determining real-life outcomes with a patient and developing a strategy to achieve those outcomes. The plan establishes goals, measurable objectives, target dates for achieving specific goals, identifies key participants in the process, and the responsible party for each treatment component. In addition, the plan outlines the recommended services based on the patient’s diagnostic

TERM	NARRATIVE DESCRIPTION
	assessment and other patient specific data needed to aid the patient in their recovery and enhance resiliency. An individual treatment plan should be completed before mental health service delivery begins.
Mental Health Professional	<p>Means one of the following:</p> <ul style="list-style-type: none"> • Clinical nurse specialist (CNS) • Licensed independent clinical social worker (LICSW) • 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 the process of informing UCare or their delegates of a specific medical treatment or service prior to billing for certain services. Services that require notification are not subject to review for medical necessity but must be medically necessary and covered within the member's benefit set. Services submitted prior to notification will be denied by UCare</p>
Prior Authorization	<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.</p>
Severe Emotional Disturbance	<p>Means a child with emotional disturbance that meets at least one of the following criteria:</p> <ul style="list-style-type: none"> • Has been admitted to inpatient or residential treatment within the last three years or is at risk of being admitted • Is a Minnesota resident and receiving inpatient or residential treatment for an emotional disturbance through the interstate compact • Has been determined by a mental health professional to meet one of the following criteria: <ul style="list-style-type: none"> ○ Has psychosis or clinical depression ○ Is at risk of harming self or others as a result of emotional disturbance ○ Has psychopathological symptoms as a result of being a victim of physical or sexual abuse or psychic trauma within the past year • Has a significantly impaired home, school, or community functioning lasting at least one year or presents a risk of lasting

TERM	NARRATIVE DESCRIPTION
	at least one year, because of emotional disturbance, as determined by a mental health professional.
Serious and Persistent Mental Illness (SPMI) or Serious Mental Illness	Means a condition with a diagnosis of mental illness that meets at least one of the following and the patient: <ul style="list-style-type: none"> • Had two or more episodes of inpatient care for mental illness within the past 24 months • Had continuous psychiatric hospitalization or residential treatment exceeding six months’ duration within the past 12 months • Has been treated by a crisis team two or more times within the past 24 months • Has a diagnosis of schizophrenia, bipolar disorder, major depression, or borderline personality disorder; evidences a significant impairment in functioning; and has a written opinion from a mental health professional stating he or she is likely to have future episodes requiring inpatient or residential treatment unless community support program services are provided • Has in the last three years, been committed by a court as a mentally ill person under Minnesota statutes, or the adult’s commitment as a mentally ill person has been stayed or continued • Was eligible under one of the above criteria, but the specified time period has expired • Was eligible as a child with severe emotional disturbance, and the patient has a written opinion from a mental health professional, in the last three years, stating that they are reasonably likely to have future episodes requiring inpatient or residential treatment of a frequency described in the above criteria, unless ongoing case management or community support services are provided.

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

To be eligible for CFPS services, a child or youth must be receiving any one of the following services:

- Inpatient hospitalization

- Partial hospitalization
- Residential treatment
- Treatment foster care
- Day treatment
- Children's therapeutic services and supports
- Crisis services programs

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

Certified family peer specialists are employed by existing mental health community providers or centers who are enrolled in MHCP.

The certified family peer specialist must meet all of the following qualifications:

- Be at least 21 years of age
- Have raised or are currently raising a child with a mental illness
- Be currently navigating or have experience navigating the children's mental health system
- Demonstrate leadership and advocacy skills
- Successfully complete the Department of Human Services-approved Certified Family Peer Specialist Training and certification exam.

Family peer specialists must successfully complete the Minnesota-specific training, approved by the Department of Human Services (DHS) to become certified by DHS, and must renew or recertify every two years through continuing education requirements.

Supervision Requirements

To meet clinical supervision criteria a certified family peer specialist must:

- Be supervised by a mental health professional during the first 2000 hours of employment which includes direct onsite observation while providing peer services as follows:
 - Newly hired at least six hours per 40 hours for the first 160 hours
 - Workers in continued employment at least six hours every six months
- Have Mental health professional review and cosign progress notes

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.

MODIFIER(S)	NARRATIVE DESCRIPTION
HA	Child or Adolescent
HQ	Group Modality

CPT and/or HCPCS Code(s)

CPT AND/OR HCPCS CODE(S)	MODIFIER(S)	NARRATIVE DESCRIPTION
H0038	HA	Certified family peer specialist services
H0038	HA, HQ	Certified family peer specialist services in a group setting.

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

Revenue Codes

Not applicable.

PAYMENT INFORMATION

Covered Services

The following activities are covered as CFPS services:

- Education to develop coping and problem-solving skills
- Non-adversarial advocacy
- Collaboration with others providing care or support to family
- Connection to other families, parents, community, and school resources
- Identifying strategies and services that help promote resiliency and develop natural supports
- Establish and lead parent support groups
- Support parental self-advocacy skills, including accompanying parents to IEP and treatment planning meetings and community events.

Non-Covered Services

The following services are not covered as CFPS services:

- Transportation
- Services that are performed by volunteers
- Household tasks, chores or related activities including, but not limited to laundering clothes, moving, housekeeping and grocery shopping
- Time spent “on call” and not delivering services to patients
- On-the-job training or other job-specific skills services
- Case management
- Outreach to potential patients
- Services furnished to family members
- Room and board
- Services furnished by providers that are not approved to provide CFPS services

- CFPS services that are included in the daily rate may not be billed separately

Eligible Places of Service

CFPS services may be provided in, but are not limited to:

- An inpatient hospital setting
- Partial hospitalization
- Residential treatment
- Treatment foster care
- Day treatment
- Children's therapeutic services and supports (CTSS)
- Crisis services programs.
- Home
- School
- Community
- Clinic

Based on MHCP guidelines when certain mental services are furnished by a Masters prepared provider a twenty percent (20%) reduction is applied to the allowed amount. Masters prepared providers are:

- Clinical Nurse Specialist (CNS-MH)
- Licensed Independent Clinical Social Worker (LICSW)
- Licensed Marriage and Family Therapist (LMFT)
- Licensed Professional Clinical Counselor (LPCC)
- Licensed Psychologist (LP) Master's Level
- Psychiatric Nurse Practitioner
- Master's Level enrolled provider

Masters level reductions are not applied to mental health services when they are furnished:

- In a Community Mental Health Center (CMHC); or
- By a Mental Health Practitioner qualified to work as a clinical trainee.

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

When submitting CFPS services use the 837P (Professional) format or the electronic equivalent.

PRIOR AUTHORIZATION, NOTIFICATION AND THRESHOLD INFORMATION

Prior Authorization and Notification Requirements

CFPS do not require an authorization. UCare does update its' authorization, notification, and threshold requirements from time-to-time. The most current prior authorization requirements can be found [here](#).

Threshold Information

Not applicable.

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
SC14P0004A2	Diagnostic Assessment

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

SOURCE DOCUMENTS AND REGULATORY REFERENCES

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

[MHCP Provider Manual, Mental Health Services, Mental Health Certified Family Peer Specialist](#)

[DHS MH Procedure CPT® or HCPCS Codes and Rates Chart](#).

[MN Statutes 256B.0616 Mental Health Certified Family 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.”