Peer Support Billing Pathways

Executive Summary

In 1999, the emerging practice of behavioral health-oriented Peer Support radically advanced when the state of Georgia worked with the Centers for Medicare and Medicaid Services (CMS) to secure billing policy for the provision of Peer Support through the Medicaid Rehabilitation Option. Since that time, Peer Support has grown to be recognized by public and private payers, multiple state and federal agencies, and is implemented in many countries throughout the world (Puchner, 2018; Shalaby, 2020; AAFP, 2014). The White House has further reinforced the importance of the Peer Support workforce, recognizing the need to, “[b]uild a national certification program for peer specialists...which will accelerate universal adoption, recognition, and integration of the peer mental health workforce across all elements of the health care system” (The White House, 2022).

While payers and governing bodies vary in their definitions of behavioral health Peer Support, the definition recognized by the U.S. Health & Human Services’ Substance Abuse and Mental Health Services Administration is the most generally accepted definition:

**DEFINITION:**

Peer support encompasses a range of activities and interactions between people who share similar experiences of being diagnosed with mental health conditions, substance use disorders, or both. This mutuality—often called “peerness”—between a peer support worker and a person in or seeking recovery promotes connection and inspires hope.

Peer support offers a level of acceptance, understanding, and validation not found in many other professional relationships (Mead & McNeil, 2006). By sharing their own lived experience and practical guidance, peer support workers help people to develop their own goals, create strategies for self-empowerment, and take concrete steps towards building fulfilling, self-determined lives for themselves (SAMHSA, 2017).
The individuals who provide this crucial recovery support intervention are called by a variety of titles in different jurisdictions (SAMHSA, 2017). States vary in the titles assigned to Peer Support Workers (referenced as PSWs henceforth in this paper). A PSW, for purposes of this paper, can be:

1. A trained and credentialed practitioner who has individual lived experience of either a recovery journey with a behavioral health condition (mental health or substance use).

2. A family member who, by virtue of being a part of a child’s family system, has lived experience of a behavioral health condition within the family system and provides Peer Support through that lens (often referred to as Parent/Family Peer Support).

In 1999, CMS became the first large insurance payer to endorse reimbursement of PSWs (CMS, 2007). CMS further etched their support of reimbursement of this service and the related guild in a series of behavioral health memoranda and has influenced other payers in the health care industry.

### Medicaid Payer Pathways

**Traditional Outpatient BH Services**

Peer Support services are a part of most state Medicaid behavioral health system designs. In most state outpatient models, this code is billed as H0038 - Self-Help/Peer Services (HCPCS, 2022).

When peer support is delivered as a part of a Medicaid outpatient state plan benefit, there is generally an expectation that the service is provided via a credentialed agency model. States vary in their qualifications for these agencies with the prevalent agency models defined here:

- Community Behavioral Health Center models
- Comprehensive Behavioral Health Service Agencies
- Specialty Provider Agencies
- Peer-Run/Family-Run Organizations

**Rehabilitative/Non-Traditional Outpatient Services:**

There remain several other non-traditional outpatient services through which PSWs can provide peer-oriented service through alternate mechanisms. Models include, yet are not limited to:

- Assertive Community Treatment (ACT)
- Opioid Treatment Programs
- Child/Family Team Services for Children, Adolescents, And Young Adults
- Supportive Housing/Tenancy Supports

**Behavioral Health Residential Facilities**

Workforce policy and regulation for these service levels include allowances for variety of personnel. PSWs can be integrated into meaningful peer support roles within these programs.

**Behavioral Health Inpatient Facility**

These facilities provide continuous treatment to an individual experiencing an acute behavioral health issue. Regulations generally allow PSWs to be staff in these service settings under alternate titles such as Behavioral Health Technician or Behavioral Health Paraprofessional.
Medicaid Managed Care
With federal CMS approval, Medicaid managed care arrangements can be entered into between states and selected accredited managed care vendors for the provision of health service delivery. These vendors can pilot or target serving Medicaid beneficiaries in the most efficient and effective manner, beyond the bounds of a Medicaid State Plan. This gives plans the option to adopt and test emerging peer support practice designs in healthcare delivery, allowing innovation to emerge.

Federally Qualified Health Centers (FQHC)
A Federally Qualified Health Center (FQHC) is a community-based health provider that meets rigorous standards to be designated as such. The FQHC can provide “behavioral and mental health and substance use disorder services” (Community health centers and the National Health Service Corps Fund, 2020). Federal HRSA guidance through FQHC behavioral health expansion grants also clearly indicates that “Other Mental Health staff” (unlicensed) are allowable staff as well as “Substance Use Disorder Providers” which can scope in qualified PSWs.

Rural Health Clinics
This practice model is quite like an FQHC model apart from a few parameters, primarily that the RHC has some flexibilities regarding physician access and oversight and that the clinic must meet slightly differing expectations regarding its location in underserved areas/population as defined by the state or federal sources (HRSA-ORH, n.d.).

Collaborative Care Models (CoCM)
Collaborative Care Models (CoCM) are team-based approaches through which integrated physical and behavioral health are provided and coordinated. The models are defined by Medicare as having a treating practitioner as the billing agent and two other team members who provide services “incident to” the treating practitioner. Team member definitions include a Behavioral Health Care Manager. While the definition does not specifically call for a peer practitioner, the scope of role can allow a PSW to function in this role, particularly considering the charge for activation, problem-solving, and motivational aspects of the service model (Medicare, 2022).

Emerging Healthcare Opportunities
There are many emerging opportunities in which PSWs can offer their unique skills in assisting others with their health and wellness:

- 9-8-8 and Related Crisis Infrastructure, including Crisis Call Centers, Warmline Response, Mobile Crisis Models, Crisis Stabilization Unit Services, Living Room/Peer Respite Models, and Co-Responder Models
- School-Based Mental Health
- Certified Community Behavioral Health Clinic (CCBHC)
Medicare

Medicare does not currently recognize Peer Support through its general benefits plan; however, there are four encouraging trends to denote:
- CMS has encouraged Medicare Advantage plans to cover Peer Support for substance use disorder treatment and support (CMS, 2019).
- The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) required federal CMS to implement an incentive program which has named “peer-led support for self-management” and “condition-specific chronic disease or substance use disorder self-management programs” as parts of the activity description.
- In July 2022, CMS has signaled proposed changes to the Medicare program to enable new practitioners including the use of PSWs (CMS, 2022).

Veteran’s Health Administration

The Veteran’s Health Administration (VHA) behavioral health program was an early adopter of Peer Support beginning services in the early part of the century (following a few state model leaders). In 2012, a White House Executive Order charged the VHA with producing a Peer Support Toolkit to further promote expansion of the service delivery (VHA, 2013). More recently, the VHA has promoted using PSWs in blended primary and behavioral healthcare models such as Patient-aligned Care Teams, Primary Care-Mental Health Integration, and its Whole Health Initiative (VHA, 2018).

Private Insurance

While slow to adopt this recovery-oriented practice, the private insurance industry is slowly releasing peer support coverage. While many benefit plans have their peer support anchor in Medicaid/Medicare plan within states, their adoption of global statements recognizing PSWs and Peer Support provide a foundation for future private health plan adoption.

Varieties of Rate Modeling

There are many varieties of rate modeling for Peer Support and PSW-delivered work including traditional fee-for-service models, Prospective Payment Systems, Bundled Rates, and Value-Based Payments.
Conclusion

Behavioral Health-centered Peer Support services are now generally accepted practice among public payers, and becoming more accepted by private, third-party payers. The Peer Support Workers (PSWs) who provide these services go by a variety of naming conventions, are generally certified by state authorities, and are emerging as a critical and necessary guild in the behavioral healthcare arena. The benefit of this workforce’s lived experience lens is continuing to provide positive impact to individuals served, and as such, PSWs are continuing to find themselves at the fulcrum of emerging practice models. Understanding the billing pathways for the maximum benefit of this workforce is a necessary key to employing these practitioners and enabling peer support to be received by individuals in need.
References


References


The Behavioral Health Excellence-Technical Assistance Center provides training and technical assistance for HRSA’s Behavioral Health Workforce Development Grantees. Learn more at bhe-tac.org.