

## Personal Care Services

Policy ADMIN-018

Origination Date: 12/22/2022

Reviewed/Revised Date: 12/13/2023

Next Review Date: 12/13/2024

Current Effective Date: 12/13/2023

### Disclaimer:

1. Policies are subject to change in accordance with State and Federal notice requirements.
2. Policies outline coverage determinations for U of U Health Plans Commercial and Healthy U (Medicaid) plans. Refer to the "Policy" section for more information.
3. Services requiring prior-authorization may not be covered, if prior-authorization is not obtained.
4. **This Medical Policy does not guarantee coverage or payment of the service. The service must be a benefit in the member's plan and the member must be eligible for coverage at the time of service. Additional payment guidelines may be applied that are not included in this policy.**

### Description:

Personal care is defined as services and supplies furnished to a person mainly to help them with their activities of daily life. Personal care consists of any non-medical care that can reasonably and safely be provided by non-licensed caregivers. This can take place at home or in a nursing home and involves help with daily activities like bathing, dressing and other household duties such as cooking and laundry.

### Policy Statement and Criteria

**Specific Plan Benefit Documents may include a more specific definition of personal care that would supersede the general definition of personal care provided in this policy. Please check benefit plan descriptions to determination coverage before applying policy language.**

#### 1. Commercial Plans

**U of U Health Plans excludes coverage of personal care as these services are primarily intended to help members meet personal needs.**

Examples of personal care include but are not limited to (may not be an all-inclusive list):

- Routine care of the incontinent individual (bowel and/or bladder) including emptying contents, containers and cleaning containers;
- Grocery or other personal shopping

- Food preparation and feeding, including preparation of special diets (e.g. Meals on Wheels, etc.);
- General preventive measures such as turning and positioning, prophylactic and palliative skin care and application of creams or treatment of minor skin problems;
- Assistance with ambulation;
- Assistance with bathing/hygiene;
- Assistance with dressing;
- Assisting with toileting;
- Assistance with transfers, getting in and out of bed;
- Providing companionship;
- Geriatric daycare;
- Providing body or foot massage;
- Light Housework;
- Laundry services;
- Medication management, to include informing a client that it is time to take medication as prescribed by his/her physician or handing a client a medication container;
- Money management to consist of delivery of payment to a designated recipient on behalf of the client;
- Answering the phone;
- Services which do not require special training or certification to safely perform.

## 2. Medicaid Plans

Coverage is determined by the State of Utah Medicaid program; if Utah State Medicaid has no published coverage position and InterQual criteria are not available, the U of U Health Plans Commercial criteria will apply. For the most up-to-date Medicaid policies and coverage, please visit their website at: <https://medicaid.utah.gov/utah-medicaid-official-publications/> or the [Utah Medicaid code Look-Up tool](#)

**CPT/HCPCS codes covered by Utah State Medicaid may still require further evaluation to determine medical necessity for coverage.**

## Clinical Rationale

Personal care services are nonskilled health-related services, such as help with daily living activities (e.g., eating, dressing, bathing, transferring and ambulating). The primary purpose is to meet the personal needs of the patient or maintain a level of functionality for any health-related services that can safely and effectively be performed by trained non-medical personnel.

The evidence to support personal care services impacting health outcomes for individuals is limited with few published studies evaluating the health or economic impact of personal care services. The few studies published related to home personal care services lack randomization, blinding and tend to focus on quality of life rather than mortality, morbidity or cost effectiveness. A review by Wysocki et al., in 2012 looked at the impact of home and community-based services (HCBS) versus institutional care on older individuals. The study identified 42 relevant studies (37 peer reviewed, 5 grey literature), however, no RCTs were found. Of the 37 peer-reviewed articles, 22 evaluated recipient characteristics at a specific time, and 15 analyzed outcome trajectories over time (of which 14 were used in the longitudinal analytic set). On average, nursing home (NH) residents had more limitations in physical and cognitive function than both HCBS recipients and AL residents, but mental health and clinical status were mixed. The 14 studies that compared the outcome trajectories of HCBS recipients or assisted living (AL) residents with NH residents over time had a high risk of bias, resulting in low or insufficient evidence for all outcomes examined. In comparing AL with NH, low-strength evidence suggested no differences in outcomes for physical function, cognition, mental health, and mortality. In comparing HCBS with NHs, low-strength evidence suggested that HCBS recipients experienced higher rates of some harms while NH residents experienced higher rates of other harms. Evidence was insufficient for other outcome domains and comparisons. Evidence was also insufficient for cost comparisons. The authors concluded that determining how and whether the delivery of long term care (LTC) through HCBS versus NHs affects outcome trajectories of older adults is difficult due to meager evidence and the methodological limitations of studies reviewed. More and better research is needed to draw robust conclusions about how the setting of care delivery influences the outcomes and costs of LTC for older adults.

This review reflects the state of the literature as it relates to personal care services. As such from an evidence-based standpoint the current evidence is insufficient to support improvement in health outcomes.

## **Applicable Coding**

### **CPT Codes**

**99509** Home visit for assistance with activities of daily living and personal care

### **HCPCS Codes**

**S5100** Day care services, adult; per 15 minutes

**S5101** Day care services, adult; per half day

**S5102** Day care services, adult; per diem

**S5120** Day care services, center-based; services not included in program fee, per diem

**S5121** Chore services; per diem

**S5125** Attendant care services; per 15 minutes

**S5126** Attendant care services; per diem

**S5130** Homemaker service, NOS; per 15 minutes

**S5131** Homemaker service, NOS; per diem

**S5135** Companion care, adult (e.g., IADL/ADL); per 15 minutes

<b>S5136</b>	Companion care, adult (e.g., IADL/ADL); per diem
<b>S5140</b>	Foster care, adult; per diem
<b>S5141</b>	Foster care, adult; per month
<b>S5150</b>	Unskilled respite care, not hospice; per 15 minutes
<b>S5151</b>	Unskilled respite care, not hospice; per diem
<b>S5175</b>	Home delivered meals, including preparation; per meal
<b>T1019</b>	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 (code may not be used to identify services provided by home health aide or certified nurse assistant)
<b>T1020</b>	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 (code may not be used to identify services provided by home health aide or certified nurse assistant)
<b>S5199</b>	Personal care item, NOS, each

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- Centers for Medicare and Medicaid Services. Medicare Benefit Policy Manual. National Coverage Determination (NCD) for Enteral and Parenteral Nutritional Therapy (180.2). Effective Date: 07-11-1984. Accessed: October 31, 2022. Available at URL address: <https://www.cms.gov/medicare-coverage-database/view/ncd.aspx?NCDId=242>
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#### Disclaimer:

This document is for informational purposes only and should not be relied on in the diagnosis and care of individual patients. Medical and Coding/Reimbursement policies do not constitute medical advice, plan preauthorization, certification, an explanation of benefits, or a contract. Members should consult with appropriate health care providers to obtain needed medical advice, care, and treatment. Benefits and eligibility are determined before medical guidelines and payment guidelines are applied. Benefits are determined by the member's individual benefit plan that is in effect at the time services are rendered.

The codes for treatments and procedures applicable to this policy are included for informational purposes. Inclusion or exclusion of a procedure, diagnosis or device code(s) does not constitute or imply member coverage or provider reimbursement policy.

Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

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