



Date: May 12, 2025

To: Coordinated care organizations (CCOs)

From: David Inbody, CCO Operations Director

Subject: Billing for peer delivered services

This memo describes the requirements for billing for peer delivered services in primary care and other provider settings that are not required to have a Certificate of Approval (COA). COA means the document issued by the Oregon Health Authority (OHA) that identifies and declares certification of a provider pursuant to [Chapter 309, Division 008](#) of the Oregon Administrative Rules (OAR). In provider settings that are not required to have a COA, the requirements for billing peer delivered services are that:

- the member has a covered health condition that pairs with a procedure code for peer delivered services on the [Prioritized List of Health Services](#),
- the service provided is within the scope of a provider, and
- any associated requirements (for example, supervision for practice and billing) are met.

In provider settings required to have a COA, peer delivered services may be delivered by Peer Support Specialists and Peer Wellness Specialists as defined in OAR [309-019-0105](#). For non-COA provider settings, peer delivered services may be delivered by all Traditional Healthcare Workers as defined in OAR [950-060-0010](#), including Peer Support Specialists and Peer Wellness Specialists.

Billing Guidance

CCOs should ensure that their claims processing systems are configured for such claims. CCOs should also ensure that providers are made aware of the provider settings that do not require a COA in order to bill for peer delivered services.

Questions?

Please send any questions about this communication to Medicaid.Programs@odhsoha.oregon.gov.

Thank you for your continued support of the Oregon Health Plan and the services you provide to our members.