

Self Help/Peer Support Services (H0038)

Purpose

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Passport by Molina Healthcare reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor is it intended to impact care decisions. This policy was developed using nationally accepted industry standards and coding principles. In the event of a conflict, federal and state guidelines, as applicable, as well as the member's benefit plan document supersede the information in this policy. Additionally, to the extent there are any conflicts between this policy and the provider contract language, the Provider contract language will prevail. Coverage may be mandated by applicable legal requirements of a State, the Federal government or the Centers for Medicare and Medicaid Services (CMS). References included were accurate at the time of policy approval.

Policy

Individuals with lived experience of recovery are an integral part of the behavioral health workforce and the services of Peer Support are equally as important to those member's appropriate to receive it. Peer support services are defined by Kentucky Administrative Rule as *"the social and emotional support that is provided by persons having a mental health, substance use, or co-occurring disorder to others with a similar disorder, to bring about a desired social or personal change"*. (See KAR citations in the Reference section of this document.)

Passport by Molina Healthcare maintains procedures for monitoring for and demonstrating compliance with 42 CFR 438, subpart K and 45 CFR 146.136 regarding the Mental Health Parity and Addictions Equity Act (MHPAEA) and 42 CFR 438.910(d), including procedures to monitor for and assure parity in the application of quantitative and non-quantitative treatment limits for medical and behavioral health services. Molina Healthcare shall comply with all applicable federal and State laws, rules and regulations including 42 CFR part 438, Subpart K, and the MHPAEA.

Passport by Molina Healthcare conducts an annual review of its administrative, clinical, and utilization management practices to assess its compliance with the MHPAEA. As part of its Parity Annual review, Passport by Molina Healthcare considers factors such as clinical efficacy of treatment or service, quality standard, medical expert review, and utilization trends.

Subsets of both mental health and substance use disorder (MH/SUD) and medical/surgical (M/S) outpatient benefits are intensive, high cost and/or have the potential for overutilization. Evidence of high cost and potential for inappropriate utilization includes quarterly cost and utilization reports compared to associated benchmarks from the previous year. Such benefits are reviewed annually for cost, approval rate, and safety concerns, such as:

- A. Excessive Utilization** - When utilization is 2 standard deviations above average utilization per episode of care
- B. Recent Medical Cost Escalation** - When internal claims data shows medical cost for a service increased 10 percent or more per year for 2 years
- C. Lack of Adherence to Quality Standards** - When deviation from generally accepted national quality standards occurs more than 30 percent of the time based on clinical chart reviews
- D. High level of variation in length of stay** - When data shows 25 percent of patients stayed longer than the median length of stay for acute hospital episodes of care
- E. High Variability in cost per Episode** - When episodes of outpatient care are 2 standard deviations higher in total cost than the average cost per episode 20 percent of the time in a 12- month period; and/or
- F. Lack of Clinical Efficiency** – When more than 50 percent of outpatient episodes of care for specific diseases are not based on evidence-based interventions.

Payment for H0038 is contingent upon all standards required in your contract with Passport being met, including compliance with all State Regulations and provision of services that are evidence-based practices, and meet all requirements for Medical Necessity.

Passport by Molina Healthcare will require documentation review for self-help/peer support services (H0038) above unit levels described in this policy, prior to paying claims. The review of documentation may include a review of the medical necessity of the services as all services must be medically necessary based upon the clinical guidelines approved by the State for payment and a review for compliance with the applicable regulatory standards for the given services and/or provider type.

Reimbursement

Passport By Molina Healthcare reimburses self-help/peer support services that are evidence based, medically necessary and billed for an individual member in keeping with Kentucky Medicaid regulations.

In complying with MHPAEA guidelines, providers billing units representing less than two (2) standard deviations from the Molina Enterprise Mean (MEM) per month for individual members will not be required to submit additional documentation prior to claims payment. Providers billing units over two (2) standard deviations from the MEM per month for an individual member will need to submit the member's clinical record from the initial date of service.

For 2023, the MEM is 80 units, per member per month.

Upon verification that services being delivered are in keeping with Kentucky Medicaid regulations, and medically necessary, claims above the MEM for a given month, will be reimbursed.

Note: The maximum units per month are based on claims data analysis.

Services that are considered a part of residential service treatment are reimbursed under the per diem rate and therefore, will not be eligible for separate reimbursement. Kentucky Medicaid regulation.

References

1. **Kentucky General Assembly Title 907** | Chapter 015 | Regulation 005 [Title 907 Chapter 15 Regulation 005 • Kentucky Administrative Regulations • Legislative Research Commission](#)
2. **Kentucky General Assembly Title 907** | Chapter 015 | Regulation 010 [Title 907 Chapter 15 Regulation 010 • Kentucky Administrative Regulations • Legislative Research Commission](#)
3. **Kentucky General Assembly Title 907** | Chapter 015 | Regulation 020 [Title 907 Chapter 15 Regulation 020 • Kentucky Administrative Regulations • Legislative Research Commission](#)
4. **Kentucky General Assembly Title 907** | Chapter 015 | Regulation 070 [Title 907 Chapter 15 Regulation 070 • Kentucky Administrative Regulations • Legislative Research Commission](#)
5. **Kentucky General Assembly Title 907** | Chapter 015 | Regulation 080 [Title 907 Chapter 15 Regulation 080 • Kentucky Administrative Regulations • Legislative Research Commission](#)
6. **Kentucky General Assembly Title 907** | Chapter 01 | Regulation 044 [Title 907 Chapter 1 Regulation 044 • Kentucky Administrative Regulations • Legislative Research Commission](#)

7. **Kentucky General Assembly Title 907** | Chapter 09 | Regulation 015 [Title 907 Chapter 9 Regulation 015 • Kentucky Administrative Regulations • Legislative Research Commission](#)
8. **Kentucky General Assembly Title 907** | Chapter 015 | Regulation 022 [Title 907 Chapter 15 Regulation 022 • Kentucky Administrative Regulations • Legislative Research Commission](#)
9. **Kentucky General Assembly Title 907** | Chapter 010 | Regulation 14 [Title 907 Chapter 10 Regulation 014 • Kentucky Administrative Regulations • Legislative Research Commission](#)
10. **Kentucky General Assembly Title 907** | Chapter 010 | Regulation 20 [Title 907 Chapter 10 Regulation 020 • Kentucky Administrative Regulations • Legislative Research Commission](#)<https://apps.legislature.ky.gov/law/kar/titles/907/009/015/>
11. **Kentucky General Assembly Title 908** | Chapter 001 | Regulation 370 [Title 908 Chapter 1 Regulation 370 • Kentucky Administrative Regulations • Legislative Research Commission](#) Section 19
12. **Kentucky General Assembly Title 908** | Chapter 001 | Regulation 372 [Title 908 Chapter 1 Regulation 372 • Kentucky Administrative Regulations • Legislative Research Commission](#)
13. **Substance Abuse and Mental Health Services Administration (SAMHSA)**, go to [Core Competencies for Peer Workers in Behavioral Health Services \(samhsa.gov\)](#)
14. **908 KAR 2:220. Adult peer support specialist.** [Peer Support 2.pdf \(ky.gov\)](#)
15. **Managed Care, 42 C.F.R § 438.** [Code of Federal Regulations Title 42, Chapter IV, Subchapter C, Part 438](#)
16. **Mental Health Parity and Addictions Equity Act (MHPAEA), 45 C.F.R § 146.136.** [Code of Federal Regulations, Title 45, Subtitle A/Subchapter B, Subpart C, section 146.136](#)

Supplemental Information

Definitions

Term	Definition
Maximum Units	Maximum number of units allowed for a specific service for a single member over a specified timeframe.

Documentation History

Type	Date	Action
Effective Date	7/15/2023	New policy
Revised Date		