

Certified Peer Specialist

Policy Number: SC14P0026A3

Effective Date: May 1, 2018

Last Update: June 16, 2025

PAYMENT POLICY HISTORY

DATE	SUMMARY OF CHANGE
June 16, 2025	Provider eligibility requirements updated per MHCP June 2025 publication.
May 13, 2025	Annual policy review complete. Updates made to definitions. Additional grammar, formatting, and stylization updates applied.
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	PRODUCT TYPE	APPLIES TO
UCare Connect + Medicare (When MHCP is the primary payer)	Dually Integrated	✓
UCare Minnesota Senior Health Options (MSHO) (When MHCP is the primary payer)	Dually Integrated	✓
UCare Connect	Minnesota Health Care Programs (MHCP)	✓
UCare Minnesota Senior Care Plus (MSC+)	Minnesota Health Care Programs (MHCP)	✓
UCare MinnesotaCare	Minnesota Health Care Programs (MHCP)	✓
UCare Prepaid Medical Assistance (PMAP)	Minnesota Health Care Programs (MHCP)	✓

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.....	7
ELIGIBLE PROVIDERS OR FACILITIES.....	7
Provider.....	7
Certified Peer Specialist Level I.....	7
Certified Peer Specialist Level II	8
Facility	8
Other and/or Additional Information	8
EXCLUDED PROVIDER TYPES	8
MODIFIERS, CPT, HCPCS, AND REVENUE CODES	9
General Information	9

Modifiers	9
CPT and/or HCPCS Code(s).....	9
Revenue Codes.....	9
PAYMENT INFORMATION	9
Scope.....	9
Non-Covered Services	10
Payment Adjustments.....	10
BILLING REQUIREMENTS AND DIRECTIONS.....	11
Time Based Services.....	11
PRIOR AUTHORIZATION, NOTIFICATION, AND THRESHOLD INFORMATION	12
Prior Authorization, Notification, and Threshold Requirements.....	12
RELATED PAYMENT POLICY INFORMATION.....	12
SOURCE DOCUMENTS AND REGULATORY REFERENCES	12
DISCLAIMER.....	13

This page was intentionally left blank

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>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>Qualifications</p> <p>Level I Certified Peer Specialist</p> <p>Level I peer specialists must meet the following criteria:</p> <ul style="list-style-type: none">• Have or have had a primary diagnosis of mental illness• Is a current or former recipient of mental health services• Successfully completes the DHS approved Certified Peer Specialist training and certification exam

TERM	NARRATIVE DESCRIPTION
	<p>Level II Certified Peer Specialist</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	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	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	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>Mental health practitioners are people who provide services to adults with mental illness or children with emotional disturbance.</p> <p>Mental Health Practitioners are not eligible for enrollment.</p> <p>They must be under the treatment supervision of a mental health professional and qualified in at least one of the ways outlined in MN Statute 245I.04, Subdivision 4.</p> <p>In addition to the criteria outlined in MN Statute 245I.04, MHCP requires:</p> <ul style="list-style-type: none"> • A mental health practitioner for a child member must have training working with children. • A mental health practitioner for an adult member must have training working with adults.
Mental Health Professional	<p>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)

TERM	NARRATIVE DESCRIPTION
	<ul style="list-style-type: none"> • Licensed professional clinical counselor (LPCC) • Licensed psychologist (LP) • Mental health rehabilitative professional • Psychiatric nurse practitioner (NP) • Psychiatry or an osteopathic physician • Tribal-certified professional

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 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, Adult 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.

Level I and Level II certified peer specialists are not eligible to enroll with MHCP. They are employed in agencies approved to provide peer services within the following mental health rehabilitation services:

- Assertive Community Treatment (ACT)
- Intensive Residential Rehabilitative Services (IRTS)
- Adult Rehabilitative Mental Health Services (ARMHS)
- Crisis Response Services
- Certified Community Behavioral Health Centers (CCBHC)

Certified Peer Specialist Level I

- Level I Certified Peer Specialists must meet the following criteria:
 - Have or have had a primary diagnosis of mental illness

- Is a current or former recipient of mental health services
- Successfully completes the DHS approved Certified Peer Specialist training and certification exam

CPS Level 1 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.

CPS Level 2 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
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 CPS services 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
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)

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
SC14P0027A5	Adult and Children's 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.”