

## Medical Necessity Guidelines

### Personal Care Attendant and Personal Care Management Agency Services

**Policy Number: 094**

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#### Overview

This document describes the guidelines Mass General Brigham Health Plan uses to determine medical necessity for personal care attendant (PCA) and personal care management agency (PCMA) services.

#### Medicare Advantage

Prior Authorization Required	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Mass General Brigham Health Plan uses guidance from the Centers for Medicare and Medicaid Services (CMS) for medical necessity determinations for its Medicare Advantage plan members. National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Local Coverage Articles (LCAs), and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan’s medical policies are used for medical necessity determinations. **At the time of Mass General Brigham Health Plan’s most recent policy review, Medicare did not cover personal care attendant or personal care management agency services.**

#### Mass General Brigham ACO

Prior Authorization Required	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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Mass General Brigham Health Plan uses guidance from MassHealth for medical necessity determinations for its Mass General Brigham ACO members. When there is no guidance from MassHealth for the requested service, Mass General Brigham Health Plan’s medical policies are used for medical necessity determinations. **At the time of Mass General Brigham Health Plan’s most recent policy review, MassHealth did not cover personal care attendant or personal care management agency services for Mass General Brigham ACO members.**

#### One Care and Senior Care Options (SCO)



Prior Authorization Required	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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Mass General Brigham Health Plan uses guidance from CMS for medical necessity determinations for its One Care and SCO plan members. NCDs, LCDs, LCAs, and documentation included in the Medicare manuals are the basis for medical necessity determinations. When there is no guidance from CMS for the requested service, Mass General Brigham Health Plan uses medical necessity guidelines from MassHealth. When there is no guidance from CMS or from MassHealth, Mass General Brigham Health Plan’s medical policies are used for medical necessity determinations.

### Criteria

#### PCA Services

Mass General Brigham Health Plan covers PCA services for its One Care and SCO members who can be appropriately cared for the home when they meet the following eligibility criteria:

1. A representative from the member’s Individualized Care Team ordered PCA services.
2. The member’s disability is permanent or chronic in nature and impairs functional ability to perform activities of daily living (ADLs, see Definitions below) and instrumental activities of daily living (IADLs, see Definitions below) without physical assistance.
3. The member, as determined by the personal care management agency, requires physical assistance with two or more activities of daily living.

Mass General Brigham Health Plan utilizes a time tasking tool to determine the level of PCA services necessary on a per-patient basis.

Note: Authorizations are approved for one year, unless a member has a change in status during that year, in which case, an updated authorization must be submitted for approval. If approved, that new authorization is in effect for one year.

#### PCMA Services

Mass General Brigham Health Plan covers PCMA services for its One Care and SCO members who can be appropriately cared for the home when they meet the following eligibility criteria:

1. The member requires prompting, cueing, supervision, or physical assistance with at least one ADL.
2. A representative from the member’s Individualized Care Team has conducted an assessment of the member’s level of acuity and documented it in the member’s record.

#### Complex Care Services

Medical necessity for Complex Care Services is determined through MassHealth’s [Regulation 130 CMR 422.414: Complex Care Authorization](#).

### Exclusions

1. The member does not meet the eligibility criteria described above.
2. The member is a resident or inpatient of a hospital, nursing facility, or other inpatient facility, or a resident of a provider-operated residential facility subject to state licensure such as a group home.
3. The member has a family member who can provide PCA services.
4. Any portion of the day that the member is receiving duplicative services as part of a MassHealth-funded community program.



## Commercial and Qualified Health Plans

Prior Authorization Required	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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**Mass General Brigham Health Plan does not cover personal care attendant or personal care management agency services for Commercial or Qualified Health Plan members.**

### Codes

**The following codes are included below for informational purposes only; inclusion of a code does not constitute or imply coverage or reimbursement.**

Authorized Code	Code Description
99456	Work related or medical disability examination by other than the treating physician that includes: Completion of a medical history commensurate with the patient's condition; Performance of an examination commensurate with the patient's condition; Formulation of a diagnosis, assessment of capabilities and stability, and calculation of impairment; Development of future medical treatment plan; and Completion of necessary documentation/certificates and report
99509	Home visit for assistance with activities of daily living and personal care.
S5199	Personal care item, NOS, each
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
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
T1022	Contracted home health agency services, all services provided under contract, per day
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project, or treatment protocol, per encounter
T2022	Case management per month

### Definitions

**Activities of Daily Living:** Per MassHealth, the following are qualifying activities of daily living:

1. Mobility: physically assisting a member who has a mobility impairment that prevents unassisted transferring, walking, or use of prescribed durable medical equipment;
2. Assistance with medications or other health-related needs: physically assisting a member to take medications prescribed by a physician that otherwise would be self-administered;
3. Bathing or grooming: physically assisting a member with bathing, personal hygiene, or grooming;
4. Dressing: physically assisting a member to dress or undress;
5. Passive range-of-motion exercises: physically assisting a member to perform range-of-motion exercises;
6. Eating: physically assisting a member to eat. This can include assistance with tube-feeding and special nutritional and dietary needs; and
7. Toileting: physically assisting a member with bowel or bladder needs.



Instrumental Activities of Daily Living: Per MassHealth, the following are qualifying instrumental activities of daily living:

1. Household services: physically assisting with household management tasks that are incidental to the care of the member, including laundry, shopping, and housekeeping;
2. Meal preparation and clean-up: physically assisting a member to prepare meals;
3. Transportation: accompanying the member to medical providers; and
4. Special needs: assisting the member with:
  - a. the care and maintenance of wheelchairs and adaptive devices;
  - b. completing the paperwork required for receiving PCA services; and
  - c. other special needs approved by MassHealth as being instrumental to the health care of the member.

## Related Policies

- [Adult Day Health](#)
- [Adult Foster Care](#)
- [Day Habilitation](#)
- [Definition of Skilled Care](#)
- [Group Adult Foster Care](#)
- [Home Accessibility Adaptations](#)
- [Home Health Care](#)
- [Long-Term Services and Supports](#)
- [Supportive Day Program](#)
- [Transitional Assistance Services](#)

## Effective Dates

February 2026: Ad hoc review. Reformatted policy. Updated code list.

January 2026: Effective date.

## References

101 CMR 309.000 Rates for Certain Services for the Personal Care Attendant Program

<https://www.mass.gov/doc/rates-for-certain-services-for-the-personal-care-attendant-program-effective-july-1-2023-0/download>

130 CMR 422.000 MassHealth Personal Care Attendant Services <https://www.mass.gov/doc/personal-care-attendant-services-regulations/download>

Commonwealth of Massachusetts Provider Manual Series: Personal Care Manual, Subchapter 6 Service Codes and Descriptions <https://www.mass.gov/doc/personal-care-pca-subchapter-6/download>

Frail Elder Waiver: information for applicants and participants. <https://www.mass.gov/info-details/frail-elder-waiver-information-for-applicants-and-participants#ii-eligibility-criteria-for-the-frail-elder-waiver>.

MA Frail Elder Waiver (0059.R08.00). <https://www.medicaid.gov/medicaid/section-1115-demo/demonstration-and-waiver-list/82036>.

