GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Health Care Finance

DHCF Transmittal No. 10-01

Office of the Director

TO: **Medicaid Providers of Personal Care Aide Services**

FROM: **Julie Hudman, Ph.D.**
Director
Department of Health Care Finance (DHCF)

DATE: **January 6, 2010**

SUBJECT: **Billing and Prior Authorization of Personal Care Aide Services**

The purpose of this transmittal is to provide home health providers with updated billing information that should be used when submitting claims for PCA services, effective January 1, 2010. It is also to remind home health providers of DHCF's current prior authorization requirements for extended personal care aide (PCA) services, which may be found in the District's Medicaid State Plan and in 29 DCMR § 5009.

Under the Medicaid State Plan, each beneficiary may receive up to eight (8) hours of PCA services per day. Each Medicaid beneficiary may receive up to 1,040 hours of PCA services per calendar year. Home health agencies should begin tracking the number of hours of PCA services a beneficiary receives on January 1 of each year.

All PCA services beyond 1,040 hours ("extended PCA services") must be prior authorized by DHCF. **DHCF will only authorize extended PCA services that are requested before services are provided and will not grant retrospective prior authorizations.**

If a beneficiary receives PCA services under the Elderly and Individuals with Physical Disabilities (EPD) waiver, all PCA services must be prior authorized before services are delivered and are limited to a maximum of sixteen (16) hours per day per beneficiary. Effective January 1, 2010, <u>all</u> EPD waiver services must be billed using procedure code T1019-U3 from the date services begin to be provided.

Billing:

The codes used to bill for PCA services will depend on the way in which each Medicaid beneficiary accesses PCA services and how many hours of services have been provided over the calendar year.

PCA services are billed in 15 minute increments, with each increment being one (1) unit of service. A maximum of 32 units of PCA services may be billed per beneficiary per day under the State Plan. A maximum of 64 units of PCA services may be billed per beneficiary per day under the EPD waiver.

Under the Medicaid State Plan, the first 1,040 hours of PCA services must be billed using procedure code T1019. Any hours above 1,040 must be billed using procedure code T1019-U6. Claims for PCA services above 1,040 hours must include a prior authorization number. Providers are to use their State Plan Provider ID when submitting claims for services provided under the State Plan. Claims submitted under an incorrect Provider ID number will be denied.

Under the EPD waiver program, all PCA hours must be billed using procedure code T1019-U3. Claims for PCA services billed to the waiver must include a prior authorization number. Providers are to use their EPD Waiver Provider ID when submitting claims for services provided under EPD waiver. Claims submitted under an incorrect Provider ID number will be denied.

Billing for PCA Services: State Plan and EPD Waiver				
Program	**Provider ID**	**Total Hours**	**Daily Limit**	**Billing Procedure Codes**
State Plan PCA Services	State Plan Provider ID	1-1,040 hours during current calendar year	8 hours/day total (32 units)	T1019
		More than 1,040 hours during current calendar year	8 hours/day total (32 units)	T1019-U6 + prior authorization number
EPD Waiver PCA Services	EPD Waiver Provider ID	NA	16 hours/day total (64 units)	T1019-U3 + prior authorization number

Prior Authorization for Extended PCA Services under the State Plan:

Initial Extensions of PCA Services:

For Medicaid beneficiaries receiving PCA services under the State Plan, home health agencies must submit a request for prior authorization for all PCA services above the annual limit of 1,040 hours. If approved, an authorization for extended PCA services will be issued for up to 90 days. It is the responsibility of the home health agency to track the total number of hours of PCA services each Medicaid beneficiary receives during the calendar year and to request prior authorization from DHCF ***before*** extended PCA services are provided. DHCF will not grant retrospective prior authorizations.

DHCF strongly encourages providers to submit prior authorization requests for extended PCA services when the beneficiary reaches 850 hours of PCA services.

DHCF will accept and review ***complete*** prior authorization requests that are received before the 1,040 hour limit is reached. A complete submission includes a *Request for Prior Approval for Extended Home Health/PCA Services* form and a *Plan of Treatment* (CMS Form 485). Both forms must be signed by the beneficiary's attending physician and submitted within 28 days of the development of the Plan of Treatment. Service frequency and duration information included on the *Request for Prior Approval for Extended Home Health/PCA Services* form must be identical to what is included on the CMS Form 485. Timely submission of a request does not guarantee approval for extended PCA services.

Home health agencies should continue to provide PCA services to beneficiaries while DHCF reviews their prior authorization request.

The annual limit of PCA services does not start over if a beneficiary changes providers. If a beneficiary changes providers, the new provider agency should contact the old agency and request the total number of hours of PCA services provided to that beneficiary during the current calendar year. The former provider is expected to supply accurate information to the new provider.

Additional Extensions of PCA Services:

It is the responsibility of the home health agency to submit additional prior authorization extension requests to DHCF on behalf of each beneficiary, as needed. **DHCF strongly encourages agencies to request prior authorization extensions two (2) weeks (ten (10) business days) before the current prior authorization's expiration date.** DHCF will accept and review ***complete*** prior authorization packets that are received before the current prior authorization end date is reached. Timely submission of a request does not guarantee approval for extended PCA services.

DHCF is moving towards electronic submission of all prior authorization requests. With the implementation of the new Medicaid Management Information System, DHCF strongly recommends that providers submit prior authorization requests using the web portal (www.dc-medicaid.com). The electronic submission process was explained in the home health provider training sessions offered by ACS in October and November. Information on how to complete this process is also available on the web portal.

For questions about this policy, please contact Michelle Strollo, Associate Director, Office of Chronic & Long-Term Care at (202) 478-9175.

For submission of prior authorization requests for extended PCA services, please contact Celestine Lara, Program Specialist, Office of Chronic & Long-Term Care at (202) 442-5912.