



## **Cohere Medicare Advantage Policy – Respite Care**

*Clinical Guidelines for Medical Necessity Review*

**Version:** 1  
**Effective Date:** April 3, 2025

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## Guideline Information:

**Specialty Area:** Home Health

**Guideline Name:** Cohere Medicare Advantage Policy - Respite Care

**Date of last literature review:** 3/31/2025

**Document last updated:** 4/2/2025

**Type:** ☒ Adult (18+ yo) | ☒ Pediatric (0-17yo)

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# Medical Necessity Criteria

## ***Service: Respite Care***

### **Benefit Category**

Not applicable.

Please Note: This may not be an exhaustive list of all applicable Medicare benefit categories for this item or service.

### **Related CMS Documents**

Please refer to [CMS Medicare Coverage Database](#) for the most current applicable CMS National Coverage.

- There are no applicable NCDs and/or LCDs for home respite care.

### **Recommended Clinical Approach**

Respite care is clinically unproven and not medically necessary. Respite care is distinct from skilled nursing in that it is a form of custodial care wherein the patient does not require the attendance of a registered or licensed nurse. The patient is generally medically stable but requires assistance with bathing, dressing, grooming, and household tasks such as cooking and cleaning. Respite care is a temporary form of caregiving for a patient who is unable to live independently, most often due to advanced age. It is intended to allow primary caregivers time to travel, rest, or engage in activities that may not otherwise be compatible with primary caregiving. Respite care is generally short-term and may last hours or weeks, depending on the situation for which it is requested. Respite care often takes place in the home due to the familiarity of the environment for the patient, as well as the fact that the home may already be optimized with any appropriate adaptive equipment and other modifications that the individual patient requires.<sup>12</sup>

### **Evaluation of Clinical Harms and Benefits**

Cohere Health uses the criteria below to ensure consistency in reviewing the conditions to be met for coverage of home respite care. This process helps to prevent both incorrect denials and inappropriate approvals of medically

necessary services. Specifically, limiting incorrect approvals reduces the risks associated with unnecessary procedures, such as complications from surgery, infections, and prolonged recovery times.

The potential clinical harms of using these criteria may include:

- Caregiver wellbeing. Because respite care is intended to permit the primary caregiver to rest and engage in other activities, noncoverage of this service may affect caregiver wellness.<sup>1-3</sup>
- Increased healthcare costs and complications from the inappropriate use of emergency services and additional treatments.

The clinical benefits of using these criteria include:

- Adequate level of care. Patients without medical needs may achieve an appropriate level of care without escalating to more expensive skilled nursing.<sup>1-3</sup>
- Enhanced overall patient satisfaction and healthcare experience.

This policy includes provisions for expedited reviews and flexibility in urgent cases to mitigate risks of delayed access. Evidence-based criteria are employed to prevent inappropriate denials, ensuring that patients receive medically necessary care. The criteria aim to balance the need for effective treatment with the minimization of potential harms, providing numerous clinical benefits in helping avoid unnecessary complications from inappropriate care.

In addition, the use of these criteria is likely to decrease inappropriate denials by creating a consistent set of review criteria, thereby supporting optimal patient outcomes and efficient healthcare utilization.

## **Medical Necessity Criteria**

### **Indications**

- **Respite care** is considered appropriate if **ANY** of the following is **TRUE**<sup>1,2</sup>:
- ◆ This procedure is clinically unproven and not medically necessary. There is inconclusive evidence of its effectiveness.

## Non-Indications

→ **Respite care** is not considered appropriate if **ANY** of the following is **TRUE**<sup>1,2</sup>:

- ◆ This is not applicable as there are no indications.

## Level of Care Criteria

Outpatient

## Procedure Codes (CPT/HCPCS)

CPT/HCPCS Code	Code Description
S9125	Respite care, in the home, per diem

**Disclaimer:** S Codes are non-covered per CMS guidelines due to their experimental or investigational nature.

## Medical Evidence

Respite care is a form of custodial care wherein a patient without complex medical needs is temporarily cared for by another party beyond their primary caregiver. This is typically done so that the primary caregiver may rest or engage in other activities that are not compatible with primary caregiving. Generally, custodial care assists the individual with day-to-day personal needs instead of medical needs. For this reason, skilled home nursing is a distinct clinical entity that is separate from respite care. Custodial care often involves assistance with dressing, feeding oneself, bathing, toileting, and other personal care. It is care that does not require the continued attention or supervision of a medical professional. For this reason, custodial care – and home respite care – is often provided to an individual by family members or friends.<sup>1-3</sup>

The National Institute for Health and Care Excellence (NICE) developed a quality standard describing measures to support adult primary caregivers. Published in 2021, the 4th quality statement in this guideline discusses “breaks” from primary caregiving and endorses the value of such respite, as well as the importance of freely discussing the caregiver’s needs with the patient’s medical team. NICE defines caregiving breaks as a spectrum, ranging from the caregiver “making time for themselves during their usual routines” up to formalized replacement care, otherwise known as respite care. NICE further notes that caregiving breaks should meet the caregiver’s individual needs in ways such as duration, timing, frequency, and type of break, as well as the importance of arrangements that are reliable and consistent (i.e. avoiding last-minute changes that may confer additional stress for the caregiver).<sup>3</sup>

A 2019 study of in-home respite care offered to primary caregivers of people with dementia found no significant difference in caregiver burden at six months post-baseline. Although the study was small, including 99 caregiver-patient dyads, it did not suggest an overwhelming, clear benefit of in-home respite care. It joins the limited available literature in the conclusion that further research is necessary in order to understand the true benefits of respite care.<sup>4,5,7,8,16</sup>

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# Clinical Guideline Revision History/Information

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