Recovery Coach
Medical Necessity Guideline

Medical Necessity Guideline (MNG) Title: Recovery Coach		
MNG #: 030	**☒SCO ☒One Care** **☐ MA Medicare Premier** **☐ MA Medicare Value** **☐ RI Medicare Preferred** **☐ RI Medicare Value** **☐ RI Medicare Maximum**	**Prior Authorization Needed?** **☐ Yes (always required)** **☐ Yes (only in certain situations. See this MNG for details)** **☒ No**
Clinical: ☒	**Operational: ☒**	**Informational: ☐**
Benefit Type: **☐ Medicare** **☒ Medicaid**	**Approval Date:** 10/03/2019;	**Effective Date:** 4/25/2020;
Last Revised Date: 5/5/2020; 07/01/2021; 6/2/2022	**Next Annual Review Date:** 5/5/2021; 07/01/2022; 6/2/2023;	**Retire Date:**

OVERVIEW:

Recovery Coaches (RCs) are individuals currently in recovery, who have personal experience with addiction and/or co-occurring mental health disorders and have been trained to help their peers with similar experiences to gain hope, explore approaches to recovery, and achieve life goals. Recovery Coaches are actively engaged in their own personal recovery and share real-world knowledge and experience with others who are on their own recovery path. Recovery Coaches share their recovery story and personal experiences to establish an equitable relationship and support members in obtaining and maintaining recovery.

The role of the RC is to create a non-clinical relationship between equals, minimize power differentials, remove obstacles to recovery, link members to the recovery community, and serve as a personal guide and mentor. The RC works with members to develop a Wellness Plan that will drive the activities of the RC services.

Recovery Coaches are employed by an organization that can provide supervision, an organizational culture that supports fidelity to the model, and an environment that is conducive to the needs of both the RCs and the members they serve.

DECISION GUIDELINES:

Clinical Coverage Criteria:

Commonwealth Care Alliance (CCA) follows applicable Medicare and Medicaid regulations and uses InterQual Smart Sheets, when available, to review prior authorization requests for medical necessity. This Medical Necessity Guideline (MNG) applies to all CCA Products unless a more expansive and applicable CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), or state-specific medical necessity guideline exists.

Clinical Eligibility:

1.) The member demonstrates symptomatology consistent with a DSM-5 diagnosis for a substance use disorder;

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AND at least one (1) of the following:

a. is attempting to achieve and/or maintain recovery from substance use and/or co-occurring disorders;
b. could benefit from education about harm reduction and/or education about recovery and community resources;
c. could benefit from support in increasing motivation and readiness to change;
d. could benefit from peer support in establishing connections with the recovery community;
e. could benefit from the structure of a Wellness Plan; or
f. is pregnant or up to 12-months postpartum, with or without custody.

2.) The member is referred by a primary care provider for assistance with necessary medical follow-up.

DETERMINATION OF MEDICAL NECESSITY: Members can access RC services based on medical necessity and a referral by a medical or behavioral health provider, Community Partner (CP), or other care manager who has contact with the member and is able to identify the need for RC services. Care plans for members who are identified as appropriate for high opioid patient engagement (HOPE) may include RC as an appropriate level of care for stabilization.

LIMITATIONS/EXCLUSIONS: *Any of the following criteria may be sufficient for exclusion from this level of care:*
1. The member is at acute risk to harm self or others, or sufficient impairment exists to require a more-intensive level of service beyond community-based intervention;
2. The member has severe medical conditions or impairments that would prevent beneficial utilization of services;
3. The member is receiving similar supportive services and does not require this level of care; or
4. The member, and his/her parent/guardian/caregiver when applicable, does not consent to RC services.

KEY CARE PLANNING CONSIDERATIONS: Any of the following criteria is sufficient for discharge from this level of care:
1. The member no longer meets admission criteria;
2. Recovery Coach Wellness Plan goals and objectives have been met;
3. The member or member and parent and/or legal guardian is/are not utilizing or engaged in the RC service as demonstrated by fewer than five (5) contacts within a 30-day period (see performance specifications);
4. Consent for RC services is withdrawn; or
5. Support systems that allow the member to participate in the community have been established.

PRIOR AUTHORIZATION REQUIREMENTS AND PROCESS:
The following list(s) of codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not signify that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document 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. This Medical Necessity Guideline is subject to all applicable Plan Policies and Guidelines, including requirements for prior authorization and other requirements in Provider's agreement with the Plan (including complying with Plan's Provider Manual specifications).

No prior authorization required.

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Disclaimer:

This Medical Necessity Guideline is not a rigid rule. As with all of CCA's criteria, the fact that a member does not meet these criteria does not, in and of itself, indicate that no coverage can be issued for these services. Providers are advised, however, that if they request services for any member who they know does not meet our criteria, the request should be accompanied by clear and convincing documentation of medical necessity. The preferred type of documentation is the letter of medical necessity, indicating that a request should be covered either because there is supporting science indicating medical necessity (supporting literature (full text preferred) should be attached to the request), or describing the member's unique clinical circumstances, and describing why this service or supply will be more effective and/or less costly than another service which would otherwise be covered. Note that both supporting scientific evidence and a description of the member's unique clinical circumstances will generally be required.

REGULATORY NOTES:

Medical Necessity Guidelines are published to provide a better understanding of the basis upon which coverage decisions are made. CCA makes coverage decisions on a case-by-case basis by considering the individual member's health care needs. If at any time an applicable CMS LCD or NCD or state-specific MNG is more expansive than the criteria set forth herein, the NCD, LCD, or state-specific MNG criteria shall supersede these criteria.

RELATED REFERENCES:

N/A

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REVISION LOG:

REVISION DATE	DESCRIPTION
6/2/2022	Template updated.
10/03/2019	Reviewed and approved by the Medical Policy Committee

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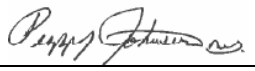
APPROVALS:

Peggy Johnson, MD	Vice President & Chief of Psychiatry
CCA Senior Clinical Lead [Print]	**Title [Print]**
	10/03/2019
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