

# Personal Care Attendant (PCA) Payment Policy

## Applicability

This Policy applies to the following Fallon Health products:

- Fallon Medicare Plus, Fallon Medicare Plus Central (Medicare Advantage)
- MassHealth ACO
- NaviCare HMO SNP
- NaviCare SCO (Medicaid-only)
- Summit Eldercare PACE
- Fallon Health Weinberg PACE
- Fallon Health Weinberg Managed Long-Term Care
- Community Care (Commercial/Exchange)

## Policy

This policy applies to The Personal Care Attendant (PCA) Program. The PCA Program is a program available to eligible NaviCare members residing in the community. This program consists of physical assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) provided to the member by a PCA in accordance with the member's authorized evaluation completed by the NaviCare Nurse Case Manager (NCM). This is an integrated program coordinated by NaviCare, Fiscal Intermediaries, and Personal Care Management (PCM) Agencies.

The NaviCare member is the employer of the PCA and is responsible for recruiting, hiring, scheduling, educating and, if necessary, firing PCAs according to the Personal Care Attendant Services Manual 130 CMR 422.420. If the NaviCare member is not capable of performing the duties of an employer, a Surrogate must be obtained by the member with the assistance of the Skills Trainer from the PCM Agency. The member receives an Internal Revenue Service Employer Identification Number as an employer.

The PCA Program eligibility requirements include the need for physical assistance with Activities of Daily Living and Instrumental Activities of Daily Living and that a member does not receive group adult foster care or adult foster care program services. They must also meet the State of Massachusetts PCA Program eligibility requirements.

NaviCare follows the Commonwealth of Massachusetts MassHealth Provider Manual Series – Personal Care Attendant Services Manual Program Regulations 130 CMR 422.000 (Transmittal Letter PCA 24) when determining eligibility for this service.

NaviCare covers PCA services provided to eligible NaviCare members who can be appropriately cared for in the home when all of the following conditions are met:

- (1) The PCA services are authorized for the member by Fallon Health.
- (2) The member's disability is permanent or chronic in nature and impairs the member's functional ability to perform ADLs and IADLs without physical assistance.
- (3) The member, as determined by the NaviCare Registered Nurse and/or Occupational Therapist requires physical assistance with two or more of the ADLs as defined in 130 CMR 422.410(A).
- (4) NaviCare has determined that the PCA services are medically necessary.

To determine the number of hours of physical assistance, as outlined in 130 CMR 422.410(C) that a member requires under 130 CMR 422.410(B) for IADLs, Fallon Health assumes the following:

1. When a member is living with family members, the family members will provide assistance with most IADLs. For example, routine laundry, housekeeping, shopping, and meal preparation and clean-up should include those needs of the member.
2. When a member is living with one or more other members who are authorized for PCA services, PCA time for homemaking tasks (such as shopping, housekeeping, laundry, and meal preparation and clean-up) must be calculated on a shared basis.
3. Fallon Health will consider individual circumstances when determining the number of hours of physical assistance that a member requires for IADLs.

**130 CMR 422.412: Noncovered Services.**

Fallon Health does not cover any of the following as part of the PCA program.

- (A) Social services, including, but not limited to, babysitting, respite care, vocational rehabilitation, sheltered workshop, educational services, recreational services, advocacy, and liaison services with other agencies;
- (B) Medical services available from other NaviCare providers, such as physician, pharmacy, or community health center services;
- (C) Assistance provided in the form of cueing, prompting, supervision, guiding, or coaching;
- (D) PCA services provided to a 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;
- (E) PCA services provided to a member during the time a member is participating in a community program funded by NaviCare including, but not limited to, day habilitation, adult day health, adult foster care, or group adult foster care;
- (F) Services provided by family members, as defined in 130 CMR 422.402;
- (G) Surrogates, as defined in 130 CMR 422.402; or
- (H) PCA services provided to a member without the use of EVV as required by the MassHealth agency.

The Plan reimburses covered personal care attendant (PCA) services based on the terms in Fallon Health's contracts with Personal Care Management Agencies and Fiscal Intermediaries. Members and Personal Care Attendants must adhere to the Commonwealth of Massachusetts Executive Office of Health and Human Services guidelines and procedures as outlined in the Electronic Visit Verification requirements. Failure to adhere to the guidelines and procedures could result in the Personal Care Attendant Program being terminated or otherwise based upon State guidance and directive as outlined in the Personal Care Attendant Service Manual sections 422.419(C)4-5 and 422.420(B)1.

## Definitions

**Activities of Daily Living (ADLs)** - Those specific activities described in 130 CMR 422.410(A). Such activities are performed by a PCA to physically assist a member with mobility, taking medications, bathing, or grooming, dressing, passive range of motion exercise, eating, and toileting.

**Activity Form** – the timesheet, in a form and format designated by the MassHealth agency, including through the use of Electronic Visit Verification (EVV), to be used by the member, the member's surrogate or administrative proxy, if any, and the PCA for recording all PCA activity time for each pay period.

**Activity Time** – the actual amount of time spent by a PCA physically assisting the member with ADLs and Instrumental Activities of Daily Living (IADLs). Activity time is reported on the activity form.

Administrative Proxy – The member’s legal guardian, a family member or any other person identified in the service agreement who is responsible for performing certain administrative functions related to PCA management that the member is unable or unwilling to perform

Administrative Tasks – tasks, such as claims processing, recordkeeping, and reporting, required by the Executive Office of Health and Human Services (EOHHS) fiscal intermediary contract and performed by the fiscal intermediary.

Assessment – a PCM agency’s determination of a member’s ability to manage the PCA program independently and the ability of a surrogate or administrative proxy, if any, to manage the PCA program on behalf of the member. The PCM agency conducts an assessment of a member and surrogate or administrative proxy, if any, in accordance with 130 CMR 422.422(A) and the contract for PCM functions. The result of an assessment of the member is a determination that the member either requires a surrogate or administrative proxy to receive PCA services or can manage the PCA program independently. The Result of an assessment of the surrogate or administrative proxy, if any, is a determination about whether the surrogate or administrative proxy can appropriately and effectively manage the PCA program on behalf of the member.

Day/Evening Hours – 6:00 AM to 12:00 AM.

Electronic Visit Verification (EVV) – the method or system designated or approved by EOHHS to electronically verify service delivery in the form and format as required by the MassHealth agency.

Evaluation – an initial determination by Fallon Health of the scope and type of PCA services to be provided to a member who meets the qualifications of 130 CMR 422.403. The evaluation is conducted by a registered nurse and/or an occupational therapist in accordance with 130 CMR 422.422(C) or 422.438(B).

Family Member – the spouse of the member, the parent of a minor member, including an adoptive parent, or any legally responsible relative.

Fiscal Intermediary - An entity contracting with the Plan to perform employer-required tasks and related administrative tasks including, but not limited to, tasks described in 130 CMR 422.419(B).

Functional Skills Training - Instructional services provided by a personal care management agency in accordance with 130 CMR 422.421(B), including in-person comprehensive functional skills training, in-person issue-focused functional skills training, and telephonic functional skills training, to assist members who have obtained prior authorization for PCA services and their surrogates and administrative proxies, if necessary, in developing the skills and resources to maximize the member’s management of the PCA program, including, but not limited to, personal health care, PCA services, activities of daily living, and activities related to the fiscal intermediary.

Holidays - January 1st, July 4th, Thanksgiving Day, December 25th.

Instrumental Activities of Daily Living (IADLs) - Those specific activities described in 130 CMR 422.410(B) 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 PCA services.

Intake and Orientation – functions provided to or for a member who seeks PCA services, but for whom Fallon Health has not yet granted a prior authorization for PCA services. These functions include, but are not limited to, determination of initial eligibility for PCA services; instruction and orientation of the rules, policies, and procedures of the PCA Program; instruction in the member’s rights and responsibilities when using PCA services; instruction in the role of the PCM agency and the fiscal intermediary, including the use of activity forms; and instruction in the skills and tasks necessary to manage PCA services.

Medically Necessary or Medical Necessity – in accordance with 130 CMR 450.204, Medically Necessary services are those services (1) which are reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the Enrollee that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a disability, or result in illness or infirmity; and (2) for which there is no other medical service or site of service, comparable in effect, available, and suitable for the Enrollee requesting the service, that is more conservative or less costly. Medically Necessary services must be of a quality that meets professionally recognized standards of health care and must be substantiated by records including evidence of such medical necessity and quality.

NaviCare Nurse Case Manager – A registered nurse employed by the Plan and responsible for determining a member's clinical eligibility for the program.

Night Hours – 12:00 AM – 6:00 AM.

Overtime Requiring Authorization – activity time performed by a PCA in excess of the weekly hour limit specified in 130 CMR 422.418(A).

PCA Rate – the rate of payment for activity time performed by PCAs during day/evening hours and night hours in accordance with Executive Office of Health and Human Services (regulations at 101 CMR 309.00) Independent Living Services for the Personal Care Attendant Program.

Personal Care Attendant (PCA) – a person who meets the requirements of 130 CMR 422.404(A)(1) and who is hired by the member or surrogate to provide PCA services. The PCA must not be a family member, as defined in 130 CMR 422.402; and includes but is not limited to the PCA must not be the member's surrogate; not be the member's foster parent; not be receiving compensation from any other person or entity for that activity time.

Personal Care Attendant (PCA) Provider Number – a sequence of characters or numbers provided by the fiscal intermediary and assigned to each PCA that uniquely identifies each PCA regardless of the number of members who employ the PCA or the number of fiscal intermediaries who perform employer-required tasks for the PCA.

Personal Care Attendant Services (PCA Services) – physical assistance with the ADLs and IADLs provided to a member by a PCA in accordance with the member's authorized evaluation or reevaluation, service agreement, and 130 CMR 422.410.

Personal Care Management (PCM) Agency – a public or private agency or entity under contract with Fallon Health to provide PCM functions in accordance with 130 CMR 422.000 and the PCM agency contract.

Personal Care Management (PCM) Functions – administrative functions provided by a PCM agency to a member in accordance with a contract with Fallon Health, including, but not limited to, functions identified in the PCM agency contract and 130 CMR 422.419(A).

Reevaluation – an assessment of a member's continuing need for PCA services to be provided to a member who requires a continuance of PCA services, because the current authorization is expiring. The re-evaluation must be conducted in accordance with 130 CMR 422.422(D).

Service Agreement – a written plan of services, consistent with the requirements of 130 CMR 422.423 and the PCM agency contract, that is developed jointly by the PCM agency, the member, and the member's surrogate or administrative proxy, if any. The service agreement describes the responsibilities of the PCA, the member, the surrogate or administrative proxy, the fiscal intermediary, and the PCM agency as they relate to the management of the member's PCA program. If the member does not require a surrogate or administrative proxy, the service agreement must state that the member is solely responsible for the management tasks, including hiring, firing, scheduling, training, supervising, and otherwise directing PCAs. The service agreement must also describe the type and frequency of functional skills training that the member and the surrogate or administrative proxy, if appropriate, receives from the PCM agency to manage the PCA program successfully.

**Surrogate** – the member’s legal guardian, a family member, or other person as identified in the service agreement, who is responsible for performing certain PCA management tasks that the member is unable or unwilling to perform.

**Reimbursement**

The Plan will reimburse personal care management agencies and fiscal intermediaries for the administration of the personal care attendant program, up to the number of approved weekly hours based upon the face-to-face clinical assessment and evaluation completed by the NaviCare Nurse Case Manager and/or Occupational Therapist. The member must be able to be appropriately cared for in the home setting.

All of the following conditions must be met:

1. The PCA services are authorized for the member by the NaviCare Nurse Case Manager and/or Occupational Therapist after a face to face clinical assessment and evaluation has been completed in the home setting with the member present.
2. The member’s disability is permanent or chronic in nature and impairs the member’s functional ability to perform ADLs and IADLs without physical assistance.
3. The member, as determined by the NaviCare Registered Nurse and/or Occupational Therapist requires physical assistance with two or more of the ADLs as defined in 130 CMR 422.410(A) – (C).
4. NaviCare has determined that the PCA services are medically necessary and the criteria defined in this Policy has been met.

**Referral/notification/prior authorization requirements**

Prior authorization is required for PCA services. Please contact the member’s PCT/designated navigator prior to rendering services or adding services to the care plan.

Issues and questions can be sent to the following email address:  
[NavicarePCAMailbox@FallonHealth.org](mailto:NavicarePCAMailbox@FallonHealth.org)

**Billing/coding guidelines**

When possible, combine all charges for the member for a given timeframe onto one claim. Services billed cannot exceed authorized weekly units.

Services must be billed with the following codes:

<b>Personal Care Management (PCM) Billable Codes</b>	
<b>Code</b>	<b>Description</b>
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 (initial evaluation of a member to determine the need and extent of the need for personal care services) (per evaluation).
99456 - TS	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 (code with modifier for re-evaluations)
T1023	Screening to determine the appropriateness of consideration of an individual for

	participation in a specified program, project, or treatment protocol, per encounter (per member per month charge for intake and orientation services provided to a member who does not yet have PA for PCA services) (maximum 3 months)
T2022	Case management, per month (current PA for PCA services required for each member) (per member per month charge for functional skills training)

<b>Personal Care Attendant (PCA) Billable Codes</b>	
<b>Code</b>	<b>Description</b>
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) (P.A.) (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/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) Special payment rate, overtime (P.A.) (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/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) Special payment rate, holidays (PA) (Use this code and modifier to bill for premium pay for holidays.)
T1020	Personal care services, per diem (admin task fee / interest fee).
99509 – U1	Home visit for assistance with activities of daily living and personal care (per 15 minutes) (Use to bill for PCA earned sick time.) (Current PA for PCA services required for each member.)
99509 – U3	Home visit for assistance with activities of daily living and personal care (Use to bill for PCA new hire orientation, per diem, per eligible PCA.)

Modifier 77 – Include with the service codes listed above when billing additional authorized units for a previously submitted date of service (not applicable with code T1020).

**130 CMR 422.412: Noncovered Services – Service Limitations:**

Fallon Health does not cover any of the following as part of the PCA program.

- A. Social services, including, but not limited to, babysitting, respite care, vocational rehabilitation, sheltered workshop, educational services, recreational services, advocacy, and liaison services with other agencies;
- B. Medical services available from other NaviCare providers, such as physician, pharmacy, or community health center services;
- C. Assistance provided in the form of cueing, prompting, supervision, guiding, or coaching;
- D. PCA services provided to a 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;
- E. PCA services provided to a member during the time a member is participating in a community program funded by NaviCare including, but not limited to, day habilitation, adult day health, adult foster care, or group adult foster care;
- F. Services provided by family members, as defined in 130 CMR 422.402;
- G. Surrogates, as defined in 130 CMR 422.402; or

H. PCA services provided to a member without the use of EVV as required by the MassHealth agency.

### **Timely filing**

The filing limit for first-time claim submission to the Plan (claims with or without modifier 77) is 365 days from the date of service. If the contract with the Plan specifies a different time limit, that limit will apply.

Corrected claims and late time sheets must be received within 120 days from the date of the Remittance Advice Summary (RAS). The provider must follow the guidelines outlined in the Plan Provider Manual, *Claims Guidelines and Submission* sections.

## **Policy history**

Origination date:	11/01/2016
Previous revision date(s):	January 2017 – Introduced policy.
<i>Connection</i> date & details:	May 2017 - Clarified timely filing language, updated the reimbursement section, and added the definition of a nurse case manager. November 2017 – Changed timely filing from 120 to 365 days October 2018 – Clarified services are reimbursable during hospice election. October 2019 – Updated Policy section, clarified definitions and reimbursement. April 2020 – Annual review. Updated Definitions. Updated Policy, Prior Authorization and Billing and Coding sections related to COVID-19 temporary telehealth coverage. August 2022 – Updated Policy section, clarified definitions and included details about the Program from the State Regulations and State required Electronic Visit Verification procedures and requirements, removed COVID related details. October 2023 - Updated Policy section, clarified definitions and included details about the program from the State Regulations and State required Electronic Visit Verification procedures and requirements, removed COVID-related details; updated Billing/coding guidelines.

*The criteria listed above apply to Fallon Health plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding, and documentation guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.*