

Personal Care Attendant (PCA) Services Payment Policy

Applicability

This Policy applies to the following Fallon Health products:

- ☐ Fallon Medicare Plus
- ☐ MassHealth ACO
- ☒ NaviCare HMO SNP
- ☐ Summit Eldercare PACE
- ☒ Fallon Health Weinberg PACE
- ☐ Community Care

Policy

Fallon Health Weinberg PACE

This policy applies to the Fallon Health Weinberg consumer-directed personal assistance services (CDPAS). In New York State, the CDPAS is equivalent to Massachusetts Personal Care Attendant (PCA) services.

NaviCare

This policy applies to the MassHealth Personal Care Attendant (PCA) Program. The MassHealth PCA Program is a program available to eligible NaviCare members residing in the community. This program consists of physical assistance with Activities of Daily Living (ADLs) and Instrumental Activities of Daily Living (IADLs) provided to the member by a PCA in accordance with the member's authorized evaluation completed by the NaviCare Nurse Case Manager (NCM). This is an integrated program coordinated by NaviCare, Fiscal Intermediaries, and Personal Care Management (PCM) Agencies.

The NaviCare member is the employer of the PCA and is responsible for recruiting, hiring, scheduling, educating and, if necessary, firing PCAs according to the Personal Care Attendant Services Manual 130 CMR 422.420. If the NaviCare member is not capable of performing the duties of an employer, a Surrogate must be obtained by the member with the assistance of the Skills Trainer from the PCM Agency. The member receives an Internal Revenue Service Employer Identification Number as an employer.

The PCA Program eligibility requirements include the need for physical assistance with Activities of Daily Living and Instrumental Activities of Daily Living and that a member does not receive group adult foster care or adult foster care program services. They must also meet the State of Massachusetts PCA Program eligibility requirements.

NaviCare follows the Commonwealth of Massachusetts MassHealth Provider Manual Series – Personal Care Attendant Services Manual Program Regulations 130 CMR 422.000 (Transmittal Letter PCA 24) when determining eligibility for this service.

NaviCare covers PCA services provided to eligible NaviCare members who can be appropriately cared for in the home when all of the following conditions are met:

- (1) The PCA services are authorized for the member by Fallon Health.
- (2) The member's disability is permanent or chronic in nature and impairs the member's functional ability to perform ADLs and IADLs without physical assistance.
- (3) The member, as determined by the NaviCare Registered Nurse and/or Occupational Therapist requires physical assistance with two or more of the ADLs as defined in 130 CMR 422.410(A).
- (4) NaviCare has determined that the PCA services are medically necessary.

Activities of Daily Living and Instrumental Activities of Daily Living (130 CMR 422.410)

- (A) Activities of Daily Living (ADLs). Activities of daily living include the following categories of activities. Any number of activities within one category of activity is counted as one ADL.
- (1) Mobility: physically assisting a member who has a mobility impairment that prevents unassisted transferring, walking, or use of prescribed durable medical equipment;
 - (2) Assistance with medications or other health-related needs: physically assisting a member to take medications prescribed by a physician that otherwise would be self-administered;
 - (3) Bathing or grooming: physically assisting a member with bathing, personal hygiene, or grooming;
 - (4) Dressing: physically assisting a member to dress or undress;
 - (5) Passive range-of-motion exercises: physically assisting a member to perform range-of-motion exercises;
 - (6) Eating: physically assisting a member to eat. This can include assistance with tube-feeding and special nutritional and dietary needs; and
 - (7) Toileting: physically assisting a member with bowel or bladder needs.
- (B) Instrumental Activities of Daily Living (IADLs). Instrumental activities of daily living include the following:
- (1) Household services: physically assisting with household management tasks that are incidental to the care of the member, including laundry, shopping, and housekeeping;
 - (2) Meal preparation and clean-up: physically assisting a member to prepare meals;
 - (3) Transportation: accompanying the member to medical providers; and
 - (4) Special needs: assisting the member with:
 - (a) the care and maintenance of wheelchairs and adaptive devices;
 - (b) completing the paperwork required for receiving PCA services when an EVV live-in exemption has been approved; and
 - (c) other special needs approved by the MassHealth agency as being instrumental to the health care of the member.
- (C) Determining the Number of Hours of Physical Assistance. In determining the number of hours of physical assistance that a member requires under 130 CMR 422.410(B) for IADLs, Fallon Health assumes the following:
- (1) When a member is living with family members, the family members will provide assistance with most IADLs. For example, routine laundry, housekeeping, shopping, and meal preparation and clean-up should include those needs of the member.
 - (2) When a member is living with one or more other members who are authorized for MassHealth PCA services, PCA time for homemaking tasks (such as shopping, housekeeping, laundry, and meal preparation and clean-up) must be calculated on a shared basis.
 - (3) Meal preparation may be authorized for up to a maximum of seven hours per week. When discussing meal preparation, the PCM agency should request time based on the actual foods that the member consumes. Authorization of any time beyond seven hours per week requires a separate demonstration of medical necessity. All determinations of medical necessity—both for hours up to the seven-hour maximum and for any additional time—must be documented in the form and format specified by the MassHealth agency.
 - (4) Fallon Health will consider individual circumstances when determining the number of hours of physical assistance that a member requires for IADLs.

Electronic Visit Verification

Members and Personal Care Attendants must adhere to the Commonwealth of Massachusetts Executive Office of Health and Human Services guidelines and procedures as outlined in the Electronic Visit Verification requirements. Failure to adhere to the guidelines and procedures could result in the Personal Care Attendant Program being terminated or otherwise based upon State guidance and directive as outlined in the Personal Care Attendant Service Manual sections 422.419(C)4-5 and 422.420(B)1.

Requirement for Consumers, Surrogates, and PCAs to Provide Email Address

MassHealth Personal Care Attendant Program Bulletin 16 (March 2024) communicates new requirements for all MassHealth members receiving personal care attendant (PCA) services (called “Consumers”), their Surrogates, the PCA providers, and the Personal Care Management (PCM) agencies. This Bulletin is effective March 15, 2024.

In mid-2023, the PCA program began the gradual implementation of Electronic Visit Verification (EVV) to comply with federal Medicaid law. This new timesheet system requires the use of an email address to log in and to receive system notifications. Each EVV system account must have a unique email address.

In addition, the PCA program, through the fiscal intermediary, commonly uses email as a method of communication and will send important program information via email, since it is likely to be received timelier than a letter sent by mail.

Requirements for Members Receiving PCA Services (called “Consumers”)

1. New Consumers

NaviCare members seeking enrollment in the PCA program, and Surrogates and Administrative Proxies, if any, will be required to provide an email address as part of the intake paperwork submitted to the Personal Care Management (PCM) agency and employment paperwork submitted to the fiscal intermediary in accordance 130 CMR 422.420(A). This email address must be used only by the Consumer and cannot be used by any other Consumers, Surrogates or Administrative Proxies, or PCAs for the PCA program. Consumers who do not have an email address can ask the PCM agency for help creating an email address to be supplied in the application.

2. Current PCA Program Consumers

Current PCA program Consumers, and Surrogates or Administrative Proxies, if any, will be required to provide an email address to the fiscal intermediary in accordance with 130 CMR 422.420(A). They may provide the email address to their PCM agency or complete the form available on the fiscal intermediary website at evvweb.tempusunlimited.org. This email address must be used only by the Consumer and cannot be used by any other Consumers, Surrogates or Administrative Proxies, or PCAs for the PCA program. Consumers who do not have an email address can ask the PCM agency for help creating an email address.

Requirements for PCA Providers

1. New PCA Providers

Individuals who are newly hired as PCAs by Consumers will be required to provide an email address as part of the new hire/intake paperwork submitted to the fiscal intermediary and as a PCA provider in accordance with 130 CMR 422.000. This email address must be used only by the PCA and cannot be used by any other Members, Surrogates/Administrative Proxies, or PCAs for the PCA program. PCAs who do not have an email address can ask the fiscal intermediary for help by contacting a member of the fiscal intermediary EVV Support team at (877) 479-7577 and selecting the option for EVV.

2. Current PCA Providers

Current PCAs will be required to provide an email address to the fiscal intermediary as a PCA provider in accordance with 130 CMR 422.000. They may provide an email address using the form available on the Tempus FI website at evvweb.tempusunlimited.org. This email address must be used only by the PCA and cannot be used by any other Members, Surrogates/Administrative Proxies, or PCAs for the PCA program. PCAs who do not have an email address can ask Tempus FI for help by contacting a member of the EVV Support team at (877) 479-7577 and selecting the option for EVV.

Requirements for PCM Agencies

Assisting Consumers

Active and newly enrolled Consumers will be required to provide an email address to the fiscal intermediary. If a Consumer or prospective Consumer needs help getting an email address, PCM agencies should assist in accordance with 130 CMR 422.421(B) and the PCM Functions Contract

as functional skills training. In accordance with 130 CMR 422.421(B) and the PCM Functions Contract, the agency must enter the email address in the fiscal intermediary enrollment system within one (1) business day of getting it from the Member. PCM agencies must reach out to Consumers who do not have an email address to get an email address from them. PCM agencies must assist Members with creating an email address if they do not have one.

Noncovered Services

Fallon Health does not cover any of the following in accordance with 130 CMR 422.412.

- (A) Social services, including, but not limited to, babysitting, respite care, vocational rehabilitation, sheltered workshop, educational services, recreational services, advocacy, and liaison services with other agencies;
- (B) Medical services available from other NaviCare providers, such as physician, pharmacy, or community health center services;
- (C) Assistance provided in the form of cueing, prompting, supervision, guiding, or coaching;
- (D) Time when a PCA is not providing assistance with ADLs or IADLs;
- (E) PCA services provided to a member while the member is a resident of a nursing facility or other inpatient facility, or a resident of a provider-operated residential facility subject to state licensure, such as a group home;
- (F) PCA services provided to a member during the time a member is participating in a community program funded by NaviCare including, but not limited to, day habilitation, adult day health, adult foster care, or group adult foster care;
- (G) Services provided by family members, as defined in 130 CMR 422.402;
- (H) Surrogates and administrative proxies, as defined in 130 CMR 422.402; or
- (I) PCA services provided to a member without the use of EVV as required by the MassHealth agency.
- (J) Required parental responsibilities for children younger than 18 years of age as indicated by the child's developmental milestones, as detailed in the operating standards; and
- (K) Personal care services provided by a PCA that exceed 60 hours per week in the aggregate (effective 07/03/2026).

Definitions

Activities of Daily Living (ADLs) -Those specific activities described in 130 CMR 422.410(A). Such activities are performed by a PCA to physically assist a member with mobility, taking medications, bathing, or grooming, dressing, passive range of motion exercise, eating, and toileting.

Activity Form – the timesheet, in a form and format designated by the MassHealth agency, including through the use of Electronic Visit Verification (EVV), to be used by the member, the member's surrogate or administrative proxy, if any, and the PCA for recording all PCA activity time for each pay period.

Activity Time – the actual amount of time spent by a PCA physically assisting the member with ADLs and Instrumental Activities of Daily Living (IADs). Activity time is reported on the activity form.

Administrative Proxy – The member's legal guardian, a family member or any other person identified in the service agreement who is responsible for performing certain administrative functions related to PCA management that the member is unable or unwilling to perform

Administrative Tasks – tasks, such as claims processing, recordkeeping, and reporting, required by the Executive Office of Health and Human Services (EOHHS) fiscal intermediary contract and performed by the fiscal intermediary.

Assessment – a PCM agency's determination of a member's ability to manage the PCA program independently and the ability of a surrogate or administrative proxy, if any, to manage the PCA program on behalf of the member. The PCM agency conducts an assessment of a member and surrogate or administrative proxy, if any, in accordance with 130 CMR 422.422(A) and the contract for PCM functions. The result of an assessment of the member is a determination that

the member either requires a surrogate or administrative proxy to receive PCA services or can manage the PCA program independently. The result of an assessment of the surrogate or administrative proxy, if any, is a determination about whether the surrogate or administrative proxy can appropriately and effectively manage the PCA program on behalf of the member.

Day/Evening Hours – 6:00 AM to 12:00 AM.

Electronic Visit Verification (EVV) – the method or system designated or approved by EOHHS to electronically verify service delivery in the form and format as required by the MassHealth agency.

Evaluation – an initial determination by Fallon Health of the scope and type of PCA services to be provided to a member who meets the qualifications of 130 CMR 422.403. The evaluation is conducted by a registered nurse and/or an occupational therapist in accordance with 130 CMR 422.422(C) or 422.438(B).

Family Member – the spouse of the member, the parent of a minor member, including an adoptive parent, or any legally responsible relative.

Fiscal Intermediary - An entity contracting with the Plan to perform employer-required tasks and related administrative tasks including, but not limited to, tasks described in 130 CMR 422.419(B).

Functional Skills Training - Instructional services provided by a personal care management agency in accordance with 130 CMR 422.421(B), including in-person comprehensive functional skills training, in-person issue-focused functional skills training, and telephonic functional skills training, to assist members who have obtained prior authorization for PCA services and their surrogates and administrative proxies, if necessary, in developing the skills and resources to maximize the member's management of the PCA program, including, but not limited to, personal health care, PCA services, activities of daily living, and activities related to the fiscal intermediary.

Holidays - January 1st, July 4th, Thanksgiving Day, December 25th. Effective January 1, 2026 Holidays are defined as: New Year's Day; Martin Luther King Jr. Day; Juneteenth; Independence Day; Thanksgiving Day; and Christmas Day.

Instrumental Activities of Daily Living (IADLs) - Those specific activities described in 130 CMR 422.410(B) that are instrumental to the care of the member's health and are performed by a PCA, such as meal preparation and clean-up, housekeeping, laundry, shopping, maintenance of medical equipment, transportation to medical providers, and completion of paperwork required for the member to receive PCA services.

Intake and Orientation – functions provided to or for a member who seeks PCA services, but for whom Fallon Health has not yet granted a prior authorization for PCA services. These functions include, but are not limited to, determination of initial eligibility for PCA services; instruction and orientation of the rules, policies, and procedures of the PCA Program; instruction in the member's rights and responsibilities when using PCA services; instruction in the role of the PCM agency and the fiscal intermediary, including the use of activity forms; and instruction in the skills and tasks necessary to manage PCA services.

Medically Necessary or Medical Necessity – in accordance with 130 CMR 450.204, Medically Necessary services are those services (1) which are reasonably calculated to prevent, diagnose, prevent the worsening of, alleviate, correct, or cure conditions in the Enrollee that endanger life, cause suffering or pain, cause physical deformity or malfunction, threaten to cause or to aggravate a disability, or result in illness or infirmity; and (2) for which there is no other medical service or site of service, comparable in effect, available, and suitable for the Enrollee requesting the service, that is more conservative or less costly. Medically Necessary services must be of a quality that meets professionally recognized standards of health care and must be substantiated by records including evidence of such medical necessity and quality.

NaviCare Nurse Case Manager – A registered nurse employed by the Plan and responsible for determining a member's clinical eligibility for the program.

Night Hours – 12:00 AM – 6:00 AM.

Overtime Requiring Authorization – activity time performed by a PCA in excess of the weekly hour limit specified in 130 CMR 422.418(A).

PCA Rate – the rate of payment for activity time performed by PCAs during day/evening hours and night hours in accordance with Executive Office of Health and Human Services (regulations at 101 CMR 309.00) Independent Living Services for the Personal Care Attendant Program.

Personal Care Attendant (PCA) – a person who meets the requirements of 130 CMR 422.404(A)(1) and who is hired by the member or surrogate to provide PCA services. The PCA must not be a family member, as defined in 130 CMR 422.402; and includes but is not limited to the PCA must not be the member's surrogate; not be the member's foster parent; not be receiving compensation from any other person or entity for that activity time.

Personal Care Attendant (PCA) Provider Number – a sequence of characters or numbers provided by the fiscal intermediary and assigned to each PCA that uniquely identifies each PCA regardless of the number of members who employ the PCA or the number of fiscal intermediaries who perform employer-required tasks for the PCA.

Personal Care Attendant Services (PCA Services) –assistance with Activities of Daily Living (ADLs), such as bathing, dressing, grooming, eating, ambulating, toileting, and transferring. Payments for Overtime Services (T1019 TU and 99509) and Travel Time (A0170) are excluded from the Contractor's coverage of Personal Care Attendant Services; claims for such services shall be paid directly by MassHealth.

Personal Care Management (PCM) Agency – a public or private agency or entity under contract with Fallon Health to provide PCM functions in accordance with 130 CMR 422.000 and the PCM agency contract.

Personal Care Management (PCM) Functions – administrative functions provided by a PCM agency to a member in accordance with a contract with Fallon Health, including, but not limited to, functions identified in the PCM agency contract and 130 CMR 422.419(A).

Reevaluation – an assessment of a member' continuing need for PCA services to be provided to a member who requires a continuance of PCA services, because the current authorization is expiring. The re-evaluation must be conducted in accordance with 130 CMR 422.422(D).

Service Agreement – a written plan of services, consistent with the requirements of 130 CMR 422.423 and the PCM agency contract, that is developed jointly by the PCM agency, the member, and the member's surrogate or administrative proxy, if any. The service agreement describes the responsibilities of the PCA, the member, the surrogate or administrative proxy, the fiscal intermediary, and the PCM agency as they relate to the management of the member's PCA program. If the member does not require a surrogate or administrative proxy, the service agreement must state that the member is solely responsible for the management tasks, including hiring, firing, scheduling, training, supervising, and otherwise directing PCAs. The service agreement must also describe the type and frequency of functional skills training that the member and the surrogate or administrative proxy, if appropriate, receives from the PCM agency to manage the PCA program successfully.

Surrogate – the member's legal guardian, a family member, or other person older than 18 years of age as identified in the service agreement, who is responsible for performing certain PCA management tasks that the member is unable or unwilling to perform.

Reimbursement

The Plan reimburses covered personal care attendant (PCA) services based on the terms in Fallon Health's contracts with Personal Care Management Agencies and Fiscal Intermediaries.

The Plan will reimburse personal care management agencies and fiscal intermediaries for the administration of the personal care attendant program, up to the number of approved weekly hours based upon the face-to-face clinical assessment and evaluation completed by the NaviCare Nurse Case Manager and/or Occupational Therapist. The member must be able to be appropriately cared for in the home setting.

All of the following conditions must be met:

1. The PCA services are authorized for the member by the NaviCare Nurse Case Manager and/or Occupational Therapist after a face to face clinical assessment and evaluation has been completed in the home setting with the member present.
2. The member's disability is permanent or chronic in nature and impairs the member's functional ability to perform ADLs and IADLs without physical assistance.
3. The member, as determined by the NaviCare Registered Nurse and/or Occupational Therapist requires physical assistance with two or more of the ADLs as defined in 130 CMR 422.410(A) – (C).
4. NaviCare has determined that the PCA services are medically necessary, and the criteria defined in this Policy has been met.

Payment for Overtime Services

Effective for dates of service on or after January 1, 2024, payment for Overtime Services (T1019 TU and 99509 TU) and Travel Time (A0170) are excluded from Fallon Health's coverage of Personal Care Attendant Services. Claims for PCA overtime are paid directly by MassHealth.

Referral/notification/prior authorization requirements

Prior authorization is required for PCA services. Please contact the member's PCT/designated navigator prior to rendering services or adding services to the care plan.

Issues and questions can be sent to the following email address:
NavicarePCAmailbox@FallonHealth.org

Billing/coding guidelines

When possible, combine all charges for the member for a given timeframe onto one claim. Services billed cannot exceed authorized weekly units.

Services must be billed with the following codes:

Personal Care Management (PCM) Codes	
Code	Description
99456	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 (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 (code with modifier for re-evaluations)
T1023	Screening to determine the appropriateness of consideration of an individual for participation in a specified program, project, or treatment protocol, per encounter (per member per month charge for intake and orientation services provided to a member who does not yet have PA for PCA services) (maximum 3 months)
T2022	Case management, per month (current PA for PCA services required for each member) (per member per month charge for functional skills training)
T2022 U1	Case management per month. (Current PA for PCA services required for each

	member.) Use to bill for required quarterly comprehensive (in person) functional skills training (FST) visits during the first year of approved PCA services. (Bill on the date FST was delivered.) (Bill code once in each calendar year quarter only.) Cannot be billed on the same date as T2022 U2, U3, U4, U5, or another unit of T2022 U1 was billed.
T2022 U2	Case management per month. (Current PA for PCA services required for each member.) Use to bill for required annual comprehensive (in person) FST (limit one per year). (Bill on date FST was delivered.) Cannot be billed on the same date as T2022 U3, U4, U5, or another unit of T2022 U2 was billed.
T2022 U3	Case management per month. (Current PA for PCA services required for each member.) Use to bill for issue-focused (in person) FST. (Bill on date FST was delivered.) Cannot be billed on same date as T2022 U1, U2, U5, or another unit of T2022 U3 was billed.
T2022 U4	Case management per month. (Current PA for PCA services required for each member.) Use to bill for issue-focused (telephone contact with FST delivery) FST. (Bill on date FST was delivered.) Cannot be billed on same date as T2022 U1, U2, or U5 was billed.
T2022 U5	Case management per month. (Current PA for PCA services required for each member.) Use to bill for FST (in person) within ten days of identifying a new surrogate. (Bill on date FST was delivered.) Cannot be billed on same date as T2022 U1, U2, U3, U4, or another unit of T2022 U5 was billed. May bill only once during a calendar year, regardless of multiple surrogate changes. This code does not apply to administrative proxy changes.

Personal Care Attendant (PCA) Codes	
Code	Description
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.) <i>Effective for dates of service on or after January 1, 2024, PCA overtime is paid directly by MassHealth.</i>
T1019 TV	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 (PA) (Use this code and modifier to bill for premium pay for holidays.)
T1020	Personal care services, per diem (admin task fee / interest fee).
99509 U2	Home visit for assistance with activities of daily living and personal care. (personal care services, per 15 minutes) (Use this code and modifier to bill for PCA paid earned time.) (Current P.A. for PCA services required for each member.)

99509 U3	Home visit for assistance with activities of daily living and personal care (Use to bill for PCA new hire orientation, per diem, per eligible PCA.)
99509 TU	Home visit for assistance with activities of daily living and personal care. (personal care services) (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.) <i>Effective for dates of service on or after January 1, 2024, PCA overtime is paid directly by MassHealth.</i>
A0170	Transportation ancillary: parking fees, tolls, other. (Use this code to bill for travel time for PCA services, per 1 minute.) (Current P.A. for PCA services required for each member.)

Modifier 77 – Include with the service codes listed above when billing additional authorized units for a previously submitted date of service (not applicable with code T1020).

Timely filing

The filing limit for first-time claim submission to the Plan (claims with or without modifier 77) is 365 days from the date of service. If the contract with the Plan specifies a different time limit, that limit will apply.

Corrected claims and late time sheets must be received within 120 days from the date of the Remittance Advice Summary (RAS). The provider must follow the guidelines outlined in the Plan Provider Manual, *Claims Guidelines and Submission* sections.

Policy history

Origination date:	11/01/2016
Previous revision date(s):	January 2017 – Introduced policy.
Connection date & details:	May 2017 - Clarified timely filing language, updated the reimbursement section, and added the definition of a nurse case manager. November 2017 – Changed timely filing from 120 to 365 days October 2018 – Clarified services are reimbursable during hospice election. October 2019 – Updated Policy section, clarified definitions and reimbursement. April 2020 – Annual review. Updated Definitions. Updated Policy, Prior Authorization and Billing and Coding sections related to COVID-19 temporary telehealth coverage. August 2022 – Updated Policy section, clarified definitions and included details about the Program from the State Regulations and State required Electronic Visit Verification procedures and requirements, removed COVID related details. October 2023 - Updated Policy section, clarified definitions and included details about the program from the State Regulations and State required Electronic Visit Verification procedures and requirements, removed COVID-related details; updated Billing/coding guidelines. January 2024 - Under Coding and billing guidelines, updated Personal Care Management (PCM) Billable Codes and Personal Care Attendant (PCA) Billable Codes. July 2024 – Under Policy, added new section Requirement for Consumers, Surrogates, and PCAs to Provide Email Address, as communicated in MassHealth Personal Care Attendant Program Bulletin 16, under Reimbursement, added new section Payment for Overtime Services.

October 2026 – Under Policy, added new section for Fallon Health Weinberg, clarifying that consumer-directed personal assistance services (CDPAS) in New York State are equivalent PCA services in Massachusetts, under Policy, Activities of Daily Living and Instrumental Activities of Daily Living (130 CMR 422.410), (C) Determining the Number of Hours of Physical Assistance, added (3) Meal preparation may be authorized for up to a maximum of seven hours per week, under Policy, Noncovered Services, updated the maximum weekly hours a PCA can work to 60 hours per week effective July 3, 2026; under Definitions, updated the definition of Holidays effective January 1, 2026.

The criteria listed above apply to Fallon Health plan and its subsidiaries. This payment policy has been developed to provide information regarding general billing, coding, and documentation guidelines for the Plan. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply, and this policy is not a guarantee of payment. The Plan reserves the right to apply this payment policy to all of the Plan companies and subsidiaries. The Plan routinely verifies that charges billed are in accordance with the guidelines stated in this payment policy and are appropriately documented in the medical records. Payments are subject to post-payment audits and retraction of overpayments.