

<u>Document ID:</u> <u>AETAMA-</u>	<u>Title: AMA 7000.13 Louisiana Peer Support Services Policy</u>	
<u>Parent Documents:</u>		
<u>Effective Date:</u> 01/20/2022	<u>Last Review Date:</u> 12/07/2024	<u>Business Process Owner (BPO):</u> Sr. Principal Clinical Ldr, CS AMA UM Leadership
<u>Exhibit(s):</u>		
<u>Document Type: Policy and Procedure</u>		

PURPOSE

The purpose of this policy is to define Aetna Better Health’s clinical requirements for the prior authorization of Peer Support Services.

SCOPE

The scope of this policy applies to the Louisiana Prior Authorization staff and all colleagues processing Louisiana authorization requests for Peer Support Services.

POLICY

It is the policy of the plan that specific state directives are used when processing authorization requests for Peer Support Services. Louisiana state qualifications, authorization and documentation requirements must be met. It defines additional Louisiana state qualifications and authorization and documentation requirements.

STANDARD

Peer Support Services are an evidence-based behavioral health service that consists of a qualified peer support provider, who assists members with their recovery from mental illness and/or substance use and 21 years of age or older. Peer Support Services are provided by Office of Behavioral Health Recognized Peer Support Specialists, who are individuals with personal lived experience with recovery from behavioral health conditions and successfully navigating the behavioral health services system. Peer Support Services are behavioral health rehabilitative services to reduce the disabling effects of an illness or disability and restore the member to the best possible functional level in the community. Peer Support Services are person-centered and recovery focused. Peer Support Services are face-to-face interventions with the member present. Most contacts occur in community locations where the member lives, works, attends school and/or socializes¹.

Prior Authorization of Peer Support Services

Prior authorization is required for peer support services exceeding 24 units of service. Such initial encounters may be subject to retrospective review. If it is determined the service was not medically necessary, the payment may be subject to recoupment. It is recommended the provider submit the prior authorization request for additional peer services as warranted directly following the initial encounter to ensure sufficient time to process the request. Providers must submit sufficient documentation to determine medical necessity. Requests for peer support services must include an individualized treatment plan that demonstrates the medical necessity of the number of units and duration requested and how those units will be utilized. Failure to do so may result in a partial or complete denial of coverage for services. Services may be provided at a facility or in the community as outlined in the treatment plan.

¹ LDH Behavioral Health Services Provider Manual, Section 2.3: Outpatient Services – Peer Support Services, page 1

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Medical Necessity Criteria

In addition to the LDH Behavioral Health Services Provider Manual, the primary medical necessity criteria used to authorize Peer Support Services is **28th** Edition MCG Peer Support Services ORG: B-810-T (BHG). The criteria outlined can be accessed through the referenced portal, <https://mcg.aetna.com>. Members who meet medical necessity criteria may receive Peer Support Services when recommended by an LMHP or physician within their scope of practice. Members must be 21 years of age or older and have a mental illness and/or substance use disorder diagnosis.

In addition to the above criteria, to be eligible to receive PSS from an Office of Aging and Adult Services (OAAS) certified permanent supportive housing (PSH) provider agency, members must:

1. Currently receive PSH services; or
2. Transitioned from a nursing facility or been diverted from nursing facility level of care through the My Choice Louisiana program.

APPLICABLE CPT/HCPCS CODES

This policy applies the additional definitions, qualifications, criteria and documentation requirements to the procedure codes listed below. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT/HCPCS	Description
H0038	PEER SUPPORT SERVICES
H0038 HQ	PEER SUPPORT SERVICES - GROUP

DEFINITIONS:

Prior Authorization	Process in which providers must obtain approval from prior to services provided.
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References/Resources

- 2023 Louisiana Medicaid Managed Care Organization Statement of Work
- Louisiana Department of Health (LDH) Behavioral Health Services Provider Manual, Section 2.3, Outpatient Services- Peer Support Services, revised 12/2024

EXHIBIT(S):

Review/Revision History	
01/2022	New policy
01/2023	Added history log; Removed unnecessary language: Aetna Better Health Responsibilities and Operating Protocol sections; Updated with 2023 Louisiana Medicaid Managed Care Organization Model Contract reference; Updated purpose, objectives, and references sections for clarity.
02/2024	Added in current CEO and Chief Medical officer; Updated eligibility criteria; Update MCG edition
12/2024	New policy template; Removal of specific MCG language; Updated CEO; Updates for service authorization requests to align with LDH BH Provider manual.