

ACT/PEER Provider PA Update

Prior Authorization Requirement

Effective **July 1, 2026**, prior authorization will be required for the following services:

- Basic Skills Training (BST)
- Peer Support Services
- Assertive Community Treatment (ACT) Services
- Psychiatric Rehabilitation Services (PSR)

Providers must obtain authorization **prior to rendering services**. Failure to secure prior authorization may result in **denial of reimbursement**.

Basic skills

- H2014 (Skills Training and Development)
- H2017 (Community-Based Rehabilitative Services, or CBRS)

Adult Peer Support (recovery coaching is also H0038 without the Hb/ HQ Modifier)

- H0038-HB (Individual, 15 minutes)
- H0038-HB-HQ - (Group, 15 min)

ACT

- H0040: Assertive Community Treatment Program, per diem
- H0039: Assertive Community Treatment, per 15 minutes

PSR

- H2017: PSR services billed in 15-minute increments
- H2018: PSR services billed as a per diem (daily)

Clinical Review Requirements

To ensure ongoing medical necessity and quality of care, the following review schedule will apply:

- An initial review of **medical necessity, goal setting, and progress toward goals** will be conducted **on or near 30 days following initiation of services**
- Subsequent reviews will occur **every 90 to 120 days**, as applicable

Documentation must support continued need for services, measurable goals, and demonstrated progress.

Provider Responsibilities

Providers are responsible for:

- Submitting timely prior authorization requests
 - Ensuring all documentation meets established clinical guidelines,
 - Establishing and documenting goals and progress to those goals
 - Maintaining records that support medical necessity and treatment progress and expected duration of treatment.
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Compliance

Failure to adhere to these requirements may result in claim denials or additional review actions.

Questions

For questions regarding this policy, please contact your provider relations representative or utilization management department.

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