

Peer Support Specialist and Peer Wellness Specialist billing guide

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CareOregon is committed to supporting our membership to live better lives, prevent illness, and respond effectively to health issues. Peer Support Specialists (PSS) and Peer Wellness Specialists (PWS) are valuable resources in supporting recovery, improving individuals' engagement with care, and increasing satisfaction with overall treatment. Peers support an individual or the individual's family members and have similar life experience as a current or former recipient, or family member of a recipient, of mental health or substance use services.

Peer services are a covered benefit for all Oregon Health Plan members when provided at a behavioral health facility with a Certificate of Approval (COA), and as prescribed in a service/treatment plan. This includes services provided by Family Support Specialists (FSS) and Youth Support Specialists (YSS). Below is information outlining the requirements and process for receiving reimbursement for peer services. Please note that while CareOregon will routinely update the information in this guide, all THWs are responsible for completing and complying with the most recent OHA requirements.

Covered peer services

Peers assist individuals with mental health or substance use disorders and/or their family members to create and maintain recovery, build resiliency, and improve their health and wellness. Peer services are intended to support individuals and families to engage individuals in ongoing treatment and to live successfully in the community. Covered Peer services include:

- Assisting individuals with identifying their behavioral health service and support needs.
- Assisting individuals with access to available services and resources.
- Addressing barriers to services.
- Providing education and information about available resources and behavioral health issues to reduce stigma and discrimination toward consumers of behavioral health services.
- Providing direct services to assist individuals in creating and maintaining recovery, health, and wellness.

While Peer roles may also include advocacy, evaluation, pre- or post-treatment support, or administration activities (please see the *OHA THW Toolkit* for full PSS and PWS scope or work), current OHP Fee-for-Service reimbursement for Peer-delivered services is limited to services provided at a behavioral health facility with a Certificate of Approval (COA), as prescribed in a service/treatment plan.

Similarly, transportation itself is not a billable service. If services such as case management or Peer support are provided during transportation, only the time spent providing the service is billable.



Reimbursement for Peer services

THW certification and enrollment as an Oregon Medicaid Provider

CareOregon is committed to reimbursing for Peer Support Specialist and Peer Wellness Specialist ("Peer") services when they are provided by a certified Peer who is enrolled as an Oregon Medicaid Provider at a behavioral health facility with a COA. Requirements for certification and enrollment are listed below, and step-by-step instructions are available in CareOregon's THW Claims Submission Guide.

- 1. Complete a Peer training program approved by the Oregon Health Authority's Office of Equity and Inclusion and obtain THW certification, including being listed on Oregon's *THW Registry*.
- 2. Obtain a National Provider ID and enroll as an Oregon Medicaid Provider.
 - a. Use Provider Type 13 (Traditional Health Worker) and the specialty code appropriate for the Peer's certification (see OHA's *Provider enrollment and billing for Peer Services guide*).
- **3.** You will be enrolled as a provider with CareOregon once your organization submits the necessary delegation notification forms to CareOregon.

Required supervision

Peers provide services to individuals or family members under the supervision of a qualified Clinical Supervisor and a qualified Peer-delivered services supervisor as resources are available. Supervision should include quidance in the unique discipline of Peer-delivered services and the roles of Peers.

According to the Oregon Health Authority (OHA), Clinical Supervisors are individuals qualified to oversee and evaluate substance use, problem gambling, or mental health services and supports. Clinical Supervisors should provide ongoing evaluation and improvement of the effectiveness of Peer services. Clinical Supervisors must demonstrate competence in service areas including but not limited to cultural responsiveness, oversight and evaluation of services, staff development, assessment, person-centered treatment planning, case management and coordination, utilization of community resources, and documentation and rationale for services to promote intended outcomes. More information on required competencies and additional education/work required experience of Clinical Supervisors is available in the *Oregon Administrative Rules Database*.

Peer-Delivered Service Supervisors must be a certified PSS or PWS and have at least one year of experience working as a PSS or PWS in behavioral health services and be able to evaluate and guide Peers in the delivery of services. More information on best practices for Peer supervision is available in the OHA THW Toolkit.

Confirming insurance status

Before submitting a claim, the individual's insurance status needs to be verified so that the correct insurer is billed. You can confirm that the individual is a CareOregon member though the resource below. More information about accessing these resources to verify insurance status can be found in CareOregon's *THW Claims Submission Guide*.

- Medicaid Management Information System access is provided through enrollment as an Oregon Medicaid Provider.
- CIM, an online tool offered by PH Tech access can be requested through help.phtech.com



Submitting Peer claims

- Peer services do not require prior authorization but do need to be included in the individual's treatment/service plan.
- The available codes listed below are the same for services provided either for adults or children/youth.
- Family Support Specialists and Youth Support Specialists can bill for services that are part of a child's service plan. This includes support provided to the parent, or the child/youth.
- Peers should be listed as the rendering provider on the claim, and the facility that holds a COA is to be listed as the pay-to provider. Peers do not bill independently. The organization or clinic bills for them.
- Peer services can be provided in addition to other services provided on the same day for the same individual.
- For clinics receiving a capitated rate (e.g., ACT for adults), clinics must submit \$0 paid claims (i.e., encounters) for all services, including Peer services.
- Documentation should meet the requirements outlined in the *Measures and Outcomes Tracking System (MOTS) Reference Manual*.

Please see CareOregon's *THW Claims Submission Guide* for details on how to become eligible to bill Peer services to CareOregon, the claims submission process, access to our provider portal to check member eligibility and claims status, and other helpful resources around billing for Traditional Health Worker services.

Available procedure codes

Below is a list of procedure codes that Peers are eligible to provide as part of a service/treatment plan, within a behavioral health facility with a COA.

Codes	General Description (see OAR 309-019 for additional definitions of services)
G0177 HQ	Training and educational services related to the care and treatment of patient's disabling mental health problems per session, group (45 minutes or more)
H0038	Self-help/Peer services (per 15 minutes)
H0039	Assertive community treatment (ACT), face-to-face (per 15 minutes); NOTE : Code only eligible for facilities with a COA that have a contract with CareOregon for ACT services.
H2014	Skills training and development (per 15 minutes)
H2014 HQ	Skills training and development, group (per 15 minutes)
T1016 HN	Case management (per 15 minutes)

Payment

Peer services will be reimbursed based on existing payment terms outlined within your clinic's provider contract with CareOregon. Please note that it is important that you submit claims with your standard billing costs listed as the billed charges even if they are higher than your established payment terms. Billing your standard rates will allow us to capture this data for encounter purposes and take that into consideration for future rate setting with the OHA. When rates are not established through your provider contract, CareOregon will reimburse according to the CareOregon's Metro Behavioral Health Fee Schedule in effect on the date of service (accessible via the CIM portal).



Helpful links

Oregon Administrative Rules for Peers

Please refer to the following Oregon Administrative Rules (OAR) and Oregon Revised Statutes (ORS) for more information about Peer services and requirements:

- OAR 410-180-0305, Traditional Health Workers
- ORS 414.025 (7), Definitions for ORS chapters 411, 413, and 414
- ORS 414.665, Traditional health workers utilized by coordinated care organizations
- OAR Chapter 309-019, Outpatient Behavioral Health Services
- OAR 309-008-0250, Required Certification for Behavioral Health Treatment Services

OHA Office of Equity and Inclusion contact information

For additional Information about the THW program, please contact OHA/OEI at:

• Telephone: 971-673-3353

• Fax: 971-673-1128

Email: thw.program@dhsoha.state.or.us

CareOregon support

Additional questions can be directed to the support person in your region:

• CareOregon Portland Metro: metrothw@careoregon.org

Additional resources

- » OHA's Office of Equity and Inclusion PSS Webpage
- » OHA's Office of Equity and Inclusion PWS Webpage
- » OHA's THW Registry
- » CareOregon's Traditional Health Worker Claims Submission Guide
- » OHA's THW Toolkit
- » OHA's Provider Enrollment and billing for Peer-delivered services
- » Behavioral Health Fee Schedule
- » Mental Health and Addictions Certification Board of Oregon (MHACBO)