

## Certified Peer Specialist

Policy Number: SC14P0026A3

Effective Date: May 1, 2018

Last Update: February 19, 2025

### PAYMENT POLICY HISTORY

DATE	SUMMARY OF CHANGE
February 19, 2025	Policy updated to reflect change to legislated payment adjustment outlined on Approved SPA 24-44.
June 24, 2024	Annual policy review complete. Updates made to definitions. Additional grammar, formatting, and stylization updates applied.
February 16, 2023	Annual policy review is completed. Updates made to enrollee eligibility criteria, supervision criteria, and covered services have been replaced with a "Scope" section (changes published by DHS October 17, 2022). Policy definitions were also updated.
September 19, 2022	Information regarding code-specific procedure CPT® or HCPCS was removed.
November 23, 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 PRODUCT	APPLIES TO
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.....	9
ELIGIBLE PROVIDERS OR FACILITIES.....	9
Provider.....	9
Certified Peer Specialist Level I .....	9
Certified Peer Specialist Level II .....	10
Facility .....	10
Other and/or Additional Information .....	10
EXCLUDED PROVIDER TYPES .....	10
MODIFIERS, CPT, HCPCS, AND REVENUE CODES .....	10
General Information .....	10
Modifiers .....	10
CPT and/or HCPCS Code(s).....	11
Revenue Codes.....	11
PAYMENT INFORMATION .....	11
Scope.....	11

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Non-Covered Services .....	11
Payment Adjustments.....	12
BILLING REQUIREMENTS AND DIRECTIONS.....	13
Time Based Services.....	13
PRIOR AUTHORIZATION, NOTIFICATION, AND THRESHOLD INFORMATION .....	14
Prior Authorization, Notification, and Threshold Requirements.....	14
RELATED PAYMENT POLICY INFORMATION.....	14
SOURCE DOCUMENTS AND REGULATORY REFERENCES .....	14
DISCLAIMER.....	14

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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 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
Certified Peer Specialist	<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><b>Qualifications</b></p> <p><b>Certified Peer Specialist Level I</b></p> <p>Level I peer specialists must meet the following criteria:</p> <ul style="list-style-type: none"> <li>• Be at least 18 years old</li> <li>• Have or have had a primary diagnosis of mental illness</li> <li>• Is a current or former recipient of mental health services</li> </ul>

TERM	NARRATIVE DESCRIPTION
	<ul style="list-style-type: none"> <li>• Be willing to share their experience of recovery</li> <li>• Successfully completes the DHS approved Certified Peer Specialist training and certification exam</li> </ul> <p>Certified Peer Specialist Level II</p> <p>Level II peer specialists must meet all requirement of a Level I CPS and be qualified as a mental health practitioner.</p>
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	<p>Means a provider who are not eligible for enrollment, must be under clinical supervision of a mental health professional and must be qualified in <i>at least one</i> of the following five ways:</p> <ol style="list-style-type: none"> <li>1. Practitioner is qualified through relevant coursework by completing at least 30 semester hours or 45 quarter hours in Behavioral Sciences or related fields and:             <ol style="list-style-type: none"> <li>a. Has at least 2,000 hours of supervised experience in the delivery of services to adults or children with:                 <ol style="list-style-type: none"> <li>i. Mental illness, substance use disorder,</li> <li>ii. Traumatic brain injury or developmental disabilities and completes 30 hours of additional</li> </ol> </li> </ol> </li> </ol>

TERM	NARRATIVE DESCRIPTION
	<p>training on mental illness, recovery and resiliency, mental health de-escalation techniques, co-occurring mental illness and substance abuse, and psychotropic medications and side effects; or</p> <ul style="list-style-type: none"> <li>iii. Is fluent in the non-English language of the ethnic group to which at least 50 percent of the practitioner's clients belong, and completes 30 hours of additional training on mental illness, recovery and resiliency, mental health de-escalation techniques, co-occurring mental illness and substance abuse, and psychotropic medications and side effects; or</li> <li>iv. Has completed a practicum or internship that required direct interaction with adults or children served, and was focused on behavioral sciences or related fields; or</li> <li>v. Is working in a MHCP-enrolled adult or children's day treatment program.</li> </ul> <p>2. Practitioner is qualified through work experience if the practitioner has either:</p> <ul style="list-style-type: none"> <li>a. At least 4,000 hours of experience in the delivery of services to adults or children with: <ul style="list-style-type: none"> <li>i. Mental illness, substance use disorder, or</li> <li>ii. Traumatic brain injury or developmental disabilities and completes 30 hours of additional training on mental illness, recovery and resiliency, mental health de-escalation techniques, co-occurring mental illness and substance abuse, and psychotropic medications and side effects;</li> </ul> </li> </ul>

TERM	NARRATIVE DESCRIPTION
	<p>b. At least 2,000 hours of work experience and receives treatment supervision at least once per week until meeting the requirement of 4,000 hours in the delivery of services to adults or children with:</p> <ul style="list-style-type: none"> <li>i. Mental illness, or substance use disorder; or</li> <li>ii. Traumatic brain injury or developmental disabilities and completes 30 hours of additional training on mental illness, recovery and resiliency, mental health de-escalation techniques, co-occurring mental illness and substance abuse, and psychotropic medications and side effects;</li> </ul> <p>3. Practitioner is qualified if they hold a master's or other graduate degree in behavioral sciences or related fields.</p> <p>4. Practitioner is qualified as a vendor of medical care if the practitioner meets the definition of vendor of medical care in <a href="#">Minnesota Statutes, 256B.02</a>, subdivision 7, paragraphs (b) and (c), and is serving a federally recognized tribe.</p> <p>In addition to the above criteria:</p> <ul style="list-style-type: none"> <li>• A mental health practitioner for a child member must have training working with children.</li> <li>• A mental health practitioner for an adult member must have training working with adults.</li> </ul>
Mental Health Professional	<p>Means one of the following:</p> <ul style="list-style-type: none"> <li>• Clinical nurse specialist (CNS)</li> <li>• Licensed independent clinical social worker (LICSW)</li> <li>• Licensed marriage and family therapist (LMFT)</li> <li>• Licensed professional clinical counselor (LPCC)</li> <li>• Licensed psychologist (LP)</li> <li>• Mental health rehabilitative professional</li> <li>• Psychiatric nurse practitioner (NP)</li> <li>• Psychiatry or an osteopathic physician</li> <li>• Tribal-certified professional</li> </ul>



**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 to be 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, Crisis Services, or be enrolled in a CCBHC.

**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.**

**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 18 years old
- Have or have had a primary diagnosis of mental illness
- Is a current or former recipient of mental health services
- Be willing to share their experience of recovery
- Successfully completes the DHS approved Certified Peer Specialist training and certification exam
- Be certified by the Department of Human Services.

***Supervision Criteria***

A CPS Level I must meet all the following supervision requirements:

- Receive documented monthly individual clinical supervision by a mental health professional during the first 2,000 hours of work
- Have 18 hours of documented field supervision by a mental health professional or mental health practitioner during the first 160 hours of contact work with members and at least six hours of field supervision quarterly during the following year

- Have review and co-signature of charting of recipient contacts during field supervision by a mental health professional or mental health practitioner
- Complete continuing education training of at least 30 hours every two years in areas of recovery, rehabilitative services, and peer support

### Certified Peer Specialist Level II

Level II Certified Peer Specialists must meet all requirement of a Level I Certified Peer Specialist and be qualified as a mental health practitioner.

### *Supervision Requirements*

Certified Peer Specialists Level II must follow the supervision requirements for a Mental Health Practitioner. Please see DHS treatment supervision policy [here](#).

### 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®), Healthcare Common Procedure Coding System (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
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

### Scope

Certified peer specialists under treatment supervision of a mental health professional or certified rehabilitation specialists must:

- Provide individualized peer support to the member
- Promote the member's recovery goals, self-sufficiency, self-advocacy, and development of natural supports
- Support the member's maintenance of skills learned from other services.

### 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

### **Payment Adjustments**

#### ***Payment Reductions***

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

- 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

Master’s level reductions are not applied to mental health services when they are furnished:

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

#### ***Payment Enhancements***

In addition to the master’s level provider reduction, UCare also applies a legislated adjustment to specific mental health services when furnished by the providers listed below.

July 2007 through December 2024, the legislated adjustment was 23.7%.  
Effective January 2025, the legislated adjustment is 11.85%.

- Psychiatrists;
- Advance Practice Nurses;
  - Clinical Nurse Specialist
  - Nurse Practitioner
- Community Mental Health Centers;

- Mental health clinics and centers certified under Rule 29 and designated by the Minnesota Department of Mental Health as an essential community provider;
- Hospital outpatient psychiatric departments designated by the Minnesota Department of Mental Health as an essential community provider; and
- Children’s Therapeutic Services and Supports (CTSS) providers for services identified as CTSS in the DHS mental health procedure CPT or HCPCS codes and rates chart.

Information on UCare fee schedule updates can be found in the [UCare Provider Manual](#).

## 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.

### 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
<b>Fifteen (15) Minute Increments</b>	
0 – 7 minutes	0 (no billable unit of service)
8 – 15 minutes	1 (unit of billable service)
<b>Sixty (60) Minute Increments</b>	
0 – 30 minutes	0 (no billable unit of service)
31 – 60 minutes	1 (unit of billable service)

**PRIOR AUTHORIZATION, NOTIFICATION, AND THRESHOLD INFORMATION****Prior Authorization, Notification, and Threshold Requirements**

UCare does update 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
SC17P0065A3	Certified Family Peer Specialist
SC14P0025A4	IRTS
SC14P0027A6	Adult Crisis Response Services

**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, Certified Peer Specialists](#)

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

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

[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.”