

# Early Periodic Screening, Diagnostics, and Treatment - Personal Care Services (for Louisiana Only)

## Retired April 1, 2026

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[Instructions for Use](#)

Content mandated by Louisiana Department of Health

<b>Table of Contents</b>	<b>Page</b>
<a href="#">Application</a> .....	1
<a href="#">Coverage Rationale</a> .....	1
<a href="#">Applicable Codes</a> .....	4
<a href="#">References</a> .....	4
<a href="#">Policy History/Revision Information</a> .....	4
<a href="#">Instructions for Use</a> .....	4

## Application

This Medical Policy only applies to the state of Louisiana. The coverage rationale contained in this policy represents Louisiana Medicaid coverage policy and is set forth below in accordance with state requirements.

## Coverage Rationale

Personal Care Services (PCS) are defined as tasks that are medically necessary when physical or cognitive limitations due to illness or injury necessitate assistance with eating, toileting, bathing, bed mobility, transferring, dressing, locomotion, personal hygiene, and bladder or bowel requirements.

Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) – Personal Care Services (PCS) include the following tasks:

- Basic personal care, including toileting, grooming, bathing, and assistance with dressing.
- Assistance with bladder and/or bowel requirements or problems, including helping the beneficiary to and from the bathroom or assisting the beneficiary with bedpan routines, but excluding catheterization.
- Assistance with eating and food, nutrition, and diet activities, including preparation. Meal preparation is considered for the beneficiary only, when the beneficiary has a special dietary need causing meals to be prepared separately or independent of family meals.
- Performance of incidental household services, only for the beneficiary, not the entire household, which are essential to the beneficiary’s health and comfort in his/her home. This does not include routine household chores such as regular laundry, ironing, mopping, dusting, etc., but instead arises as the result of providing assistance with personal care to the beneficiary.
- Accompanying, not transporting, the beneficiary to and from his/her physician and/or medical appointments for necessary medical services.
- Assisting the beneficiary with locomotion in their place of service, while in bed or from one surface to another.
- Assisting the beneficiary with transferring and bed mobility.

## Requirements for Coverage

Conditions for provisions of Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) – Personal Care Services (PCS) are as follows:

- The person must be a categorically eligible Medicaid beneficiary, birth through 20 years of age (EPSDT eligible) and have been prescribed medically necessary, age appropriate EPSDT-PCS by a practitioner (physician, advance

practice nurse, or physician assistant). The practitioner shall specify the health/medical condition that necessitates EPSDT-PCS.

- Impairment in at least 2 activities of daily living (ADL) of an age at which the tasks to be performed by the PCS provider would ordinarily be performed by the individual, if not for being disabled due to illness or injury.
- EPSDT-PCS shall be prescribed by the beneficiary's attending practitioner initially, every 180 days after that (or rolling 6 months), and when changes in the Plan of Care (POC) occur. The prescription does not have to specify the number of hours being requested, but shall specify PCS and not Personal Care Attendant (PCA). The POC shall be acceptable for submission to BHSF only after the practitioner signs and dates the completed form. The practitioner's signature must be an original signature and not a rubber stamp. Signatures by registered nurses (RNs) on the referrals are not acceptable.

## Location of Service

EPSDT-PCS shall be provided in the beneficiary's home, or if medically necessary, in another location outside of the beneficiary's home. The beneficiary's own home includes the following:

- An apartment; or
- A custodial relative's home; or
- A boarding home; or
- A foster home; or
- A supervised living facility

Institutions such as hospitals, institutions for mental disease, nursing facilities, intermediate care facilities for individuals with intellectual disabilities (ICF/IID), and residential treatment centers are not considered a beneficiary's home.

## Service Limitations

- EPSDT-PCS are not subject to service limits.
- The units of service approved shall be based on the physical requirements of the beneficiary and medical necessity for the covered services.
- Hours may not be "saved" to be used later or in excess of the number of hours specified according to the approval letter.

## Excluded Services

- EPSDT-PCS shall not be provided to meet childcare needs nor as a substitute for the parent or guardian in the absence of the parent or guardian.
- EPSDT-PCS shall not be used to provide respite care for the primary caregiver.
- EPSDT-PCS provided in an educational setting shall not be reimbursed if these services duplicate services that are provided by or shall be provided by the Department of Education.
- The following services are not appropriate for personal care and are not reimbursable as EPSDT-PCS:
  - Insertion and sterile irrigation of catheters (although changing of a catheter bag is allowed)
  - Irrigation of any body cavities which require sterile procedures
  - Application of dressing, involving prescription medication and aseptic techniques; including care of mild, moderate, or severe skin problems
  - Administration of intradermal, subcutaneous, intramuscular, or intravenous injections
  - Administration of medicine
  - Cleaning of the home in an area not occupied by the beneficiary
  - Laundry, other than that incidental to the care of the beneficiary (for example, laundering of clothing and bedding for the entire household as opposed to simple laundering of the beneficiary's clothing or bedding)
  - Skilled nursing services as defined in the state Nurse Practices Act, including medical observation, recording of vital signs, teaching of diet and/or administration of medications/injections, or other delegated nursing tasks
  - Teaching a family member or friend how to care for a beneficiary who requires frequent changes of clothing or linens due to total or partial incontinence for which no bowel or bladder training program for the patient is possible
  - Specialized nursing procedures such as:
    - Insertion of nasogastric feeding tube
    - In-dwelling catheter
    - Tracheotomy care
    - Colostomy care
    - Ileostomy care
    - Venipuncture
    - Injections

- Rehabilitative services such as those administered by a physical therapist
- Teaching a family member or friend techniques for providing specific care
- Palliative skin care with medicated creams and ointments and/or required routine changes of surgical dressings and/or dressing changes due to chronic conditions
- Teaching of signs and symptoms of disease process, diet and medications of any new or exacerbated disease process
- Specialized aide procedures such as:
  - Rehabilitation of the beneficiary (exercise or performance of simple procedures as an extension of physical therapy services)
  - Measuring/recording the beneficiary's vital signs (temperature, pulse, respiration, and/or blood pressure, etc.), or intake/output of fluids
  - Specimen collection
  - Special procedures such as non-sterile dressings, special skin care (non-medicated), decubitus ulcers, cast care, assisting with ostomy care, assisting with catheter care, testing urine for sugar and acetone, breathing exercises, weight measurement, enemas
- Home IV therapy
- Custodial care or provision of only instrumental activities of daily living (ADL) tasks or provision of only one ADL task
- Occupational therapy
- Speech pathology services
- Audiology services
- Respiratory therapy
- Personal comfort items
- Durable medical equipment (DME)
- Oxygen
- Orthotic appliances or prosthetic devices
- Drugs provided through the Louisiana Medicaid pharmacy program
- Laboratory services
- Social work visits

## Documentation Requirements

All initial and subsequent PA requests for EPSDT-PCS shall be accompanied by the following documents:

- Copy of the beneficiary's Medicaid eligibility card
- Practitioner's referral for PCS:
  - EPSDT-PCS shall be prescribed by the beneficiary's attending practitioner initially and every 180 days after that (or rolling 6 months), and when changes in the POC occur. The prescription does not have to specify the number of hours being requested, but shall specify PCS and not Personal Care Attendant (PCA).
  - The practitioner's signature shall be an original signature or a computer generated electronic signature. Rubber stamped signatures will not be accepted; and c. Signatures by registered nurses (RNs) on the referrals are not acceptable.
- POC prepared by the PCS agency with practitioner's approval. The provider may not initiate services or changes in services under the POC prior to approval by BHSF.
- EPSDT-PCS Form 90:
  - Completed by the attending practitioner
  - Completed within the last 90 days
  - Documents the beneficiary requires assistance with at least 2 activities of daily living (ADL)
  - Documents a face-to-face medical assessment was completed
- EPSDT-PCS Daily Schedule Form
- EPSDT-PCS Social Assessment Form
- Request for PA Form (PA-14)
- Other documentation that would support medical necessity (i.e., other independent evaluations)

## Chronic Needs Case

Beneficiaries who have been designated by BHSF as a "Chronic Needs Case" are exempt from the standard PA process. A new request for PA shall still be submitted every 180 days; however, the EPSDT-PCS provider shall only be required to submit a PA-14 form accompanied by a statement from the beneficiary's primary practitioner verifying that the beneficiary's condition has not improved and the services currently approved must be continued. The provider shall indicate "Chronic Needs Case" on the top of the PA-14 form. This determination only applies to the services approved

where requested services remain at the approved level. Requests for an increase in these services will be subject to a full review requiring all documentation used for a traditional PA request.

## 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
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 (code may not be used to identify services provided by home health aide or certified nurse assistant)

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## References

Louisiana Department of Health Personal Care Services Provider Manual: Chapter Thirty of the Medicaid Services Manual; Section 30.13 – 30.18 – EPSDT Personal Care Services. Available at:  
<https://www.lamedicaid.com/provweb1/providermanuals/manuals/PCS/pcs.pdf>. Accessed April 24, 2025.

## Policy History/Revision Information

Date	Summary of Changes
04/01/2026	<ul style="list-style-type: none"><li>Retired policy; Louisiana plan membership disenrolled on Apr. 1, 2026</li></ul>
09/01/2025	<ul style="list-style-type: none"><li>New Medical Policy</li></ul>

## 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.