



Aetna Better Health® of Kentucky

Reimbursement Policy Statement Kentucky Medicaid

Original Issue Date		Effective Date	
Policy Number		Aetna-2226	
Policy Name		PEER SUPPORT REIMBURSEMENT	
Policy Type			
Medical	Administrative	Pharmacy	Reimbursement

Aetna Better Health of Kentucky reimbursement policies are intended to provide a general reference for claims filing, coding and documentation guidelines. Coding methodology, regulatory requirements, industry-standard claims logic, benefits design and other factors not listed in this policy statement are considered in the development of reimbursement policies.

In addition to this Policy, reimbursement of rendered services are subject to member benefits, eligibility on the date of service, medical necessity, other plan policies and procedures, claim editing logic, provider contracts and all applicable authorization, notification and utilization management guidelines set forth by the Kentucky Department for Medicaid Services and the Centers for Medicare and Medicaid Services (CMS).

This policy does not ensure either an authorization or reimbursement of services. Please refer to the plan contract for the service(s) referenced therein. If there is a conflict between either this policy or the plan contract, then the plan contract will be the controlling document used to make an authorization or payment determination.

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A. Policy

Aetna Better Health of Kentucky implements comprehensive and robust policies to ensure alignment with the Kentucky Department of Medicaid (DMS), evidence-based practices and clinical guidelines.

This policy outlines requirements for the provision and reimbursement of Peer Support services (H0038). Payment for Peer Support (H0038) is contingent upon all standards required in your contract with Aetna Better Health of Kentucky being met, including compliance with all State Regulations and provision of services that are evidence-based practices, and meet all requirements for Medical Necessity.

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”.

Aetna Better Health of Kentucky shall comply with all applicable federal and State laws, rules and regulations including 42 CFR part 438, Subpart K, and the MHPAEA.

Aetna Better Health of Kentucky conducts a bi-annual review of utilization comparing prior periods and industry benchmarks to identify inappropriate utilization trends that may signal overutilization of a service as well as a quality or safety concern.

Aetna Better Health of Kentucky reimbursement for Peer Support (H0038) will be subject to maximum daily and annual unit limitations as follows:

CPT/HCPCS	PROCEDURE CODE DISCRIPTION	LIMITS
H0038	Peer support service; per 15 minutes	DAILY MAXIMUM OF UNITS THAT MAY BE BILLED: 8
H0038	Peer support service; per 15 minutes	ANNUAL MAXIMUM OF UNITS THAT MAY BE BILLED: 200

B. Overview

Service Definition

Peer Support Services are evidenced-based emotional support services that:

- Are structured and scheduled non-clinical therapeutic activities with an individual or group of recipients.
- Promote socialization, recovery, self-advocacy, preservation, and enhancement of community living skills for the recipient.
- Are designed to directly contribute to the recipient’s individualized goals as specified in the recipient’s plan of care.

This policy is intended to ensure correct provider reimbursement and serves only as a general resource regarding Aetna Better Health of Kentucky reimbursement policy for the services described in this policy. It is not intended to address every aspect of a reimbursement situation, nor



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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.

C. Definitions

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

D. Prior Authorization & Service Limits

Aetna Better Health of Kentucky will cover 8 units of Peer Support (H0038) per member, per calendar day and 200 units of Peer Support (H0038) per member, per calendar year without a prior authorization. Prior authorization is required when the maximum unit threshold is reached. Aetna Better Health of Kentucky 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 will include a review for medical necessity of the services and confirmation that the services are structured, scheduled, and coordinated within the context of a comprehensive individualized plan of care.

E. Reimbursement & Conditions of Coverage

Aetna Better Health of Kentucky reimburses Peer Support (H0038) services that are evidence based, medically necessary and billed for an individual member in keeping with Kentucky Medicaid regulations, evidenced based practice, and clinical guidelines.

Aetna Better Health of Kentucky shall comply with all applicable federal and State laws, rules and regulations including 42 CFR part 438, Subpart K, and the Mental Health Parity and Addictions Equity Act (MHPAEA).

Services bundled and reimbursed under the per diem rate will not be eligible for separate reimbursement under Kentucky Medicaid regulation.

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

F. Frequently Asked Questions



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How many individuals can receive services at one time?

- Peer support services provided to recipients in a group setting cannot exceed eight (8) individuals within any group at one time.

When is it covered?

- Peer Support is only covered if provided by a behavioral health provider group or multi-specialty group.

G. Review/Revision Date

Action	Date	Comments
Date Issued		
Effective Date		

H. Resources

1. *Kentucky General Assembly Title 907* | Chapter 015 | Regulation 005 [Title 907 Chapter 15 Regulation005](#) • [Kentucky Administrative Regulations](#) • [Legislative Research Commission](#)
2. *Kentucky General Assembly Title 907* | Chapter 015 | Regulation 010 [Title 907 Chapter 15 Regulation010](#) • [Kentucky Administrative Regulations](#) • [Legislative Research Commission](#)
3. *Kentucky General Assembly Title 907* | Chapter 015 | Regulation 020 [Title 907 Chapter 15 Regulation020](#) • [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 Regulation044](#) • [Kentucky Administrative Regulations](#) • [Legislative Research Commission](#)
7. *Kentucky General Assembly Title 907* | Chapter 09 | Regulation 015 [Title 907 Chapter 9 Regulation015](#) • [Kentucky Administrative Regulations](#) • [Legislative Research Commission](#)
8. *Kentucky General Assembly Title 907* | Chapter 015 | Regulation 022 [Title 907 Chapter 15 Regulation022](#) • [Kentucky Administrative Regulations](#) • [Legislative Research Commission](#)
9. *Kentucky General Assembly Title 907* | Chapter 010 | Regulation 14 [Title 907 Chapter 10 Regulation014](#) • [Kentucky Administrative Regulations](#) • [Legislative Research Commission](#)
10. *Kentucky General Assembly Title 907* | Chapter 010 | Regulation 20 [Title 907 Chapter 10 Regulation020](#) • [Kentucky Administrative Regulations](#) • [Legislative Research Commission](#) <https://apps.legislature.ky.gov/law/kar/titles/907/009/015/>



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11. *Kentucky General Assembly Title 908| Chapter 001|Regulation 370* [Title 908 Chapter 1 Regulation370 • Kentucky Administrative Regulations • Legislative Research Commission Section 19](#)
12. *Kentucky General Assembly Title 908| Chapter 001|Regulation 372* [Title 908 Chapter 1 Regulation372 • 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 Section438.* [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 section 1.* [Code of Federal Regulations, Title 45, Subtitle A/Subchapter B, Subpart C, section 146.136](#)