# Recovery Coach
# Medical Necessity Guideline

| Medical Necessity Guideline (MNG) Title: Recovery Coach | | |
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| **MNG #: 030** | **☒CCA Senior Care Options (HMO D-SNP) (MA)**<br>**☒CCA One Care (Medicare-Medicaid) (MA)** | **Prior Authorization Needed?**<br>**☐ Yes (always required)**<br>**☐ Yes (only in certain situations. See this MNG for details)**<br>**☒ No** |
| **Clinical: ☒** | **Operational: ☒** | **Informational: ☐** |
| **Benefit Type:**<br>**☐ Medicare**<br>**☒ Medicaid** | **Approval Date:**<br>10/03/2019; | **Effective Date:**<br>4/25/2020; 8/8/2024; 1/1/25 |
| **Last Revised Date:**<br>5/5/2020; 07/01/2021; 6/2/2022; 6/8/2023; 8/8/24 | **Next Annual Review Date:**<br>5/5/2021; 07/01/2022; 6/2/2023; 6/8/2024; 8/8/2025 | **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.

Members can access RC services based on medical necessity and a referral by a medical or behavioral health provider, or care manager who has contact with the member and is able to identify the need for 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.

Any provider organization can provide peer recovery coach services if they also provide behavioral health services and meet credentialing requirements.

**DEFINITIONS:**

**Substance Use Disorder:** any disorder pertaining to substance use as defined by the current edition of the Diagnostic and Statistical Manual of Mental Disorders.

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**Wellness Plan:** an action plan that focuses on achieving a member's specific needs in different areas of their life, such as physical, mental/emotional, or environmental wellness.

**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:**

**Admission Criteria:**

All of the following criteria are necessary for admission to this level of care:

1. The member demonstrates symptomatology consistent with a Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnosis for a substance use disorder;

***AND*** at least one (1) of the following:

2. Is attempting to achieve and/or maintain recovery from substance use and/or co-occurring disorders;
3. Could benefit from education about harm reduction and/or education about recovery and community resources;
4. Could benefit from support in increasing motivation and readiness to change;
5. Could benefit from peer support in establishing connections with the recovery community;
6. Could benefit from the structure of a Wellness Plan; or
7. Is pregnant or up to 12-months postpartum, with or without custody;

OR

8. The Member is referred by a primary care provider for assistance with necessary medical follow-up.

**Continued Stay Criteria:**

All of the following criteria are necessary for continuing in treatment at this level of care:

1. The member is actively involved with the RC and are making connection at a minimum of one contact every 21 days;
2. The member is actively addressing components of the Wellness Plan and making adjustments as needed;
3. There is documented, active coordination of services with other behavioral health providers, the primary care provider, CCA Care Manager, and other services and state agencies. If coordination is not successful, the reasons are documented, and efforts to coordinate services continue;
4. There is documented, active discharge planning starting with admission to RC services; and
5. When medically necessary, the member is supported in accessing appropriate psychopharmacological services.

**Discharge Criteria:**

Any of the following criteria is sufficient for discharge from this level of care:

1. The member no longer meets admission criteria;
2. RC Wellness Plan goals and objectives have been met;
3. The member or members and parent and/or legal guardian is/are not utilizing or engaged in the RC service as

demonstrated by fewer than one contact every 21 days (see performance specifications);
4. Consent for RC services is withdrawn; or
5. Support systems that allow the member to be maintained in the community have been established.

**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.
5. RC services are not a covered benefit for MAPD or DSNP plans in MA and RI.

**KEY CARE PLANNING CONSIDERATIONS:**

- Services must be provided in accordance with the member goals as stated in the care plan.
- A review of other existing supports in the care plan should be performed before initiating services to prevent against duplicative services.
- Psychosocial, occupational, and cultural and linguistic factors may change the risk assessment and should be considered when making level of care decisions.

**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).

Prior authorization is not required.

| HCPCS Code | Modifier | Description |
|---|---|---|
| H2016 | HM | Comprehensive community support services, per 15 min (Peer recovery coach) |

**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.

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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.

**RELATED REFERENCES:**

MassHealth's Behavioral Health vendor's criteria for Recovery Coach Services.

**REVISION LOG:**

| REVISION DATE | DESCRIPTION |
|---|---|
| 1/1/25 | For effective date 1/1/25 CCA product template update |
| 8/8/2024 | No updates to clinical coverage criteria, limitations/exclusions |
| 6/2/2022 | Template updated. |
| 10/03/2019 | Reviewed and approved by the Medical Policy Committee |

**APPROVALS:**

| CCA Business Process Owner | |
|---|---|
| Rebecca Cioffi | Director, Behavioral Health UM and Transitions of Care |
| **Print Name** | **Print Title** |
| *Rebecca Cioffi* | 8/8/2024 |
| **Signature** | **Date** |

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| CCA CMO or Designee | |
|---|---|
| Nazlim Hagmann, MD | Chief Medical Officer |
| **Print Name** | **Print Title** |
|  | 8/8/2024 |
| **Signature** | **Date** |