



Hospice Inpatient Respite Care

Web link: http://www.access.gpo.gov/nara/cfr/waisidx_04/42cfr418_04.html
http://federalregister.gov/OFRUpload/OFRData/08-1305_PI.pdf

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§418.108 Condition of participation: Short-term inpatient care.

Inpatient care must be available for pain control, symptom management, and respite purposes, and must be provided in a participating Medicare or Medicaid facility.

- (a) Standard: Inpatient care for symptom management and pain control. Inpatient care for pain control and symptom management must be provided in one of the following:
 - (1) A Medicare-certified hospice that meets the conditions of participation for providing inpatient care directly as specified in §418.110.
 - (2) A Medicare-certified hospital or a skilled nursing facility that also meets the standards specified in §418.110(b) and (e) regarding 24-hour nursing services and patient areas.
- (b) Standard: Inpatient care for respite purposes.
 - (1) Inpatient care for respite purposes must be provided by one of the following:
 - (i) A provider specified in paragraph (a) of this section.
 - (ii) A Medicare or Medicaid-certified nursing facility that also meets the standards specified in §418.110(f).
 - (2) The facility providing respite care must provide 24-hour nursing services that meet the nursing needs of all patients and are furnished in accordance with each patient's plan of care. Each patient must receive all nursing services as prescribed and must be kept comfortable, clean, well-groomed, and protected from accident, injury, and infection.

Sec. 418.202 Covered services.

All services must be performed by appropriately qualified personnel, but it is the nature of the service, rather than the qualification of the person who provides it, that determines the coverage category of the service. The following services are covered hospice services:

Inpatient care may also be furnished as a means of providing respite for the individual's family or other persons caring for the individual at home. Respite care must be furnished as specified in Sec. 418.98(b). Payment for inpatient care will be made at the rate appropriate to the level of care as specified in Sec. 418.302.

Sec. 418.204 Special coverage requirements.

(b) Respite care. (1) Respite care is short-term inpatient care provided to the individual only when necessary to relieve the family members or other persons caring for the individual.

(2) Respite care may be provided only on an occasional basis and may not be reimbursed for more than five consecutive days at a time.

Sec. 418.302 Payment procedures for hospice care.

(3) Inpatient respite care day. An inpatient respite care day is a day on which the individual who has elected hospice care receives care in an approved facility on a short-term basis for respite.

(5) Subject to the limitations described in paragraph (f) of this section, on any day on which the beneficiary is an inpatient in an approved facility for inpatient care, the appropriate inpatient rate (general or respite) is paid depending on the category of care furnished. The inpatient rate (general or respite) is paid for the date of admission and all subsequent inpatient days, except the day on which the patient is discharged. For the day of discharge, the appropriate home care rate is paid unless the patient dies as an inpatient. In the case where the beneficiary is discharged deceased, the inpatient rate (general or respite) is paid for the discharge day. Payment for inpatient respite care is subject to the requirement that it may not be provided consecutively for more than 5 days at a time.

Payment for the sixth and any subsequent day of respite care is made at the routine home care rate.

Information Source: *Medicare Benefit Policy Manual /Chapter 9 - Coverage of Hospice Services Under Hospital Insurance*

Web link: <http://www.cms.hhs.gov/manuals/Downloads/bp102c09.pdf>

40.2.2 - Respite Care

(Rev. 1, 10-01-03)

A3-3143.2.B, HO-230.3.B

Respite care is short-term inpatient care provided to the individual only when necessary to relieve the family members 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 consecutive days at a time.

30 - Billing and Payment for General Hospice Services (Rev. 1, 10-01-03)

30.1 - Levels of Care

(Rev. 1447, Issued: 02/12/08, Effective: 01-01-08 Systems Changes by Hospice/07-01-08 Mandatory Service Reporting by Hospice, Implementation: 01-07-08)

Inpatient Respite Care - The hospice is paid at the inpatient respite care rate for each day on which the beneficiary is in an approved inpatient facility and is receiving respite care. Payment for respite care may be made for a maximum of five continuous days at a time including the date of admission but not counting the date of discharge. Payment for the sixth and any

subsequent days is to be made at the routine home care rate. More than one respite period (of no more than five days each) is allowable in a single billing period. If the beneficiary dies under inpatient respite care, the day of death is paid at the inpatient respite care rate.