

State Plan Personal Care Services (PCS) (for North Carolina Only)

Policy Number: CSNCT0376.01
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[Instructions for Use](#)

Table of Contents	Page
Application	1
Coverage Rationale	1
Applicable Codes	1
U.S. Food and Drug Administration	1
References	1
Policy History/Revision Information	2
Instructions for Use	2

Related Policies
<ul style="list-style-type: none"> Home Health, Skilled and Custodial Care Services (for North Carolina Only) Private Duty Nursing Services (for North Carolina Only)

Application

This Medical Policy only applies to the State of North Carolina.

Coverage Rationale

For medical necessity clinical coverage criteria, refer to the [North Carolina Medicaid \(Division of Health Benefits\) Clinical Coverage Policy, 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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Codes labeled with an asterisk (*) are not on the State of North Carolina Medicaid Fee Schedule and therefore may not be covered by the State of North Carolina Medicaid Program.

U.S. Food and Drug Administration (FDA)

This section is to be used for informational purposes only. FDA approval alone is not a basis for coverage.

Personal care services are not regulated by the FDA.

References

North Carolina Medicaid, Division of Health Benefits, Clinical Coverage Policies, Hospice Services, 1A-30. Available at: <https://medicaid.ncdhhs.gov/3l-state-plan-personal-care-services-pcs/download?attachment>. Accessed May 6, 2024.

Policy History/Revision Information

Date	Summary of Changes
10/01/2024	<ul style="list-style-type: none"><li data-bbox="337 210 617 237">• New Medical Policy

Instructions for Use

This Medical Policy 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 policy, 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 Medical Policy is provided for informational purposes. It does not constitute medical advice.

UnitedHealthcare may also use tools developed by third parties, such as the InterQual[®] criteria, to assist us in administering health benefits. The UnitedHealthcare Medical Policies 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.