Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-1
Personal Care Manual	Transmittal Letter PCA-20	Date 01/01/16

601 Service Codes and Descriptions

Service

T1023

Code Modifier Service Description

Personal Care Management (PCM) Services

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. (Use this code when billing for 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.
 (follow-up service) (Use this code and modifier when billing for reevaluation of a member to determine the need and extent of the need for personal care services.) (per evaluation)
- T2022 Case management, per month (Current PA for PCA services required for each member.) (Use this code to bill for functional skills training.) (per member per month)
 - Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project, or treatment protocol, per encounter (Use this code to bill a single per member per month charge for intake and orientation services provided to a member who does not yet have a PA for PCA services.)

 (maximum three consecutive months)

Fiscal Intermediary (FI) Services

- 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.)

Commonwealth of Massachusetts MassHealth Provider Manual Series	Subchapter Number and Title 6. Service Codes and Descriptions	Page 6-2
Personal Care Manual	Transmittal Letter PCA-20	Date 01/01/16

T1019TV	V	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/weekends (P.A.) (Use this code and modifier to bill for premium pay for holidays.)
T1020		Personal care services, per diem, 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.) (Use to bill for fiscal intermediary administrative charge; 1 unit per diem.) (Current P.A. for PCA services required for each member.)
99509	TU	Home visit for assistance with activities of daily living and personal care. (Use this code and modifier to bill for overtime, per 1 minute, special payment rate). (Current P.A. for PCA services required for each member.)
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. (Personal Care Services.) (Use to bill for PCA new hire orientation, per diem, per eligible PCA.)
A0170		Transportation ancillary: parking fees, tolls, other (Use this code to bill for same-day travel time for PCA services, per 1 minute). (Current P.A. for PCA services required for each member.)
		Transitional Living Services
T1020	U1	Personal care services, per diem, 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) (Medicaid level of care 1) (P.A.) (Use this code and modifier to bill for transitional

living services.)