## ✓ MetroPlusHealth

**IMPACTED DATE: 10/24/24** 

RE: ALL Children's HCBS Providers

**UPDATE:** New Billing Rate Codes for Children's Waiver (HCBS) Planned Respite

Group of 2

IMPACTED PLANS: Medicaid and HIV SNP

Dear MetroPlusHealth Provider,

**Effective 10/24/2024**, per New State Department of Health (NYSDOH) mandated guidelines, MetroPlusHealth has implemented the following updated billing changes for Children's Waiver HCBS Group Planned Respite.

## Billing Guidance for Planned Respite Group 2

- Effective 10/24/2024, two \*new rate codes (8065\* and 8066\*) for Group Planned Respite provided to 2 participants, have been established by DOH. Providers should utilize these two new rate codes when billing for Group Planned Respite for 2 participants.
- Effective 10/24/2024, providers should bill using rate codes 8026 and 8027 for Group Planned Respite provided to 3 participants.
- To avoid denials, providers should follow the billing guidelines including use of appropriate Rate code, Procedure code, Modifiers outlined in below table.

Respite - Planned					
Service	Rate Code	Procedure Code	Modifiers	Unit Measure	Unit Limit
Planned Respite -					
Group of 2	8065*	S5150	HA, UN	15 minutes	23/day
(less than 6 hours)					
Planned Respite - Group of 2 per diem					
(6 hours up to12 hours)	8066*	S5151	HA, UN	Per diem	1/day
Planned Respite –					
Group of 3	8027	S5150	HA, HQ	15 minutes	23/day
(less than 6 hours)					
Planned Respite – Group of 3 per diem			HA, HK, HQ		
(6 hours up to 12 hours)	8026	S5150		Per diem	1/day

If you have any questions regarding this memo, please contact MetroPlusHealth at: <a href="mailto:ProviderRelationsOps@metroplus.org">ProviderRelationsOps@metroplus.org</a>.

Thank you.

MetroPlusHealth