Coverage Summary

Respite Care

<table>
<thead>
<tr>
<th>Policy Number:</th>
<th>Products:</th>
<th>Original Approval Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>R-007</td>
<td>UnitedHealthcare Medicare Advantage Plans</td>
<td>04/15/2009</td>
</tr>
</tbody>
</table>

Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee

Last Review Date: 02/19/2019

This information is being distributed to you for personal reference. The information belongs to UnitedHealthcare and unauthorized copying, use, and distribution are prohibited. This information is intended to serve only as a general reference resource and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member’s Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member’s EOC/SB, the member’s EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

The benefit information in this Coverage Summary is based on existing national coverage policy, however, Local Coverage Determinations (LCDs) may exist and compliance with these policies is required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

INDEX TO COVERAGE SUMMARY

I. COVERAGE

II. DEFINITIONS

III. REFERENCES

IV. REVISION HISTORY

I. COVERAGE

Coverage Statement:

Respite care is only covered by Medicare when provided as part of the Medicare hospice benefit. For Medicare hospice benefit, refer to the Coverage Summary for Hospice Services.

Some members (LACERS Enhanced Members Only) have coverage for respite care through the Solutions for Caregivers benefit. Contact the Customer Service Department to determine coverage eligibility for respite care. For Solutions for Caregivers Respite, refer to the Coverage Summary for Solutions for Caregivers.

II. DEFINITIONS

III. REFERENCES

IV. REVISION HISTORY

04/01/2019    Updated policy introduction; added language to clarify:

Page 1 of 2

UHC MA Coverage Summary: Respite Care
Proprietary Information of UnitedHealthcare. Copyright 2019 United HealthCare Services, Inc.
- There are instances where the Coverage Summary may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG).

- In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (*Medicare IOM Pub. No. 100-16, Ch. 4, §90.5*)

02/19/2019  Annual review; no updates.
02/20/2018  Annual review; no updates.
02/14/2017  Annual review; no updates.
02/14/2017  Annual review; no updates.
03/24/2015  Annual review with following update:
Updated second bullet point of coverage statement to include “LACERS Enhanced Members Only” and “benefit”.
02/18/2014  Annual review; no updates.
02/19/2013  Annual review; no updates.
02/27/2012  Annual review; no updates.
02/21/2011  Annual review; no updates.