

**RESPITE CARE**

Effective Date: October 13, 2009

Review Dates: 1/93, 2/97, 6/99, 12/01, 6/02, 6/03,  
5/04, 5/05, 4/06, 4/07, 4/08, 4/09, 4/10, 4/11, 4/12,  
4/13, 5/14, 5/15, 5/16, 5/17, 5/18, 5/19, 5/20

Date of Origin: June 30, 1988

Status: Current

**I. POLICY/CRITERIA**

Respite care is not a covered benefit, unless provided as part of a hospice program as defined in the “*Hospice Care*” medical policy #91520.

Coverage for the care of chronically or terminally ill members is available as described in the Member’s plan documents under *Home Health Care* and *Hospice Care*.

**Coverage for Medicaid Members** — Refer to “*Hospice Care*” medical policy #91520, Section II, C, 8.

**II. MEDICAL NECESSITY REVIEW**

☒ Required

☐ Not Required

☐ Not Applicable

**III. APPLICATION TO PRODUCTS**

Coverage is subject to member’s specific benefits. Group specific policy will supersede this policy when applicable.

- ❖ **HMO/EPO:** *This policy applies to insured HMO/EPO plans.*
- ❖ **POS:** *This policy applies to insured POS plans.*
- ❖ **PPO:** *This policy applies to insured PPO plans. Consult individual plan documents as state mandated benefits may apply. If there is a conflict between this policy and a plan document, the provisions of the plan document will govern.*
- ❖ **ASO:** *For self-funded plans, consult individual plan documents. If there is a conflict between this policy and a self-funded plan document, the provisions of the plan document will govern.*
- ❖ **INDIVIDUAL:** *For individual policies, consult the individual insurance policy. If there is a conflict between this medical policy and the individual insurance policy document, the provisions of the individual insurance policy will govern.*
- ❖ **MEDICARE:** *Coverage is determined by the Centers for Medicare and Medicaid Services (CMS) and/or the Evidence of Coverage (EOC); if a coverage determination has not been adopted by CMS, this policy applies.*
- ❖ **MEDICAID/HEALTHY MICHIGAN PLAN:** *For Medicaid/Healthy Michigan Plan members, this policy will apply. Coverage is based on medical necessity criteria being met and the appropriate code(s) from the coding section of this policy being included on the Michigan Medicaid Fee Schedule located at: <http://www.michigan.gov/mdch/0,1607,7->*

[132-2945 42542 42543 42546 42551-159815--.00.html](#) If there is a discrepancy or lack of guidance in the Michigan Medicaid Provider Manual, the Priority Health contract with Michigan Medicaid will govern.. If there is a discrepancy between this policy and the Michigan Medicaid Provider Manual located at: [http://www.michigan.gov/mdch/0,1607,7-132-2945\\_5100-87572--.00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_5100-87572--.00.html), the Michigan Medicaid Provider Manual will govern. For Medical Supplies/DME/Prosthetics and Orthotics, please refer to the Michigan Medicaid Fee Schedule to verify coverage.

#### **IV. DESCRIPTION**

Respite care provides a temporary relief for the primary caregiver of a chronically or terminally ill patient.

#### **V. CODING INFORMATION**

**ICD-10 Diagnosis Codes:**

*Not specified*

**CPT/HCPCS/REVENUE CODES:**

Facility Billing

**Revenue Code:**

0655 Hospice Service - Inpatient Respite Care

**CPT/HCPCS Code:**

*Not required*

**AMA CPT Copyright Statement:**

All Current Procedure Terminology (CPT) codes, descriptions, and other data are copyrighted by the American Medical Association.

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*This document is for informational purposes only. It is not an authorization, certification, explanation of benefits, or contract. Receipt of benefits is subject to satisfaction of all terms and conditions of coverage. Eligibility and benefit coverage are determined in accordance with the terms of the member's plan in effect as of the date services are rendered. Priority Health's medical policies are developed with the assistance of medical professionals and are based upon a review of published and unpublished information including, but not limited to, current medical literature, guidelines published by public health and health research agencies, and community medical practices in the treatment and diagnosis of disease. Because medical practice, information, and technology are constantly changing, Priority Health reserves the right to review and update its medical policies at its discretion.*

*Priority Health's medical policies are intended to serve as a resource to the plan. They are not intended to limit the plan's ability to interpret plan language as deemed appropriate. Physicians and other providers are solely responsible for all aspects of medical care and treatment, including the type, quality, and levels of care and treatment they choose to provide.*

*The name "Priority Health" and the term "plan" mean Priority Health, Priority Health Managed Benefits, Inc., Priority Health Insurance Company and Priority Health Government Programs, Inc.*