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Administrative Bulletin 25-29

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

Effective January 1, 2026

Update to Certain Rates for Personal Care Attendant Services

Personal Care Attendant Rates Effective January 1, 2026

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 for Consumers who meet clinical eligibility criteria for the complex care differential, which includes the wage and employer expense components effective for dates of service on or after January 1, 2026.

This bulletin also introduces a new modifier (CG) to denote authorized units for Community Case Management (CCM) individuals who use the PCA Option.

Completion of new hire orientation (NHO) is a requirement for PCAs to receive either the Seniority rates or complex care differential, or both.

Beginning January 1, 2026, PCA rates will also include a PCA complex care differential, subject to completion of, or exemption from, NHO. The PCA complex care differential will be combined with the seniority rate steps. The PCA complex care differential will only apply to those PCAs working for a Consumer who meets the clinical eligibility criteria for complex care and whose prior authorization (PA) includes the complex care modifier. 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*.

The following tables summarize the PCA complex care differential; the seniority rate steps; and the rates, codes, modifiers (Mod.), and descriptions.

Billing Codes/Activity with Modifiers and Service Descriptions

Table 1: Rates for PCAs who have not completed new hire orientation and are not exempt from new hire orientation

Code	Mod. 1	Mod. 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 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

Code	Mod. 1	Mod. 2	Rate	Unit	Service Description
					bill for premium pay for holidays.)
T1019	CG		\$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.) (Use this code to bill for PCA Option units for CCM members).
T1019	CG	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.) (Use this code to bill for PCA Option units for CCM members).
T1019	CG	TV	\$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, holidays (P.A.). (Use this code and modifier to bill for premium pay for holidays.) (Use this code to bill

Code	Mod. 1	Mod. 2	Rate	Unit	Service Description
					for PCA Option units for CCM members).
99509	U3		\$86.88	Per Diem	Home visit for assistance with activities of daily living and personal care (personal care services). (Use this code and modifier to bill for PCA new hire orientation, per diem, per eligible PCA.)
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

Table 2. Rates for Seniority Step 1 and PCA Complex Care Differential, and Community Case Management (CCM) PCA Option for PCAs who have worked between 0–3,640 Hours

Code	Mod. 1	Mod. 2	Mod. 3	Mod. 4	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	U5	TG			\$6.47	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, complex/high level of care (P.A.). (Use this code and modifier to bill for premium pay for complex care.)

Code	Mod. 1	Mod. 2	Mod. 3	Mod. 4	Rate	Unit	Service Description
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. Special payment rate, holidays (P.A.). (Use this code and modifier to bill for premium pay for holidays.)
T1019	TU	U5	TG		\$3.24	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

Code	Mod. 1	Mod. 2	Mod. 3	Mod. 4	Rate	Unit	Service Description
							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.) (Use this code and modifier to bill for premium pay for complex care.)
T1019	TV	U5	TG		\$3.24	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.) (Use this code and modifier to bill for premium pay for complex care.)
T1019	CG	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

Code	Mod. 1	Mod. 2	Mod. 3	Mod. 4	Rate	Unit	Service Description
							health aide or certified nurse assistant) (P.A.) (Use this code to bill for PCA services provided during day or night.) (Use this code to bill for PCA Option units for CCM members).
T1019	CG	U5	TG		\$6.47	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, complex/high level of care (P.A.). (Use this code and modifier to bill for premium pay for complex care.) (Use this code to bill for PCA Option units for CCM members).
T1019	CG	TU	U5	TG	\$3.24	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	Mod. 1	Mod. 2	Mod. 3	Mod. 4	Rate	Unit	Service Description
							Special payment rate, overtime (P.A.). (Use this code and modifier to bill for premium pay for overtime.) (Use this code and modifier to bill for premium pay for complex care .) (Use this code to bill for PCA Option units for CCM members).
T1019	CG	TV	U5	TG	\$3.24	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.) (Use this code and modifier to bill for premium pay for complex care .) (Use this code to bill for PCA Option units for CCM members).
T1019	CG	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

Code	Mod. 1	Mod. 2	Mod. 3	Mod. 4	Rate	Unit	Service Description
							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. (Use this code to bill for PCA Option units for CCM members).
T1019	CG	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.) (Use this code to bill for PCA Option units for CCM members).
9950 9	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	Mod. 1	Mod. 2	Mod. 3	Mod. 4	Rate	Unit	Service Description
							code and modifier to bill for PCA paid earned time.)
9950 9	CG	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.) (Use this code to bill for PCA Option units for CCM members).
9950 9	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.)
A017 0					\$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.)

Table 3. Rates for Seniority Step 2 and Complex Care Consumer Differential, and Community Case Management (CCM) PCA Option for PCAs who have worked between 3,641–7,280 Hours

Code	Mod. 1	Mod. 2	Mod. 3	Mod. 4	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 nurse assistant) (P.A.) (Use this code to bill for PCA services provided during day or night.)
T1019	U6	TG			\$6.64	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, Complex/high level of care (P.A.). (Use this code and modifier to bill for premium pay for complex care.)

Code	Mod. 1	Mod. 2	Mod. 3	Mod. 4	Rate	Unit	Service Description
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.)
T1019	TU	U6	TG		\$3.32	15 Minutes	Personal care services, per 15 minutes, not for an

Code	Mod. 1	Mod. 2	Mod. 3	Mod. 4	Rate	Unit	Service Description
							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.) (Use this code and modifier to bill for premium pay for complex care .)
T1019	TV	U6	TG		\$3.32	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.) (Use this code and modifier to bill for premium pay for complex care .)

Code	Mod. 1	Mod. 2	Mod. 3	Mod. 4	Rate	Unit	Service Description
T1019	CG	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 nurse assistant) (P.A.) (Use this code to bill for PCA services provided during day or night.) (Use this code to bill for PCA Option units for CCM members).
T1019	CG	U6	TG		\$6.64	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, complex/high level of care (P.A.). (Use this code and modifier to bill for premium pay for complex care .) (Use this code to bill for PCA Option units

Code	Mod. 1	Mod. 2	Mod. 3	Mod. 4	Rate	Unit	Service Description
							for CCM members).
T1019	CG	TU	U6	TG	\$3.32	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.) (Use this code and modifier to bill for premium pay for complex care .) (Use this code to bill for PCA Option units for CCM members).
T1019	CG	TV	U6	TG	\$3.32	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

Code	Mod. 1	Mod. 2	Mod. 3	Mod. 4	Rate	Unit	Service Description
							payment rate, holidays (P.A.). (Use this code and modifier to bill for premium pay for holidays.) (Use this code and modifier to bill for premium pay for complex care .) (Use this code to bill for PCA Option units for CCM members).
T1019	CG	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. (Use this code to bill for PCA Option units for CCM members).
T1019	CG	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

Code	Mod. 1	Mod. 2	Mod. 3	Mod. 4	Rate	Unit	Service Description
							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.) (Use this code to bill for PCA Option units for CCM members).
9950 9	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.)
9950 9	CG	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.) (Use this code to bill for PCA Option units for CCM members).

Code	Mod. 1	Mod. 2	Mod. 3	Mod. 4	Rate	Unit	Service Description
9950 9	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.)
A017 0					\$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.)

Table 4. Rates for Seniority Step 3 and Complex Care Consumer Differential, and Community Case Management (CCM) PCA Option for PCAs who have worked between 7,281–12,740 Hours

Code	Mod. 1	Mod. 2	Mod. 3	Mod. 4	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.)

Code	Mod. 1	Mod. 2	Mod. 3	Mod. 4	Rate	Unit	Service Description
							(Use this code to bill for PCA services provided during day or night.)
T1019	U7	TG			\$6.80	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, Complex/high level of care (P.A.). (Use this code and modifier to bill for premium pay for complex care .)
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	Mod. 1	Mod. 2	Mod. 3	Mod. 4	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.)
T1019	TU	U7	TG		\$3.40	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.) (Use this code and modifier to bill for premium pay for complex care .)
T1019	TV	U7	TG		\$3.40	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

Code	Mod. 1	Mod. 2	Mod. 3	Mod. 4	Rate	Unit	Service Description
							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.) (Use this code and modifier to bill for premium pay for complex care .)
T1019	CG	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.) (Use this code to bill for PCA Option units for CCM members).
T1019	CG	U7	TG		\$6.80	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	Mod. 1	Mod. 2	Mod. 3	Mod. 4	Rate	Unit	Service Description
							nurse assistant. Special payment rate, complex/high level of care (P.A.). (Use this code and modifier to bill for premium pay for complex care .) (Use this code to bill for PCA Option units for CCM members).
T1019	CG	TU	U7	TG	\$3.40	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.) (Use this code and modifier to bill for premium pay for complex care .) (Use this code to bill for PCA Option units for CCM members).
T1019	CG	TV	U7	TG	\$3.40	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	Mod. 1	Mod. 2	Mod. 3	Mod. 4	Rate	Unit	Service Description
							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.) (Use this code and modifier to bill for premium pay for complex care .) (Use this code to bill for PCA Option units for CCM members).
T1019	CG	TV	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, holidays (P.A.). (Use this code and modifier to bill for premium pay for holidays. (Use this code to bill for PCA Option units for CCM members).
T1019	CG	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

Code	Mod. 1	Mod. 2	Mod. 3	Mod. 4	Rate	Unit	Service Description
							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.) (Use this code to bill for PCA Option units for CCM members).
9950 9	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.)
9950 9	CG	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.) (Use this code to bill for PCA Option units for CCM members).

Code	Mod. 1	Mod. 2	Mod. 3	Mod. 4	Rate	Unit	Service Description
9950 9	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.)
A017 0					\$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.)

Table 5. Rates for Seniority Step 4, Complex Care Consumer Differential, and Community Case Management (CCM) PCA Option for PCAs who have worked between 12,741–18,200 Hours

Code	Mod. 1	Mod. 2	Mod. 3	Mod. 4	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

Code	Mod. 1	Mod. 2	Mod. 3	Mod. 4	Rate	Unit	Service Description
							services provided during day or night.)
T1019	U9	TG			\$6.97	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, complex/high level of care (P.A.). (Use this code and modifier to bill for premium pay for complex care .)
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.)

Code	Mod. 1	Mod. 2	Mod. 3	Mod. 4	Rate	Unit	Service Description
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.)
T1019	TU	U9	TG		\$3.49	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.) (Use this code and modifier to bill for premium pay for complex care.)
T1019	TV	U9	TG		\$3.49	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

Code	Mod. 1	Mod. 2	Mod. 3	Mod. 4	Rate	Unit	Service Description
							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.) (Use this code and modifier to bill for premium pay for complex care .)
T1019	CG	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.) (Use this code to bill for PCA Option units for CCM members).
T1019	CG	U9	TG		\$6.97	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, complex/high level of care (P.A.). (Use this code and modifier to bill

Code	Mod. 1	Mod. 2	Mod. 3	Mod. 4	Rate	Unit	Service Description
							for premium pay for complex care.) (Use this code to bill for PCA Option units for CCM members).
T1019	CG	TU	U9	TG	\$3.49	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.) (Use this code and modifier to bill for premium pay for complex care.) (Use this code to bill for PCA Option units for CCM members).
T1019	CG	TV	U9	TG	\$3.49	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.) (Use this code and modifier to bill

Code	Mod. 1	Mod. 2	Mod. 3	Mod. 4	Rate	Unit	Service Description
							for premium pay for complex care.) (Use this code to bill for PCA Option units for CCM members).
9950 9	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.)
T1019	CG	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. (Use this code to bill for PCA Option units for CCM members).
T1019	CG	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

Code	Mod. 1	Mod. 2	Mod. 3	Mod. 4	Rate	Unit	Service Description
							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.) (Use this code to bill for PCA Option units for CCM members).
9950 9	CG	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.) (Use this code to bill for PCA Option units for CCM members).
9950 9	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.)
A017 0					\$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.)

Table 6. Rates for Seniority Step 5, Complex Care Consumer Differential, and Community Case Management (CCM) PCA Option for PCAs who have worked more than 18,201 Hours

Code	Mod. 1	Mod. 2	Mod. 3	Mod. 4	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 PCA services provided during day or night.)
T1019	UA	TG			\$7.14	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, complex/high level of care (P.A.). (Use this code and modifier to bill for premium pay for complex care .)
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

Code	Mod. 1	Mod. 2	Mod. 3	Mod. 4	Rate	Unit	Service Description
							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.)
T1019	TU	UA	TG		\$3.57	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.) (Use this code and modifier to bill for premium pay for complex care .)

Code	Mod. 1	Mod. 2	Mod. 3	Mod. 4	Rate	Unit	Service Description
T1019	TV	UA	TG		\$3.57	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.) (Use this code and modifier to bill for premium pay for complex care .)
T1019	CG	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 PCA services provided during day or night.) (Use this code to bill for PCA Option units for CCM members).
T1019	CG	UA	TG		\$7.14	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

Code	Mod. 1	Mod. 2	Mod. 3	Mod. 4	Rate	Unit	Service Description
							treatment. Code may not be used to identify services provided by home health aide or certified nurse assistant. Special payment rate, complex/high level of care (P.A.). (Use this code and modifier to bill for premium pay for complex care .) (Use this code to bill for PCA Option units for CCM members).
T1019	CG	TU	UA	TG	\$3.57	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.) (Use this code and modifier to bill for premium pay for complex care .) (Use this code to bill for PCA Option units for CCM members).
T1019	CG	TV	UA	TG	\$3.57	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

Code	Mod. 1	Mod. 2	Mod. 3	Mod. 4	Rate	Unit	Service Description
							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.) (Use this code and modifier to bill for premium pay for complex care .) (Use this code to bill for PCA Option units for CCM members).
T1019	CG	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. (Use this code to bill for PCA Option units for CCM members).
T1019	CG	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.

Code	Mod. 1	Mod. 2	Mod. 3	Mod. 4	Rate	Unit	Service Description
							Special payment rate, overtime (P.A.). (Use this code and modifier to bill for premium pay for overtime.) (Use this code to bill for PCA Option units for CCM members).
9950 9	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.)
9950 9	CG	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.) (Use this code to bill for PCA Option units for CCM members).
9950 9	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.)

Code	Mod. 1	Mod. 2	Mod. 3	Mod. 4	Rate	Unit	Service Description
A017 O					\$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 January 1, 2026

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

Table 7. Description of Employer Expense Component (EEC)

Step	PCA Wage for Seniority and Complex care	Employer Expense Component	Total PCA Rate (Hourly) if a Consumer is eligible for a Complex care differential
PCA and CCM PCA Option with No NHO	\$19.50	11.20%	\$21.72
Seniority Step 1	\$23.25	11.20%	\$25.88
Seniority Step 2	\$23.85	11.20%	\$26.56
Seniority Step 3	\$24.45	11.20%	\$27.20
Seniority Step 4	\$25.05	11.20%	\$27.88
Seniority Step 5	\$25.65	11.20%	\$28.56

Holidays

- 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.