

Provider enrollment and billing for peer-delivered services

This fact sheet explains how coordinated care organizations (CCOs) and their contracting entities can help ensure accurate reporting of all peer-delivered services provided to Oregon Health Plan (OHP) members.

Enrollment requirements

Enroll all Peer Support Services providers as Oregon Medicaid providers. Use Provider Type 13 (“Traditional Health Worker”) and the following specialty codes (as appropriate for each provider’s certification):

Peer Support Specialist (PSS) codes:	Peer Wellness Specialist (PWS) codes:
604 - Adult Addictions (Recovery Mentors)	608 - Adult Addictions
605 - Adult Mental Health	609 - Adult Mental Health
606 - Family Support (for children 0-25)	610 - Family Support (for children 0-25)
607 - Youth Support (for youth 14-25)	611 - Youth Support (for youth 14-25)

Billing requirements

Behavioral health providers should bill PSS- and PWS-delivered services using procedure code H0038. This includes services to adults and children (including family members). PSS and PWS may also deliver and bill other services that are in fidelity with peer support principles (*e.g.*, case management, skills training).

- **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 or mental health organization for behavioral health care.

You can bill H0038 in addition to any other services (*e.g.*, psychotherapy) provided on the same day to the same person.

Encounter reporting

Submit encounter claims for Family Support and Youth Support services even when those services are provided as part of the children’s wraparound program. For example, for a wraparound team meeting, you would report three encounters: 1) the family support provided to the parent; 2) the youth support to the youth; and 3) case management for coordination of the services.

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 and encounter reporting requirements listed here, please continue to document services in MOTS as outlined in the [MOTS Reference Manual](#).