

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

This is not a covered service for Medicare Advantage members.

Mass General Brigham ACO

This is not a covered service 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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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 documented a recommendation for PCA in the integrated care plan; and

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.

Members receiving meal preparation support may be approved for a maximum of 7 hours (420 minutes) per week for meal preparation. To qualify for additional meal preparation time, members must also meet both of the following additional criteria:

1. The member has a diagnosis of dysphagia, and clinical documentation supports this diagnosis; and
2. The member requires mechanically altered meals, and clinical documentation supports this requirement.

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 in the home when they meet the following eligibility criteria:

1. A recommendation for PCMA is documented in the integrated care plan; and
2. The member requires prompting, cueing, supervision, or physical assistance with at least one ADL.
3. 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 \(A\): Complex Care Authorization Clinical Eligibility](#).

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 and Group Adult Foster Care](#)
- [Community-Based Services Payment Policy](#)
- [Day Habilitation](#)
- [Day Habilitation Payment Policy](#)
- [Home Accessibility Adaptations](#)
- [Home- and Community-Based Services](#)
- [Home Health Care](#)
- [Home Health Care Agency Payment Policy](#)
- [Non-Emergency Transportation](#)
- [Supportive Day Program](#)
- [Transitional Assistance Services](#)

Effective Dates

August 2026: Annual review. Fixed policy format. Updated PCA and PCMA eligibility criteria. Updated related policies list.

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>.

