

Reimbursement Policy

Personal Care Attendant

Policy Number: 2148

Version Number: 5

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Product Applicability	<input type="checkbox"/> All Plan+ Products
Well Sense Health Plan	Boston Medical Center HealthNet Plan
<input type="checkbox"/> NH Medicaid	<input type="checkbox"/> MassHealth MCO
<input type="checkbox"/> NH Medicare Advantage	<input type="checkbox"/> MassHealth ACO
	<input type="checkbox"/> Qualified Health Plans/ConnectorCare/Employer Choice Direct
	<input checked="" type="checkbox"/> Senior Care Options

Note: Disclaimer and audit information is located at the end of this document.

Policy Summary

The Plan reimburses covered services based on the provider's contractual rates with the Plan and the terms of reimbursement identified within this policy.

Prior-Authorization

Please refer to the Plan's Prior Authorization Requirements Matrix at www.the Plan.org.

Definitions

Activities of Daily Living - fundamental personal care tasks performed daily as part of an individual's routine self-care. ADLs include, but are not limited to physically assisting a member with the following personal care activities: eating, toileting, bathing or grooming, dressing, passive range of motion exercises, mobility and taking medications.

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Instrumental Activities of Daily Living (IADLs) – specific activities that are instrumental to the care of the member’s health and are performed by a PCA, such as meal preparation and clean-up, housekeeping, laundry, shopping, maintenance of medical equipment, transportation to medical providers, and completion of paperwork required for the member to receive personal care services.

Personal Care Attendant (PCA) — a person who is hired by the member or surrogate to provide PCA services which includes assistance with ADLs and IADLs.

Provider Reimbursement

The Plan reimburses covered PCA services related to physical assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs). The Plan also may also reimburse the following:

- Approved overtime, more than 50 activity-time hours a week for one member
- Juror service for a maximum of three days and not more than the scheduled PCA work hours.
- Holidays (PCA services performed between the hours of 6:00 A.M. and 12:00 A.M. on December 25th, January 1st, July 4th, and Thanksgiving Day)
- Earned time
- Completed new hire orientation

Service Limitations

The Plan does not reimburse any of the following as part of the PCA program:

- Social services, including, but not limited to, babysitting, vocational rehabilitation, sheltered workshop, educational services, recreational services, advocacy, and liaison services with other agencies
- Medical services available from other providers, such as physician, pharmacy, or community health center services
- Assistance provided in the form of cueing, prompting, supervision, guiding, or coaching
- PCA services provided to an member while the member is a resident of a nursing facility or other inpatient facility, or a resident of a provider-operated residential facility subject to state licensure, such as a group home
- PCA services provided to an member during the time an member is participating in a community program including, but not limited to, day habilitation, adult day health, adult foster care, or group adult foster care
- Services provided by a member’s spouse, surrogate, or any legally responsible relative is prohibited from receiving payment as a PCA

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Applicable Coding and Billing Guidelines

Applicable coding is listed below, subject to codes being active on the date of service. Because the American Medical Association (AMA), Centers for Medicare & Medicaid Services (CMS), and the U.S. Department of Health and Human Services may update codes more frequently or at different intervals than Plan policy updates, the list of applicable codes may not be all inclusive. These codes are not intended to be used for coverage determinations.

The following codes are to be billed to the Plan through the designated Fiscal Intermediary.

HCPCS/CPT	Description and Frequency	Specification
A0170	Transportation ancillary, per 1 minute.	Use this code to bill for same-day travel time for PCA services.
T1019	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/IDMR 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).	Use this code to bill for PCA services provided during day or night.
T1019 TU	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/IDMR 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) Special payment rate, overtime.	Use this code and modifier to bill for premium pay for overtime.
T1019 TV	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/IDMR, 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) Special payment rate, holidays.	Use this code and modifier to bill for premium pay for holidays.
99509 TU	Home visit for assistance with activities of daily living and personal care, per 1 minute.	Use this code and modifier to bill for overtime special payment rate.
99509 U2	Home visit for assistance with activities of daily living and personal care, per 15 minutes.	Use to bill for PCA earned time
99509 U3	Home visit for assistance with activities of daily living and personal care, per diem.	Use this code to bill for PCA new hire orientation, per diem, per eligible PCA.

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Policy History

Original Approval Date	Original Effective Date	Policy Owner	Approved by
11/11/2015	01/01/2016	Payment Policy	SCO Product Subgroup

Policy Revisions History			
Review Date	Summary of Revisions	Revision Effective Date	Approved by
02/19/2019	Annual Review, added 99509 U2	04/01/2019	Payment Policy Committee
06/15/2021	Annual Review, removed 99509 U1, added "per diem" to 99509 U3.	07/01/2021	Payment Policy Committee
04/19/2022	Annual review	05/01/2021	Payment Policy Committee

Other Applicable Policies

- General Billing and Coding Guidelines, 2136
- General Clinical Editing and Payment Accuracy Review Guidelines, 2137
- Personal Care Management Services, 2149
- Aging Services Access Points (ASAP), 2128

References

- MassHealth 130 CMR 422.000: Personal Care Attendant Services
- MassHealth Personal Care Manual Subchapter 6
- MassHealth 101 CMR 309.00: Rates for Certain Services for the Personal Care Attendant Program

Disclaimer Information

This Policy provides information about the Plan's reimbursement/claims adjudication processing guidelines. The use of this Policy is neither a guarantee of payment nor a final prediction of how specific claim(s) will be adjudicated. Reimbursement is based on many factors, including member eligibility and benefits on the date of service; medical necessity; utilization management guidelines (when applicable); coordination of benefits; adherence with applicable Plan policies and procedures; clinical coding criteria; claim editing logic; and the applicable Plan – Provider agreement. Member cost-sharing (deductibles, coinsurance and copayments) may apply – depending on the member's benefit plan. Unless otherwise specified in writing, reimbursement will be made at the lesser of billed charges or the contractual rate of payment. Plan policies may be amended from time to time, at Plan's discretion. Plan policies are developed in accordance with applicable state and federal laws and regulations, and accrediting organization guidelines (including NCQA). The Plan reserves the right to conduct Provider audits to ensure compliance with this Policy. If an audit determines that the Provider did not comply with this Policy, the Plan will expect the Provider to refund all payments related to non-compliance. For more information about the Plan's audit policies, refer to the Provider Manual.

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