Clinical Policy: Respite Services

Reference Number: NJ.CP.MP.500
Date of Last Revision: 01/25

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description This policy describes the medical necessity requirements for respite services.

Policy/Criteria

I. It is the policy of Fidelis Care of New Jersey that inpatient respite services are **medically necessary** when all of the following criteria are met:[3,4]
- A. Member is ≥ 18 years of age;
- B. Member receives daily, basic care and/or daily supervision by an uncompensated caregiver (spouse, family, friend, etc.) who is 18 or older;
- C. Member has functional impairments that require the care of another person;
- D. Services are temporary, short-term care for (or the supervision of) an eligible member on behalf of the caregiver in emergencies;
- E. Services are on an intermittent basis to relieve the daily stress and demands of caring for the functionally impaired adult;
- F. Services are provided hourly, daily, overnight or on weekends (provided by paid or volunteer staff);
- G. Services are used in order to relieve caregivers of stress from providing daily care (e.g., vacation, covering care when the caregiver has an emergency or undergoes medical treatment/procedures, time to run errands, etc.);
- H. Member resides in the community (not in a facility);
- I. Member does not currently participate in a Medicaid program (e.g., NJ FamilyCare, MLTSS, Jersey Assistance for Community Caregiving [JACC], Alzheimer's Adult Day Services Program, or Congregate Housing Services Program).

II. It is the policy of Fidelis Care of New Jersey that outpatient respite services are **not a covered benefit** for New Jersey Part D members.

Background

Respite services include, but are not limited to, companion or sitter services; homemaker and personal care services; adult day health services; short-term inpatient care in a licensed nursing facility, residential health care facility or assisted living residence; adult family care arrangement or overnight camp program; private duty nursing; and peer support and training for caregivers. "Caregiver" indicates a spouse, parent, child, relative or other person who:

- Is 18 years of age or older;
- Has the primary responsibility of providing daily care for the eligible person; and
- Does not receive financial remuneration for the care.

Assisted living facilities are permitted to accept short-term residents whose regular caregivers are participating in a respite care program.

Long-term care facilities are authorized by law to accept short-term residents whose regular caregivers are participating in a respite care program. A caregiver is defined as any individual, paid or unpaid, who provides regular in-home care for an elderly, disabled, or cognitively impaired person.

Coding Implications

This clinical policy references Current Procedural Terminology (CPT®). CPT® is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2024, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

HCPCS* Codes	Description
S9125	Respite care, in the home, per diem
T1005	Respite care services, up to 15 minutes

Reviews, Revisions, and Approvals	Date	Approval Date
Original approval date		02/14
Annual review, no changes		02/15
Annual review, no changes		02/16
Annual review, no changes		02/17
Annual review, no changes		01/18
Updated lines of business		12/18
Annual review, no changes		11/19
Transitioned policy to new state specific template and sent to market for ownership, Policy number changed from HS-227 to NJ.CP.MP.500.	09/20	
Policy template and references updated-sent to market for ownership	08/23	
Policy retired.		11/23
Policy reinstated.	1/24	
Annual review. Criteria I.D. duplicates I.G.; therefore I.D. removed. Minor rewording in background with no impact to meaning. References reviewed and updated.	01/25	2/25

References

1. State of New Jersey Department of Human Services. Administrative Codes and Regulations. New Jersey Administrative Code (NJAC). Section 10:53 Home and

community-based services provided in assisted living residences, comprehensive personal care homes, and assisted living programs. http://www.lexisnexis.com/hottopics/njcode/. Effective December 19, 2022. Accessed October 29, 2024.
2. State of New Jersey Department of Human Services. Administrative Codes and Regulations. N.J.A.C. 8:36 Standards for Assisted Living. https://www.state.nj.us/humanservices/dmahs/info/resources/manuals/. Accessed October 28, 2024.
3. State of New Jersey Department of Human Services. Division of Aging Services. Statewide Respite Care Program. https://www.nj.gov/humanservices/doas/services/q-z/srcp/. Accessed October 28, 2024.
4. State of New Jersey Department of Human Services. Administrative Codes and Regulations. New Jersey Administrative Code (NJAC). Section 10:164B Statewide Respite Care Program. https://casetext.com/regulation/new-jersey-administrative-code/title-10-human-services/chapter-164b-statewide-respite-care-program. Effective November 7, 1988 (revised June 5, 2017). Accessed October 28, 2024.

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. "Health Plan" means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan's affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions, and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy, contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan

retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment, or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care and are solely responsible for the medical advice and treatment of members. This clinical policy is not intended to recommend treatment for members. Members should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members, and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members and their representatives agree to be bound by such terms and conditions by providing services to members and/or submitting claims for payment for such services.

Note: For Medicaid members, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at http://www.cms.gov for additional information.