



Cohere Medical Policy – Respite Care

Clinical Guidelines for Medical Necessity Review

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Guideline Information:

Specialty Area: Home Health

Guideline Name: Cohere Medical Policy - Respite Care

Date of last literature review: 3/27/2025

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

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Medical Necessity Criteria

Service: 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.^{1,2}

Medical Necessity Criteria

Indications

- **Respite care** is considered appropriate if **ANY** of the following is **TRUE**:
- ◆ This service 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**:
- ◆ This is not applicable, as there are no indications.

Level of Care Criteria

None

Procedure Codes (CPT/HCPCS)

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

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.¹⁻³

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).³

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.^{4,5,7,8,16}

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Clinical Guideline Revision History/Information

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