

Clinical Policy: Pediatric Respite Services

Reference Number: DE.CP.MP.03

Date of Last Revision: 08/24

[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 pediatric respite services.

Policy/Criteria

- I. It is the policy of Delaware First Health that pediatric respite services are **medically necessary** when all of the following criteria are met:
 - A. Member is ≤ 21 years of age;
 - B. Respite services are provided by qualified providers, as specified by the State;
 - C. Member has a physical health or behavioral health condition affecting their ability to care for themselves;
 - D. Input from member's pediatrician /Respite Request form completed by Pediatrician;
 - E. Member receives daily, basic care and/or daily supervision by an uncompensated caregiver (parent, court-appointed guardian, or foster parent.);
 - F. Services are temporary, short-term care for (or the supervision of) an eligible member on behalf of the caregiver in the event of emergencies;
 - G. Services are on an intermittent basis to allow temporary relief from caretaking duties for the child's primary unpaid caregiver, parent, court-appointed guardian, or foster parent;
 - H. Services are provided hourly, daily, overnight or on weekends;
 - I. Services include support in the home, after school, or at night, as well as transportation to and from school, medical appointments, or other community-based activities, or any combination of the above;
 - J. Member is not receiving respite through Delaware Diamond State Health Plan (DSHP) Plus LTSS, PROMISE, or the Lifespan Waiver.

- II. It is the policy of Delaware First Health that Division of Disability Determination Services (DDDS) respite services will continue to be an option available to families. Individuals will not be able to receive duplicative respite services through DDDS and Medicaid. Families will be able to choose which benefits best fit their needs.

- III. It is the policy of Delaware First Health that pediatric respite services are considered **not medically necessary** for one or more of the following indications:
 - A. Replace routine care, including before and after school care;
 - B. Provide oversight of additional minor children in the home.

Note: Pediatric respite (other than emergency respite) is limited to 15 days or 285 hours per year. Additional hours may be authorized based on medical necessity.² Emergency respite is limited to 72 hours per episode, with a maximum of six-72 hour episodes per waiver year.

CLINICAL POLICY

PEDIATRIC RESPITE SERVICES

Background

Pediatric respite services are furnished on a short-term basis to allow temporary relief from caretaking duties for the child’s primary unpaid caregiver, parent, court-appointed guardian, or foster parent.^{1,2}

Pediatric respite services may be provided up to 24 hours/7 days a week and include support in the home, after school, or at night, as well as transportation to and from school, medical appointments, or other community-based activities, or any combination of the above. The child/child’s representative gives final approval of where the respite is provided, dependent on availability and consistent with the child’s level of care needs.²

Pediatric respite includes the following types of respite²:

- **In-home unskilled respite** – Provided in a child’s place of residence, home of respite provider, or home of a friend or family member for children with unskilled care needs (e.g., supervision or assistance with ADLs and IADLs, supervision to assure health and welfare, implementing a pre-existing behavior plan to support behavioral needs) who do not require skilled care such as a G-tube feeding. Services provided to children with behavioral health needs must be provided by a trained paraprofessional who is supervised by a licensed clinician.
- **In-home skilled respite** – Provided in a child’s place of residence or home of a friend or family member for children with ongoing skilled care needs that can only be provided by an RN/LPN (e.g., suctioning, G-tube feeding).
- **Out of home respite** – Skilled and unskilled support provided in a licensed facility, including but not limited to licensed childcare setting, nursing facility, hospital, residential treatment facility, foster home, PPEC, and group home.
- **Emergency respite** – a short-term service for children necessitated by an unplanned and unavoidable circumstance, such as a family emergency. Emergency respite can be provided in the home or in an out of home location.

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 2023, 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
S5150	Unskilled respite care, not hospice; per 15 minutes

CLINICAL POLICY

PEDIATRIC RESPITE SERVICES

HCPCS* Codes	Description
T1005	Respite care services, up to 15 minutes

Reviews, Revisions, and Approvals	Date	Approval Date
Policy created.	08/24	

References

1. Delaware Division of Medicaid and Medical Assistance. Delaware Medical Assistance Program. General Policy Manual. 1.15.1 Respite care. [file:///C:/Users/lveal/Downloads/General%20Policy%20Manual%20\(11\).pdf](file:///C:/Users/lveal/Downloads/General%20Policy%20Manual%20(11).pdf). Revised December 12, 2023. Accessed July 18, 2024.
2. Delaware Division of Medicaid and Medical Assistance. Delaware Health and Social Services. New Medicaid pediatric respite services family session. https://dhss.delaware.gov/dmma/files/cmc_respise_children_presentation_202305_a.pdf. Published May 2023. Accessed July 18, 2024.
3. Delaware Division of Medicaid and Medical Assistance. Delaware Health and Social Services. Q&As from October family stakeholder sessions. https://dhss.delaware.gov/dmma/files/cmc_family_questions.pdf. Accessed July 18, 2024.
4. Delaware Division of Medicaid and Medical Assistance. Delaware Health and Social Services. Q&As from October provider stakeholder sessions. https://dhss.delaware.gov/dmma/files/cmc_provider_questions.pdf. Accessed July 18, 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.

CLINICAL POLICY PEDIATRIC RESPITE SERVICES

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.

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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.

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