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Administrative Bulletin 25-01

101 CMR 309.00: *Rates for Certain Services for the Personal Care Attendant Program*

Effective April 1, 2025

Update to Certain Rates for Personal Care Attendant Services

Personal Care Attendant Rates Effective April 1, 2025

The rates for personal care attendant (PCA) services are being updated under 101 CMR 309.03(5)(a). These rate updates align with the terms of the collective bargaining agreement that became effective on September 1, 2023. This administrative bulleting details the new rates for PCA services, which include the wage and employer expense components effective for dates of services on and after April 1, 2025.

Beginning April 1, 2025, PCA rates will also include seniority steps based on the hours worked since 2008 as a PCA in the MassHealth PCA program, subject to completion of, or exemption from, New Hire Orientation (NHO), as outlined in the collective bargaining agreement.

A summary of the seniority rate steps and the rates, codes, modifiers, and descriptions is provided below.

Seniority Rate Step	Hours worked as a PCA since 2008
Step 1	0 – 3,640 hours
Step 2	3,641 – 7,280 hours
Step 3	7,281 – 12,740 hours

Seniority Rate Step	Hours worked as a PCA since 2008
Step 4	12,741 – 18,200 hours
Step 5	18,201- plus hours

Billing Codes/Activity with Modifiers and Service Descriptions

Rates for PCAs who have not completed new hire orientation and are not exempt from new hire orientation

Code	Modifier 1	Modifier 2	Rate	Unit	Service Description
T1019			\$5.39	15 Minutes	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/ID 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) (Premium Assistance, or P.A.) (Use this code to bill for PCA services provided during day or night.)
T1019	TU		\$2.70	15 Minutes	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/ID 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		\$2.70	15 Minutes	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital,

Code	Modifier 1	Modifier 2	Rate	Unit	Service Description
					nursing facility, ICF/ID, 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 (P.A.). (Use this code and modifier to bill for premium pay for holidays.)
99509	U2		\$5.39	15 Minutes	Home visit for assistance with activities of daily living and personal care (personal care services, per 15 minutes). Current P.A. for PCA services required for each member. (Use this code and modifier to bill for PCA paid earned time.)
99509	TU		\$0.18	1 Minute	Home visit for assistance with activities of daily living and personal care (personal care services). Current P.A. for PCA services required for each member. (Use this code and modifier to bill for overtime, per 1 minute, special payment rate.)
A0170			\$0.36	1 Minute	Transportation ancillary: parking fees, tolls, other. Current P.A. for PCA services required for each member. (Use this code to bill for travel time for PCA services, per 1 minute.)

Rates for PCAs who have completed new hire orientation or are exempt from new hire orientation.

Rates for Seniority Step 1

0 – 3,640 Hours

Code	Modifier 1	Modifier 2	Rate	Unit	Service Description
T1019	U5		\$5.39	15 Minutes	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/ID 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	U5	\$2.70	15 Minutes	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/ID 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	U5	\$2.70	15 Minutes	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/ID, 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 (P.A.). (Use this code

Code	Modifier 1	Modifier 2	Rate	Unit	Service Description
					and modifier to bill for premium pay for holidays.)
99509	U2	U5	\$5.39	15 Minutes	Home visit for assistance with activities of daily living and personal care (personal care services, per 15 minutes). Current P.A. for PCA services required for each member. (Use this code and modifier to bill for PCA paid earned time.)
99509	TU	U5	\$0.18	1 minute	Home visit for assistance with activities of daily living and personal care (personal care services). Current P.A. for PCA services required for each member. (Use this code and modifier to bill for overtime, per 1 minute, special payment rate.)
A0170	U5		\$0.36	1 Minute	Transportation ancillary: parking fees, tolls, other. Current P.A. for PCA services required for each member. (Use this code to bill for travel time for PCA services, per 1 minute.)

Rates for Seniority Step 2

3,641 – 7,280 Hours

Code	Modifier 1	Modifier 2	Rate	Unit	Service Description
T1019	U6		\$5.54	15 Minutes	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/ID 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	Modifier 1	Modifier 2	Rate	Unit	Service Description
					code to bill for PCA services provided during day or night.)
T1019	TU	U6	\$2.77	15 Minutes	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/ID 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	U6	\$2.77	15 Minutes	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/ID, 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 (P.A.). (Use this code and modifier to bill for premium pay for holidays.)
99509	U2	U6	\$5.54	15 Minutes	Home visit for assistance with activities of daily living and personal care (personal care services, per 15 minutes). Current P.A. for PCA services required for each member. (Use this code and modifier to bill for PCA paid earned time.)
99509	TU	U6	\$0.19	1 Minute	Home visit for assistance with activities of daily living and personal care (personal care services). Current P.A. for PCA services required for each member. (Use this code and modifier to bill for overtime, per 1 minute, special payment rate.)

Code	Modifier 1	Modifier 2	Rate	Unit	Service Description
A0170	U6		\$0.37	1 Minute	Transportation ancillary: parking fees, tolls, other. Current P.A. for PCA services required for each member. (Use this code to bill for travel time for PCA services, per 1 minute.)

Rates for Seniority Step 3

7,281 – 12,740 Hours

Code	Modifier 1	Modifier 2	Rate	Unit	Service Description
T1019	U7		\$5.69	15 Minutes	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/ID 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	U7	\$2.85	15 Minutes	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/ID 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	U7	\$2.85	15 Minutes	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/ID, or

Code	Modifier 1	Modifier 2	Rate	Unit	Service Description
					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 (P.A.). (Use this code and modifier to bill for premium pay for holidays.)
99509	U2	U7	\$5.69	15 Minutes	Home visit for assistance with activities of daily living and personal care (personal care services, per 15 minutes). Current P.A. for PCA services required for each member. (Use this code and modifier to bill for PCA paid earned time.)
99509	TU	U7	\$0.19	1 Minute	Home visit for assistance with activities of daily living and personal care (personal care services). Current P.A. for PCA services required for each member. (Use this code and modifier to bill for overtime, per 1 minute, special payment rate.)
A0170	U7		\$0.38	1 Minute	Transportation ancillary: parking fees, tolls, other. Current P.A. for PCA services required for each member. (Use this code to bill for travel time for PCA services, per 1 minute.)

Rates for Seniority Step 4

12,741 – 18,200 Hours

Code	Modifier 1	Modifier 2	Rate	Unit	Service Description
T1019	U9		\$5.84	15 Minutes	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital,

Code	Modifier 1	Modifier 2	Rate	Unit	Service Description
					nursing facility, ICF/ID 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	U9	\$2.92	15 Minutes	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/ID 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	U9	\$2.92	15 Minutes	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/ID, 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 (P.A.). (Use this code and modifier to bill for premium pay for holidays.)
99509	U2	U9	\$5.84	15 Minutes	Home visit for assistance with activities of daily living and personal care (personal care services, per 15 minutes). Current P.A. for PCA services required for each member. (Use this code and modifier to

Code	Modifier 1	Modifier 2	Rate	Unit	Service Description
					bill for PCA paid earned time.)
99509	TU	U9	\$0.20	1 Minute	Home visit for assistance with activities of daily living and personal care (personal care services). Current P.A. for PCA services required for each member. (Use this code and modifier to bill for overtime, per 1 minute, special payment rate.)
A0170	U9		\$0.39	1 Minute	Transportation ancillary: parking fees, tolls, other. Current P.A. for PCA services required for each member. (Use this code to bill for travel time for PCA services, per 1 minute.)

Rates for Seniority Step 5

18,201+ Hours

Code	Modifier 1	Modifier 2	Rate	Unit	Service Description
T1019	UA		\$5.99	15 Minutes	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/ID 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	UA	\$3.00	15 Minutes	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/ID or IMD, part of the individualized plan of treatment. Code may not be

Code	Modifier 1	Modifier 2	Rate	Unit	Service Description
					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	UA	\$3.00	15 Minutes	Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/ID, 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 (P.A.). (Use this code and modifier to bill for premium pay for holidays.)
99509	U2	UA	\$5.99	15 Minutes	Home visit for assistance with activities of daily living and personal care (personal care services, per 15 minutes). Current P.A. for PCA services required for each member. (Use this code and modifier to bill for PCA paid earned time.)
99509	TU	UA	\$0.20	1 Minute	Home visit for assistance with activities of daily living and personal care (personal care services). Current P.A. for PCA services required for each member. (Use this code and modifier to bill for overtime, per 1 minute, special payment rate.)
A0170	UA		\$0.40	1 Minute	Transportation ancillary: parking fees, tolls, other. Current P.A. for PCA services required for each member. (Use this code to bill

Code	Modifier 1	Modifier 2	Rate	Unit	Service Description
					for travel time for PCA services, per 1 minute.)

Description of Employer Expense Component for PCA Rates Effective April 1, 2025

The PCA rates in this bulletin include the PCA wage and the employer expense component, which includes employer required taxes and workers' compensation insurance.

PCA Rate Component	PCA Rate (Hourly)
PCA Wage Component	\$19.50
Employer Expense Component	\$2.05
Total PCA Rate	\$21.55

Holidays Include:

- New Year's Day
- Martin Luther King, Jr. Day
- Juneteenth
- Fourth of July (Independence Day)
- Thanksgiving
- Christmas Day

Additional Provisions

EVV Mandatory Training Payment: A 90-minute, paid training on electronic visit verification (EVV) will be required for PCAs who must use EVV. The fee schedule for the EVV training is based on the PCA rates applicable to that PCA on the date the PCA receives the EVV training.

Night Visit Minimum Payment: PCAs who provide services during shifts that begin and end between 12 a.m. and 5:59 a.m. will be paid for a minimum of two hours (eight, 15-minute units) for their visit to the member's home. PCAs who provide PCA services during shifts that begin and end between 12 a.m. and 5:59 a.m., and that equal a total amount equivalent to two or more hours, will be paid at the normal rate of pay.

- **Example 1:** A PCA who works from 12:30 a.m. through 1 a.m. (half an hour) will be paid for the equivalent of two hours.
- **Example 2:** A PCA who works from 12:30 a.m. through 3 a.m. (two and a half hours) will be paid for the equivalent of two and a half hours.