

Provider Alert

Clarification Concerning Respite Services

July 28, 2020

This alert is to clarify the nature of Respite Services and under what conditions they will be reimbursed in the Public Behavioral Health System.

Respite services is the provision of a short-term reprieve, or break, for a parent or caregiver who is providing for the daily needs of a participant, whether a child or adult, with a behavioral health disorder living in their home. The documented need for respite care is based on the understanding that these parents and caregivers experience considerable amounts of stress, at times exacerbated by caring for the participant; and that the health and overall well-being of the family will be improved through the provision of respite services. It is intended to improve interactions and overall stability of the participant and family unit.

Respite is provided in the participant's home, or in a COMAR 10.63 licensed community-based facility setting, and is recognized to increase the capacity of the caregiver to maintain the participant in the home, thus reducing the need for out of home placements, and other more restrictive levels of care. Respite is primarily designed to help the caregiver receive a much-needed break, while being assured the participant is also benefiting from supports received from a licensed therapeutic program.

Allowable Respite Services:

Adult, child, and adolescent respite services are delivered in hourly, daily, and weekend increments.

In order to be reimbursed within the Public Behavioral Health System, services must be delivered as follows:

- Facility-based or out of home respite services must be for a full-day, 12-hour minimum
- For in-home respite, services are reimbursed for a maximum of 10 hours per day

The allowable CPT codes are as follows:

- Out of home (facility-based) respite: H0045
- In-home/community based: T1005
- 1915(i) SPA Waiver services: W5000 (*in home*); W5001 (*out of home*)

Subsequent to the stay at home orders issued in response to the COVID-19 pandemic, In-home respite services was one of many types of behavioral health care approved to be rendered via telehealth platform or audio only (telephone) platform if telehealth was not available. This will no longer be allowed once the Health Emergency ends.

Use of Telehealth during COVID-19 Emergency:

Telehealth is the use of videoconferencing technology to render services/ treatment when the patient and the provider are not physically present with each other.

The [Centers for Medicare & Medicaid Services \(CMS\)](#) define telehealth as “a two-way, real-time interactive communication between a patient and a physician or practitioner at a distant site through telecommunications equipment that includes, at a minimum, audio and visual equipment.” Participants receiving services may remain in their home and clinicians/providers rendering the service do not need to be in the office. BHA prefers telehealth technology to be HIPAA compliant technology. If the technology (on both ends: provider and participant) is not HIPAA compliant, then the provider must advise the participant that the technology is not HIPAA compliant, thus not necessarily secured. Participants must consent to the use of telehealth as a platform for treatment/services. If the participant is a minor, then the guardian or caregiver must give the consent. The provider must document consent was obtained in the participant’s chart. Providers who are able to use telehealth within their normal scope of practice will be able to use audio-only telephone for individual service codes if telehealth is not possible.

Use of GT/UB Modifiers on Claims during COVID-19 Emergency:

The claim for respite services rendered via telehealth using accepted video protocols is submitted with the appropriate CPT code along with the GT modifier; if the respite service is rendered by telehealth using an audio only telephone modality, then the claim is submitted using the appropriate CPT code along with the UB modifier. The GT and UB modifiers should not be used together. If respite services are rendered in-person, then neither modifier is needed, only the appropriate CPT code. Please note that only in home/community-based respite services can be billed using the GT or UB modifier.

Authorization for Services:

Providers are expected to submit all initial and all continued stay authorization requests electronically to Optum, using Incedo, Optum's provider portal system or telephonically by calling Optum directly at (800) 888-1965.