

# Personal Care Services (for North Carolina Only)

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[Instructions for Use](#)

Table of Contents	Page
<a href="#">Application</a> .....	1
<a href="#">Coverage Rationale</a> .....	1
<a href="#">Applicable Codes</a> .....	1
<a href="#">References</a> .....	1
<a href="#">Guideline History/Revision Information</a> .....	2
<a href="#">Instructions for Use</a> .....	2

Related Policy
<ul style="list-style-type: none"> <li><a href="#">Home Health Care, Skilled Care, and Custodial Care (for North Carolina Only)</a></li> </ul>

## Application

This Coverage Determination Guideline only applies to the state of North Carolina.

## Coverage Rationale

### Indications for Coverage

Personal Care Services are considered covered expenses under certain circumstances. For medical necessity clinical coverage criteria, refer to the [North Carolina \(Division of Health Benefits\) Clinical Coverage Policy for Community Based Services, 3L, State Plan Personal Care Services \(PCS\)](#).

## Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this policy does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by federal, state, or contractual requirements and applicable laws that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
99509	Home visit for assistance with activities of daily living and personal care

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## References

North Carolina Medicaid Division of Health Benefits (NCDHHS), Clinical Coverage Policies, Community Based Services, 3L, State Plan Personal Care Services (PCS). <https://medicaid.ncdhhs.gov/documents/files/3L-6/open>. Accessed July 6, 2021.

## Guideline History/Revision Information

Date	Summary of Changes
11/01/2021	<ul style="list-style-type: none"><li data-bbox="337 220 831 247">• New Coverage Determination Guideline</li></ul>

## Instructions for Use

This Coverage Determination Guideline provides assistance in interpreting UnitedHealthcare standard benefit plans. When deciding coverage, the federal, state or contractual requirements for benefit plan coverage must be referenced as the terms of the federal, state or contractual requirements for benefit plan coverage may differ from the standard benefit plan. In the event of a conflict, the federal, state or contractual requirements for benefit plan coverage govern. Before using this guideline, please check the federal, state or contractual requirements for benefit plan coverage. UnitedHealthcare reserves the right to modify its Policies and Guidelines as necessary. This Coverage Determination Guideline is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual<sup>®</sup> criteria, to assist us in administering health benefits. The UnitedHealthcare Coverage Determination Guidelines are intended to be used in connection with the independent professional medical judgment of a qualified health care provider and do not constitute the practice of medicine or medical advice.