Provider enrollment and billing for peer-delivered services

This fact sheet explains how certified behavioral health provider organizations and primary care clinics can be reimbursed for Peer Support Specialist (PSS) and Peer Wellness Specialist (PWS) services provided to Oregon Health Plan (OHP) members.

Certification requirements

The Traditional Health Worker Program certifies all PSS and PWS providers.

- To learn who can become a certified provider, see Oregon Administrative Rule 410-180-0305 (11) and Oregon Revised Statute 414.025 (20-21).
- To learn how to become a certified provider, visit the program's website.
- To find a certified provider, search the Traditional Health Worker Registry.

Provider enrollment requirements

Verify that the providers are enrolled as Oregon Medicaid providers[1] using OHA's verification tool. If they are not enrolled:

- Complete and submit the OHP 3113 form to OHA.
- Use Provider Type 13 ("Traditional Health Worker") and the specialty code appropriate for each provider's PSS or PWS certification.

Service audience	Peer support type	PSS code	PWS code
Adults	Adult Addictions	604	608
	Adult Mental Health	605	609
Youth (age 14-25)	Youth Support Specialist	607	611
Family members (of children age 0-25)	Family Support Specialist	606	610

Billing codes

Bill for services to both adults and children using the following codes.

- These may be billed in addition to any other services provided on the same day to the same person.
- On the claim, report the PSS or PWS as the rendering provider.

Code	Description	Allowed Modifier	OHA rate effective 7/1/2017[2]
H0038	Peer support (self-help/peer services)	GT	$15.00, per 15-minute unit
T1016	Case management	GT	$21.69, per 15-minute unit
H2014	Skills training and development	GT	$16.88, per 15-minute unit

[1] Rendering Oregon Medicaid providers do not bill independently. The organization or clinic bills for them.

[2] This represents OHA's fee-for-service rate, for members not enrolled in a CCO. Some CCOs may bill at a higher rate.

Billing requirements for primary care clinics

Clinics can bill for Family Support and Youth Support services only for children age 0 to 18.

- **Bill CCOs** for services provided to OHP members enrolled in a CCO for physical and behavioral health care.
- **Bill OHA** for services provided to OHP members **not** enrolled in a CCO for physical and behavioral health care.

Billing requirements for behavioral health organizations

- **Bill CCOs** as documentation for an advance payment made under the capitated rate (*e.g.,* wraparound for children) or bundled rate (*e.g.,* ACT for adults).
- **Bill OHA** for services provided to OHP members **not** enrolled in a CCO for behavioral health care.

For services to children, bill for Family Support and Youth Support services even when those services are part of the child's service/referral plan or wraparound program. For example, in a wraparound or team meeting, the organization would bill for:

- The family support provided to the parent; and
- The youth support to the youth.

For services to adults, bill for Adult Addictions or Adult Mental Health services when the adult's needs include peer support, case management or skills training for their own health and wellness (not as a parent supporting his or her child's health and wellness). For example, in an ACT team meeting, the organization would bill for:

- The peer support provided to the individual and
- Case management for coordination of the services (if no case manager is available).

Documentation requirements

Peer-delivered services do not require prior authorization, but do need to be included in the treatment/service plan. In addition to the billing requirements listed here, the billing provider (i.e., the organization or clinic) needs to document behavioral health services in MOTS as outlined in the MOTS Reference Manual.