

Clinical Policy: Peer Support Services

Reference Number: OH.CP.BH.502

Date of Last Revision: 07/25

[Coding Implications](#)

[Revision Log](#)

See [Important Reminder](#) at the end of this policy for important regulatory and legal information.

Description

This clinical policy outlines the medical necessity criteria for peer support services within Buckeye Health Plan based off guidance from the Ohio Legislative Service Commission and in accordance with Ohio Administrative Rule 5122-29-15: Peer recovery services and 5160-27-02: Coverage and limitations of behavioral health services.

Peer support services provide support to member/enrollees with a mental illness, intellectual or developmental disabilities, or substance use disorders and their caregivers and families. These services promote resiliency and recovery, self-determination, advocacy, well-being, and skill development.¹

Policy/Criteria

- I. It is the policy of Buckeye Health Plan and Centene Advanced Behavioral Health that requests for *peer support services* are considered medically necessary when meeting all the following:
 - A. Services are provided to member/enrollees who have a mental illness, intellectual or developmental disability or substance use disorder and their caregivers and families;
 - B. Services promote all of the following:
 1. Individualization;
 2. Increased knowledge and skills through a peer relationship that supports the member/enrollee's or family's ability to address all the following:
 - a. Individual needs;
 - b. Navigate systems;
 - c. Promote recovery, resiliency, and wellness;
 - d. Self-determination;
 - e. Advocacy;
 - f. Skill development;
 - g. Family driven, youth guided, trauma informed care and cultural humanity;
 - h. Encourages partnership with member/enrollees and family;
 - C. Service activities include, but are not limited to, any of the following:
 1. Ongoing exploration of recovery, resiliency, and wellness needs;
 2. Supporting member/enrollees and their caregivers and families in achieving goals through increased knowledge, skills and connection as identified by the member/enrollee or family;
 3. Encouraging hope;
 4. Supporting the development of life skills;
 5. Developing and working toward achievement of individualized recovery, resiliency, and wellness goals;
 6. Modeling personal responsibility for resiliency, recovery, and wellness;

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7. Teaching and coaching skills to effectively navigate systems to utilize services effectively and efficiently;
 8. Addressing skills or behaviors, through processes that assist a member/enrollee, caregiver, or family in eliminating barriers to achieving or maintaining recovery, resiliency, and wellness;
 9. Assisting with accessing and developing natural support systems;
 10. Promoting coordination and linkage among providers;
 11. Coordinating or assisting in crisis interventions and stabilization;
 12. Conducting outreach and community education;
 13. Attending and participating in team decision making or specific treatment team;
 14. Assisting member/enrollee's, caregivers, or families in the development of empowerment skills through advocacy and activities that mitigate discrimination and inspire hope;
- D. Services are provided by both of the following:
1. One of the following peer support specialists:
 - a. Peer recovery supporter (CPRS);
 - b. Youth peer supporter (CYPS);
 - c. Family peer supporter (CFPS);
 2. One of the following specialists will provide supervision to the peer supporter:
 - a. A person who has experience delivering peer services in behavioral health over a cumulative period of two years;
 - b. A clinician with one of the following licenses:
 - i. Licensed social worker;
 - ii. Licensed independent social worker;
 - iii. Licensed professional counselor;
 - iv. Licensed chemical dependency counselor II;
 - v. Licensed chemical dependency counselor III;
 - vi. Licensed professional clinical counselor;
 - vii. Licensed independent chemical dependency counselor;
 - viii. Licensed marriage and family therapist;
 - ix. Licensed independent marriage and family therapist;
 - x. Psychologist;
 - xi. Psychiatrist;
- E. Services are delivered as a part of one of the following:
1. As a component of *assertive community treatment (ACT)*;
Note: See clinical policy OH.CP.BH.501 Assertive Community Treatment for applicable criteria.
 2. As a component of *substance use disorder (SUD) outpatient treatment service* and requirements for one of the following ASAM levels of care (LOC) are met:
 - a. LOC 1 Outpatient services, meets all the following:
 - i. Services treat the member/enrollee's level of clinical severity and function;
 - ii. Services provide screening, evaluation, treatment, and ongoing recovery and disease management;
 - iii. Services are provided in a variety of settings, through regularly scheduled sessions, limited to less than *nine hours* per week for adults and less than *six hours* per week for adolescents;

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- b. LOC 2: Intensive outpatient/partial hospitalization including LOC 2 withdrawal management (WM), all of the following:
 - i. Services can meet the complex needs of members/enrollees with addiction and co-occurring conditions;
 - ii. Services may be provided at flexible times, including during the day, evenings, and weekends;
3. As a component of *intensive home-based treatment service*, all of the following:
 - a. Services are provided to member/enrollees with serious emotional disturbance (SED) and their families to address mental health conditions that significantly impair functioning;
 - b. Services are provided in the home, school and community settings and may include multiple in-person contacts per week based on the member/enrollee's assessed needs and unique circumstances;
4. As a component of *mobile response and stabilization service (MRSS)*, all of the following:
 - a. Services are provided to promptly address a crisis involving a member/enrollee experiencing emotional or behavioral symptoms, a traumatic event, or any other distressing circumstance;
 - b. Services are delivered on a mobile basis, where the member/enrollee is located, such as the home or community setting.

Background

Peer support services are individualized, resiliency and recovery focused, and based on increasing knowledge and skills through a peer relationship that supports an individual's or family's ability to address needs, navigate systems and promote recovery, resiliency, and wellness. They promote family driven, youth guided, trauma informed care and cultural humility, encourage partnership with individuals and families, and advocate for informed choice.¹

*The Ohio Administrative Rule 5122-29-15: Peer Support Services*¹

Definitions

1. "Recovery" means the personal process of change in which an individual strives to improve their health and wellness, resiliency, and reach their full potential through self-directed actions.
2. "Resiliency" means the ability to recover from setbacks, adapt well to change, and keep going in the face of adversity. It is the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress such as family and relationship problems, serious health problems, or workplace and financial stressors.
3. "Wellness" means a broad approach for things individuals can do at their own pace, in their own time, and within their own abilities, which can help them feel better and live longer.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2024, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for

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informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS Codes	Description
H0038	Self-help/peer services, per 15 minutes

Reviews, Revisions, and Approvals	Revision Date	Approval Date
Adapted to be plan specific from policy CP.BH.100. Replaced ASAM information regarding peer support services with Ohio Administrative Rule 5122-29-15, Peer recovery services and Ohio Administrative Rule 5122-29-15.1: Adult, Family, and Youth Certified Peer Supporter are to determine criteria for peer recovery support services for SUD. References updated.	02/23	
Description, criteria, background, coding, and references removed related to SUD leveling of care and ASAM criteria. Policy number changed from OH.CP.BH.100 to OH.CP.BH.502. Policy reformatted to reflect content only related to peer support services. References updated.	06/23	06/23
Ad hoc Review. Removed redundant language notated in multiple criteria points. Reorganized and restructured criteria for clarity. Added subscripts throughout the policy to reference the specific Ohio Administrative Rule in which the criteria point derives from. Removed I.A. “Member/Enrollee has one of the following: 1. A diagnosed mental illness; 2. A diagnosed intellectual or developmental disability; 3. A substance use disorder; diagnosis definitions”. Added a new I.A. 1 through 6: specifying the setting in which peer support can be provided. In I.A.1.D. Removed technical components of provider certification requirements. References reviewed.	10/23	
Annual Review. Added general peer support information from the Ohio Laws and Administrative Rules: 5122-29-15: Peer Support Services, to sections I.A-G. Policy reorganized and restructured for clarity throughout to align with the Ohio Administrative codes. Background section updated. References reviewed and updated.	05/24	
Annual review. Description updated. Minor rewording and formatting throughout the policy with no impact on criteria. Removed former I.B.2.d. “resiliency and recovery,” I.B.2.g. “wellbeing,” and I.B.2.k.” advocate for informed choices.” Removed former I.D. “provided in locations...” and I.E., “facilitated to the member...” Removed I.G.1. “Specialized recovery services program (SRSP).” and I.G.3. “Component of substance use disorder (SUD) residential treatment.” Removed I.G.6.a, b and replaced with I.E.,4 a. “services are provided...” and I.E.,4 b. “services are delivered...”. Background updated. References reviewed and updated.	07/25	

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References

1. Ohio Legislative Service Commission. Ohio Laws and Administrative Rule 5122-29-15: Peer Support Services. <https://codes.ohio.gov/ohio-administrative-code/rule-5122-29-15>. Published April 7, 2022. Accessed July 7, 2025.
2. Ohio Legislative Service Commission. Ohio Laws and Administrative Rule 5122-29-15.1: Adult, Family, and Youth Certified Peer Supporter. <https://codes.ohio.gov/ohio-administrative-code/rule-5122-29-15.1>. Published April 8, 2022. Accessed July 7, 2025.
3. Ohio Legislative Service Commission. Ohio Laws and Administrative Rule 5160-27-02: Coverage and limitations of behavioral health services. <https://codes.ohio.gov/ohio-administrative-code/rule-5160-27-02>. Published March 24, 2024. Accessed July 7, 2025.
4. Ohio Legislative Service Commission. Ohio Laws and Administrative Rule 5160-27-04: Mental health assertive community treatment service. <https://codes.ohio.gov/ohio-administrative-code/rule-5160-27-04>. Published January 1, 2021. Accessed July 7, 2025.
5. Ohio Legislative Service Commission. Ohio Laws and Administrative Rule 5160-27-09: substance use disorder treatment services. <https://codes.ohio.gov/ohio-administrative-code/rule-5160-27-09>. Published January 1, 2018. Accessed July 7, 2025.
6. Ohio Legislative Service Commission. Ohio Laws and Administrative Rule 5122-29-28: Intensive home-based treatment (IHBT) service. <https://codes.ohio.gov/ohio-administrative-code/rule-5122-29-28>. Published March 1, 2022. Accessed July 7, 2025.
7. Ohio Legislative Service Commission. Ohio Laws and Administrative Rule: 5122-29-14: Mobile response and stabilization service. <https://codes.ohio.gov/ohio-administrative-code/rule-5122-29-14>. Published April 1, 2025. Accessed July 7, 2025

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a

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discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/Enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

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