Harvard Pilgrim Health Care | TUFTS Health Plan

Medical Necessity Guidelines:

Peer Recovery Coach

Effective: January 1, 2026

Prior Authorization Required If REQUIRED, submit supporting clinical documentation pertinent to service request to the FAX numbers below.	Yes ☐ No ☒
Notification Required IF REQUIRED, concurrent review may apply	Yes ☐ No ☒

Applies to:

Commercial Products

☒ Harvard Pilgrim Health Care Commercial products; 800-232-0816
☐ Tufts Health Plan Commercial products; 617-972-9409

Public Plans Products

☒ Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); 888-415-9055
☒ Tufts Health Together – MassHealth Accountable Care Partnership Plans; 888-415-9055
☐ Tufts Health RITogether – A Rhode Island Medicaid Plan; 857-304-6404
☒ Tufts Health One Care – A dual-eligible product; 857-304-6304

Senior Products

☐ Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product); 617-972-9409
☐ Tufts Medicare Preferred HMO, (a Medicare Advantage product); 617-972-9409
☐ Tufts Medicare Preferred PPO, (a Medicare Advantage product); 617-972-9409

Note: While you may not be the provider responsible for obtaining prior authorization or notifying Point32Health, as a condition of payment you will need to ensure that any necessary prior authorization has been obtained and/or Point32Health has received proper notification. If notification is required, providers may additionally be required to provide updated clinical information to qualify for continued service.

Overview

Note: The Plan requires notification for certain behavioral health services. In addition, Providers may be required to provide updated clinical information to qualify for continued service. Please refer to the Outpatient Behavioral Health Mental Health & Substance Use Disorder Professional Payment Policy for specific notification requirements for this service.

Peer Recovery Coaches are individuals currently in recovery who have lived experience with addiction and/or co-occurring mental health disorders and have been trained to help their peers with a similar experience to gain hope, explore recovery and achieve life goals. Peer 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. Peer Recovery Coaches share their recovery story and personal experiences in an effort to establish an equitable relationship and support Members in obtaining and maintaining recovery.

The primary responsibility of Peer Recovery Coach is to support the voices and choices of the Members they support, minimizing the power differentials as much as possible. The focus of the Peer Recovery Coach role is to create a relationship between equals that is non-clinical and focused on removing obstacles to recovery, linking Members to recovery community and serving as a personal guide and mentor.
Members can access Peer Recovery Coaching services based on medical necessity and a referral by a medical or behavioral health provider, Community Partner (CP), or other care manager, that has contact with the Member and is able to identify the need for Recovery Coaching services. Peer Recovery Coaches are employed by an organization that is able to provide supervision, an organizational culture that supports fidelity to the model and an environment that is conducive to the needs of Peer Recovery Coaches and the Members they serve. The Peer Recovery Coach service is based within a

Licensed Behavioral Health Outpatient Clinic or Opioid Treatment Center and Peer Recovery Coaches can be deployed to any setting.

Clinical Guideline Coverage Criteria

Admission Criteria
The Plan considers Peer Recovery Coaching services as reasonable and medically necessary when **ALL** the following criteria are met:

1. The Member demonstrates symptomatology consistent with a DSM-5 diagnosis for a substance use disorder, AND at least **ONE** of the following:
   a. is attempting to achieve and/or maintain recovery from substance use and/or co-occurring disorders; **or**
   b. could benefit from education about harm reduction and/or education about recovery and community resources; **or**
   c. could benefit from support in increasing motivation and readiness to change; **or**
   d. could benefit from peer support in establishing connections with the recovery community; **or**
   e. is pregnant or up to 12-months postpartum, with or without custody; **and**
2. The Member is referred by a primary care provider for assistance with necessary medical follow-up.

Continued Stay Criteria
The Plan considers continuation of Peer Recovery Coaching services as reasonable and medically necessary when **ALL** the following criteria are met:

1. The Member is actively involved with the Peer Recovery Coach and are making at least 1 connection every 21 days; **and**
2. The Member is actively addressing initial goals and making adjustments as needed; **and**
3. There is documented, active coordination of services with other behavioral health providers, the primary care provider, and other services and state agencies. If coordination is not successful, the reasons are documented, and efforts to coordinate services continue; **and**
4. There is documented, active discharge planning starting with admission to Peer Recovery Coach services; **and**
5. When medically necessary, the Member is supported in accessing appropriate psychopharmacological services.

Discharge Criteria
The Plan considers discharge from Peer Recovery coaching as reasonable and medically necessary when **ANY** of the following criteria are met:

1. The Member no longer meets admission criteria; **or**
2. Peer recovery coach goals and objectives have been met; **or**
3. The Member or Member and parent and/or legal guardian is/are not utilizing or engaged in the Recovery Coach service as demonstrated by fewer than one (1) contact within a 21-day period (see performance specifications); **or**
4. Consent for Peer Recovery Coach services is withdrawn; **or**
5. Support systems that allow the Member to be maintained in the community have been established.

Limitations

The Plan considers peer recovery coaching services as not reasonable or medically necessary for **ANY** of the following criteria:

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.
4. The Member, and his/her parent/guardian/caregiver when applicable, does not consent to Peer Recovery Coach services.

Codes

The following code(s) are associated with this service:

Table 1: CPT/HCPCS Codes

Code	Description
H2016-HM	Comprehensive community support services, per diem

References:

1. Commonwealth of Massachusetts Executive Office of Health and Human Services. Office of Medicaid, MassHealth Managed Care Entity Bulletin 8 March 2022: Updates to the MassHealth Peer Recovery Coach Benefit, accessed at https://www.mass.gov/doc/managed-care-entity-bulletin-82-updates-to-the-masshealth-peer-recovery-coach-benefit-0/download , on October 21, 2024.

Approval And Revision History

October 21, 2020: Reviewed by IMPAC, renewed without changes.
Subsequent endorsement date(s) and changes made:

- November 4, 2020: Fax number for Unify updated.
- December 2, 2020: Addition of HM modifier to CPT/HCPCS code.
- September 15, 2021: Reviewed by IMPAC, renewed without changes.
- April 7, 2022: Template updated.
- May 18, 2022: Reviewed and approved at Medical Policy Approval Committee (MPAC). Policy name and reference to "Recovery Coach" updated to "Peer Recovery Coach", added language about notification and reference to payment policy for specific details, updates to criteria with regard to contact/communication frequency and removal of language regarding "wellness plans" as per Bulletin #82 to be effective March 10, 2022.
- September 21, 2022: Reviewed and approved at MPAC. Addition of Direct as list of applicable products to be effective 1/1/23.
- August 16, 2023: Reviewed by MPAC, renewed without changes, template updated effective November 1, 2023
- November 2023: Unify name changed to One Care, effective January 1, 2024
- September 19, 2024: Reviewed by MPAC, renewed without changes effective November 1, 2024
- October 16, 2025: Reviewed by MPAC. Update in accordance with MA H.5143. Service will no longer require PA or notification effective 1/1/26.
- November 19, 2025: Reviewed by MPAC for annual review, renewed without changes effective January 1, 2026
- December 2025: Administrative updates effective January 1, 2026
- December 8, 2025: Reviewed by UM Committee for annual review, renewed without changes effective January 1, 2026

Background, Product and Disclaimer Information

Medical Necessity Guidelines are developed to determine coverage for benefits and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern. For Tufts Health Together (Medicaid), coverage may be available beyond these guidelines for pediatric members under age 21 under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits of the plan in accordance with 130 CMR 450.140 and 130 CMR 447.000, and with prior authorization.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic.