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Administrative Bulletin 14-10 – Corrected

114.3 CMR 9.00: Independent Living Services for the Personal Care Attendant Program
Effective July 1, 2014

Update to the Personal Care Attendant (PCA) Wage and Employer Expense Component Rates

MassHealth is issuing this Administrative Bulletin under authority of 114.3 CMR 9.01(5). As outlined in this subsection, MassHealth may issue Administrative Bulletins to clarify the substantive provisions of 114.3 CMR 9.00 and to notify interested parties of payment updates pursuant to 114.3 CMR 9.01(4).

Listed below are three previously issued payment rates for PCA services for Code T1019, reflecting revised descriptions, and payment rates for two new T1020 codes, which are for New Hire Orientation and Paid Time Off, and are based on the PCA Wage and the Employer Expense Components.

PCA Wage Component and Employer Expense Component Effective July 1, 2014

| Code | Modifier | Rate | Unit | Description |
|-------|----------|---------|------------|--|
| T1019 | | \$ 3.79 | 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 | \$ 1.90 | 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) Special payment rate, overtime (P.A.) (Use this code and modifier to bill for premium pay for overtime.) |
| T1019 | TV | \$ 1.90 | 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) Special payment rate, holidays (P.A.) (Use this code and modifier to bill for premium pay for holidays.) |
| T1020 | U3 | \$45.48 | Per diem | Personal care services, per diem, 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) (Use only to bill for PCA New Hire Orientation Program.) (Current P.A. for PCA services required for each member.) |

| Code | Modifier | Rate | Unit | Description |
|-------|----------|---------|----------|---|
| T1020 | U5 | \$75.80 | Per diem | Personal care services, per diem, 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) (Use only to bill for PCA Paid Time Off.) |

Explanation of PCA Rates effective July 1, 2014

| Wage Component | PCA Rate (Hourly) | Premium Pay Rate for Overtime and Premium Holiday Rate (Hourly) |
|----------------------------|----------------------|--|
| PCA Gross Wage Component | \$13.38 | \$20.07 |
| Employer Expense Component | \$ 1.78 | \$ 2.67 |
| Total Class Rate | \$15.16 | \$22.74 |