HEALTH PLANS
UNIVERSITY OF UTAH

Administrative Policy

Custodial and Respite Care

Related Policies:
ADMIN-018 Personal Care Services

Policy ADMIN-008

Origination Date: 01/26/2022

Reviewed/Revised Date: 04/23/2025

Next Review Date: 04/23/2026

Current Effective Date: 04/23/2025

Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial, CHIP and Healthy U (Medicaid) plans. Refer to the "Policy" section for more information.
3. Services requiring prior-authorization may not be covered, if prior-authorization is not obtained.
4. This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.
5. Provisions and terms of the provider contract may supersede this policy.

Description:

Custodial services are services that are of a sheltering, protective, or safeguarding nature, primarily to help the person in activities of daily living. These services may be provided in an institutional or an at-home setting, and may include services to care for someone because of age or mental/physical health conditions. Custodial care may also include clinical services provided mainly to maintain the person's current state of health. Custodial services generally do not greatly improve a medical or psychiatric condition; they are intended to provide care while the patient cannot care for himself or herself. Custodial services include, but are not limited to:

- Services related to watching or protecting a person;
- Services related to performing or assisting a person in performing any activities of daily living, such as walking, grooming, bathing, dressing, getting in or out of bed, toileting, eating, preparing foods, or taking medications that can be self- administered, and
- Services not required to be performed by trained or skilled medical or paramedical personnel.

Respite care provides short-term relief for primary caregivers. It can be arranged for just a portion of a day, for several days or weeks. Care can be provided at home, in a healthcare facility, or at an adult/child day center.

There are four levels of respite care into which each day of care is classified include: Routine Home Care, Continuous Home Care, Inpatient Respite Care, and General Inpatient Care.

Services are provided on an occasional basis and limited to no more than five consecutive days at a time. Services may not be provided when hospice patients reside in a nursing home on a permanent basis.

Respite Services provide brief periods of support or relief for caregivers of individuals with disabilities and is provided in the following situations:

- When families or the usual caretakers are in need of additional support or relief;
- When the participant needs relief or a break from the caretaker;
- When a participant is experiencing severe behavioral challenges and needing structured, short-term support;
- When relief from care giving is necessitated by unavoidable circumstances, such as a family emergency.

Planned or scheduled respite, or Maintenance Respite, provides brief periods of support or relief for caregivers or participants. Respite Services might also be needed to respond to emergency situations. Emergency Respite is intended to be a short- term service for a participant who requires a period of structured support, or when respite services are necessitated by unavoidable circumstances, such as a family emergency.

Inpatient Respite Care is short-term inpatient care required to provide relief from care for the individual's family or other persons caring for the individual at home. Respite care may be provided only on an occasional basis and may not be reimbursed for more than five (5) consecutive days at a time.

Policy Statement and Criteria

1. Commercial Plans/CHIP

U of U Health Plans DOES NOT cover custodial care.

Excluded services classified as custodial in nature include any of the following:

- Non-health-related services, such as domiciliary care and personal care/assistance in activities of daily living (examples include feeding, dressing, bathing, transferring and ambulating);
- Health-related services which do not seek to cure or which are provided during periods when the medical/mental condition of the member who requires the service is not changing;
- Services that do not require administration by trained medical personnel in order to be delivered safely and effectively;
- Services that can be trained by skilled personnel for non-skilled personnel to perform;

- Periodic turning and positioning in bed;
- Prophylactic and palliative skin care, including bathing and application of creams, or treatment of minor skin problems;
- Stable bolus feeding by nasogastric, gastrostomy or jejunostomy tube (Note: skilled care, supervision or observation may be required if feedings are not stable);
- Routine care of the incontinent individual, including use of diapers and protective sheets;
- Routine services to maintain satisfactory functioning of indwelling bladder catheters (this would include emptying containers and cleaning them, and clamping tubing);
- General maintenance care of colostomy and ileostomy;
- General supervision of exercises, which have been taught to the individual and do not require skilled rehabilitation personnel for their performance. This includes, but is not limited to:
    - Repetitive exercises to maintain function, improve gait, strength or endurance; or
    - Passive exercises to maintain range of motion in paralyzed extremities; or
    - Assisted walking.
- Daily supervision and assistance with dressing, eating and hygiene for an individual with severe and persistent mental illness with findings such as cognitive impairment, delusions and hallucinations that interfere with an individual's ability to live in the community;
- Changes of dressings for non-infected postoperative or chronic conditions;
- General maintenance care in connection with a plaster cast (skilled supervision or observation may be required where the individual has pre-existing skin or circulatory conditions or needs to have traction adjusted);
- Routine care in connection with braces and similar devices;
- Use of heat as a palliative and comfort measure, such as whirlpool or steam pack;
- Routine administration of medical gases after a regimen of therapy has been established (i.e., administration of medical gases after the individual has been taught how to institute therapy);
- Administration of routine oral medications, eye drops, and ointments (the fact that an individual cannot be relied upon to take such medications themselves or that state law requires all medications be dispensed by a nurse to those individuals in institutions would not change this service to a skilled service);

- Chronic uncomplicated oral or tracheal suctioning (Note: skilled care, supervision or observation may be required if suctioning is complicated).

U of U Health Plans does not cover respite care. ***(This coverage statement does not apply to every plan, please refer to the member's Summary of Plan Description [SPD] to determine coverage)***

Excluded services classified as respite care include any of the following:

- Any service that does not require skilled training which is otherwise performed by family or friends and is maintenance in nature;
- Services are intended to be provided on a short term basis lasting no more the 5 days.

2. **Medicaid Plans**

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website at: https://medicaid.utah.gov/utah-medicaid-official-publications/ or the Utah Medicaid code Look-Up tool

CPT/HCPCS codes covered by Utah State Medicaid may still require further evaluation to determine medical necessity for coverage.

Clinical Rationale

The purpose of health insurance is to cover expenses related to medical or mental health conditions. Custodial care is simply care provided for individuals incapable of caring for themselves as a result of age, infirmity or other underlying medical/mental conditions. This treatment is not intended to specifically treat any underlying mental health or medical condition but is supportive in nature of the individual's activities of daily living. As such they are not medical in nature, do not require skilled medical care. Thus, it is not a covered benefit under health insurance.

Similarly, respite care is not considered a covered insurance benefit as its intent is to provide a break in care for an individual's caregivers. Thus, because respite care is not directly related to treatment of a medical or behavioral health condition, it is excluded from health insurance coverage.

Applicable Coding

CPT Codes

No specific CPT codes

HCPCS Codes

G0529	In-home respite care, 4-hour unit, for use in CMMI model
G0530	Adult day center, 8-hour unit, for use in CMMI model

G0531	Facility-based respite, 24-hour unit, for use in CMMI model
H0045	Respite care services, not in the home, per diem
S5100	Day care services, adult; per 15 minutes
S5101	Day care services, adult; per half day
S5102	Day care services, adult; per diem
S5105	Day care services, center-based; services not included in program fee, per diem
S5120	Chore services; per 15 minutes
S5121	Chore services; per diem
S5125	Attendant care services; per 15 minutes
S5126	Attendant care services; per diem
S5130	Homemaker service, NOS; per 15 minutes
S5131	Homemaker service, NOS; per diem
S5135	Companion care, adult (e.g., IADL/ADL); per 15 minutes
S5136	Companion care, adult (e.g., IADL/ADL); per diem
S5140	Foster care, adult; per diem
S5141	Foster care, adult; per month
S5150	Unskilled respite care, not hospice; per 15 minutes
S5151	Unskilled respite care, not hospice; per diem
S5170	Home delivered meals including preparation; per meal
S5175	Laundry service, external, professional; per order
S9125	Respite care, in the home, per diem
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)
T1020	Personal care services, per diem, not for an inpatient or resident of a hospital, nursing facility, ICF/MR or IMD, part of the individualized plan of treatment (code may not be used to identify services provided by home health aide or certified nurse assistant)

References:

1. Centers for Medicare and Medicaid Services. Medicare Benefit Policy Manual. Chapter 7. Home Health Services. Rev. 10738, 05/07/21. Accessed September 20, 2021. Available at URL address: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c07.pdf

2. Centers for Medicare and Medicaid Services. Medicare Benefit Policy Manual. Chapter 8. Coverage of Extended Care (SNF) Services Under Hospital Insurance. Rev. 261, 10-04-19. Accessed September 20, 2021. Available at URL address: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c08pdf.pdf
3. Centers for Medicare and Medicaid Services. Medicare Benefit Policy Manual. Chapter 15. Covered Medical and Other Health Services. Rev. 10573, 03-24-2021. Accessed September 20, 2021. Available at URL address: https://www.cms.gov/Regulations-andGuidance/Guidance/Manuals/Downloads/bp102c15.pdf
4. Centers for Medicare and Medicaid Services. Medicare Benefit Policy Manual. Chapter 16. General Exclusions from Coverage. Rev.198, 11-06-14. Accessed September 20, 2021. Available at URL address: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c16.pdf
5. Centers for Medicare and Medicaid Services. Medicare Benefit Policy Manual. National Coverage Determination (NCD) for Enteral and Parenteral Nutritional Therapy (180.2). Effective Date: 07-11-1984. Accessed September 20, 2021. Available at URL address: https://www.cms.gov/medicare-coveragedatabase/details/ncd-details.aspx?NCDId=242&ncdver=1&bc=AAAAQAAAAAAA&

Disclaimer:
This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement. Provisions and terms of the provider contract may supersede this policy. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

U of U Health Plans makes no representations and accepts no liability with respect to the content of any external information cited or relied upon in this policy. U of U Health Plans updates its Coverage Policies regularly, and reserves the right to amend these policies and give notice in accordance with State and Federal requirements.

No part of this publication may be reproduced, stored in a retrieval system or transmitted, in any form or by any means, electronic, mechanical, photocopying, or otherwise, without permission from U of U Health Plans.

"University of Utah Health Plans" and its accompanying logo, and its accompanying marks are protected and registered trademarks of the provider of this Service and or University of Utah Health. Also, the content of this Service is proprietary and is protected by copyright. You may access the copyrighted content of this Service only for purposes set forth in these Conditions of Use.

© CPT Only – American Medical Association