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Administrative Bulletin 25-13

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

Effective July 1, 2025

Update to Certain Rates for Personal Care Attendant Services

Personal Care Attendant Rates Effective July 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 bulletin details the new rates for PCA services, which include the wage and employer expense components effective for dates of services on and after July 1, 2025.

Beginning July 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). These rates and rules follow the terms of the collective bargaining agreement negotiated between the Commonwealth of Massachusetts and the PCA union (1199SEIU) and are in accordance with 101 CMR 309.00: *Rates for Certain Services for the Personal Care Attendant Program*.

A summary of the seniority rate steps and the rates, codes, modifiers, and descriptions are 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

Seniority Rate Step	Hours worked as a PCA since 2008
Step 3	7,281 – 12,740 hours
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			\$5.43	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		\$2.72	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		\$2.72	15 Minutes	Personal care services, per 15 minutes, not for an inpatient

Code	Modifier 1	Modifier 2	Rate	Unit	Service Description
					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		\$5.43	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		\$0.20	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			\$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 PCAs who have completed new hire orientation or are exempt from new hire orientation

Rates for Seniority Step 1

o - 3,640 Hours

Code	Modifier 1	Modifier 2	Rate	Unit	Service Description
T1019	U5		\$5.56	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	\$2.78	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	\$2.78	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.

Code	Modifier 1	Modifier 2	Rate	Unit	Service Description
					Special payment rate, holidays (P.A.). (Use this code and modifier to bill for premium pay for holidays.)
99509	U2	U5	\$5.56	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		\$0.20	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			\$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.)

3,641 – 7,280 Hours

Code	Modifier 1	Modifier 2	Rate	Unit	Service Description
T1019	U6		\$5.73	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

Code	Modifier 1	Modifier 2	Rate	Unit	Service Description
					nurse assistant) (P.A.) (Use this code to bill for PCA services provided during day or night.)
T1019	TU	U6	\$2.87	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	\$2.87	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	\$5.73	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		\$0.20	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

Code	Modifier 1	Modifier 2	Rate	Unit	Service Description
					1 minute, special payment rate.)
A0170			\$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.)

7,281 – 12,740 Hours

Code	Modifier 1	Modifier 2	Rate	Unit	Service Description
T1019	U7		\$5.90	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	\$2.95	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	\$2.95	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	U7	\$5.90	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		\$0.20	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			\$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.)

12,741 – 18,200 Hours

Code	Modifier 1	Modifier 2	Rate	Unit	Service Description
T1019	U9		\$6.07	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	U9	\$3.04	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	\$3.04	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.)

Code	Modifier 1	Modifier 2	Rate	Unit	Service Description
99509	U2	U9	\$6.07	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		\$0.20	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			\$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.)

18,201+ Hours

Code	Modifier 1	Modifier 2	Rate	Unit	Service Description
T1019	UA		\$6.23	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

Code	Modifier 1	Modifier 2	Rate	Unit	Service Description
					PCA services provided during day or night.)
T1019	TU	UA	\$3.12	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	UA	\$3.12	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	\$6.23	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		\$0.20	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

Code	Modifier 1	Modifier 2	Rate	Unit	Service Description
					and modifier to bill for overtime, per 1 minute, special payment rate.)
A0170			\$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.)

Description of Employer Expense Component for PCA Rates Effective July 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.

Step	PCA Wage for Component	Employer Expense Component	Total PCA Rate (Hourly)
No NHO	\$19.5	11.20%	\$21.72
Step 1	\$20	11.20%	\$22.24
Step 2	\$20.60	11.20%	\$22.92
Step 3	\$21.20	11.20%	\$23.60
Step 4	\$21.80	11.20%	\$24.28
Step 5	\$22.40	11.20%	\$24.92

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.