

Clinical Policy: Peer Support Services

Reference Number: SC.BH.CP.502

Date of Last Revision: 01/25

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

This clinical policy describes the medical necessity criteria for peer support services for Absolute Total Care as outlined by the South Carolina Department of Health and Human Services (SCDHHS).

Peer Support Services (PSS) assist member/enrollees in their recovery from mental health and/or substance use disorders (SUD) by sharing similar lived experience and concepts of recovery. The service is provided by a certified peer support specialist (CPSS) who utilizes their own experience and training to help others understand how to manage their illness in their daily lives and provide ongoing support for continued engagement in the recovery process.¹

Peer Support Services promote skills for coping with and managing symptoms while utilizing natural resources to develop and improve community living skills.¹

**Note: In-network providers may render up to 216 units (or 56 hours) of peer support services without prior authorization. Continued services beyond 216 units require prior authorization.*

Policy/Criteria

- I. It is the policy of Absolute Total Care and Centene Advanced Behavioral Health that *initial requests for admission to peer support services (PSS)* for up to 30 days* are medically necessary when all of the following are met:
 - A. The member/enrollee has been diagnosed with a severe and persistent mental illness (SPMI), and/or substance use disorder (SUD);
 - B. The member/enrollee meets two or more of the following, as a result of the mental illness and/or SUD:
 1. Significant difficulty, independently and consistently, accessing behavioral health services (e.g., relies on emergency department services to manage mental illness, has had two or more inpatient admissions due to mental illness over the last year);
 2. Is being released from incarceration or being discharged from a hospital or facility-based program;
 3. Severe functional impairment that interferes with activities of daily living (e.g., hygiene, nutrition, finances, home maintenance, childcare), or has difficulties with other community service needs (e.g., housing, transportation, or legal issues);
 4. Significant challenges meeting educational or employment goals;
 5. Lives in unsafe or temporary housing;
 6. Does not have sufficient family or other social support; or supports in place are insufficient to help improve or manage mental illness;
 - C. Diagnostic assessment has been completed by a Licensed Practitioner of the Healing Arts (LPHA) acting within the scope of his/her professional licensure and the services, including frequency are recommended;

CLINICAL POLICY

Peer Support Services

- D. Member/enrollee is assessed to be at low risk of serious harm to self or others;
- E. Member/enrollee has demonstrated the need for assistance with community living and is expected to benefit from the intervention. Needs would not be better clinically met by any other formal or informal system or support.
- F. Member/enrollee has an individualized plan of care (IPOC) that addresses mental health concerns and any co-occurring general medical condition;
- G. Services will be provided and supervised by a state approved, Certified Peer Support Specialist (CPSS);

II. It is the policy of Absolute Total Care and Centene Advanced Behavioral Health that requests for *continued peer support services (PSS)* for up to 90 days* are medically necessary when meeting all of the following:

- A. Member/enrollee meets admission criteria in section I;
- B. Documentation includes all of the following:
 1. Peer support service notes within the last 30 days indicating there has not been a lapse of peer support services for more than 30 days;
 2. Additional documentation to support the need for continued services (i.e., recent hospital discharge information, information related to a recent relapse, noted significant life stressors which may place the individual at risk for hospitalization or relapse, etc.);
- C. All of the following:
 1. Member/enrollee is actively participating in peer support services and interventions;
 2. Current or revised individual plan of care (IPOC) is expected to improve the presenting mental illness and objective behavioral indicators of improvement are documented in the progress notes;
 3. Member/enrollee does not require a higher level of care, and no other intervention level would be appropriate;
 4. The member/enrollee is making progress, but additional interventions are needed or must be modified for greater gains to be achieved.

Background

Peer support services assist member/enrollees in their recovery from mental health and substance use disorders by sharing similar lived experience and concepts of recovery. These services are person-centered with a recovery focus and allow member/enrollees the opportunity to direct their own recovery and advocacy process. Services are structured and planned individually or in group activities that promote socialization, recovery, self-advocacy, and preservation. PSS must be coordinated within the context of a plan of care (POC) that is comprehensive, individualized, and includes specific individualized goals. Providers should use a person-centered planning process to help promote member/enrollee ownership of the POC. Peer support services should be provided in settings appropriate and comfortable for the member/enrollee and may include the home, community, or office.

Peer support services are provided by Certified Peer Support Specialists (CPSS). CPSS are individuals who have personal recovery stories related to primary mental illness and are fully integrated members of the clinical care team. They serve as powerful advocates, offering advice, guidance, insights, and information on recovery and treatment services. They listen, assist in

CLINICAL POLICY

Peer Support Services

identifying key resources, and encourage members to overcome barriers and work towards their goals. Additionally, the CPSS provides ongoing support to keep the member/enrollee engaged in proactive and continuous follow-up treatment. The CPSS must meet the specific, minimum educational and training requirements mandated by the SCDHHS as specified in the state RBHS Provider Manual. CPSS are members of multidisciplinary teams that provide services in hospital emergency departments, acute psychiatric hospital settings, within mobile crisis intervention teams, or Assertive Community Treatment teams.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2024, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

| HCPCS®* | Description |
|---------|--|
| H0038 | Self-help/peer services, per 15 minutes (Services rendered via telehealth must include a GT modifier) |

| Reviews, Revisions, and Approvals | Revision Date | Approval Date |
|--|---------------|---------------|
| New Policy based off the South Carolina Department of Health and Human Services (SCDHHS) Rehabilitative Behavioral Health Services (RBHS) Provider Manual guidelines for peer support services | 01/25 | |

References

1. South Carolina Department of Health and Human Services (SCDHHS) Rehabilitative Behavioral Health Services (RBHS) Provider Manual. <https://www.scdhhs.gov/providers/manuals/rehabilitative-behavioral-health-services-rbhs-manual>. Published July 1,2024. Accessed January 10, 2025.
2. Substance Abuse and Mental Health Service Administration. What are Peer Recovery Support Services? <https://www.samhsa.gov/resource/ebp/what-are-peer-recovery-support-services>. Published October 11,2024. Accessed January 10, 2025.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and

CLINICAL POLICY

Peer Support Services

accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment by providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

CLINICAL POLICY

Peer Support Services

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

©2024 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any trademark, copyright or other notice contained herein. Centene® and Centene Corporation® are registered trademarks exclusively owned by Centene Corporation.