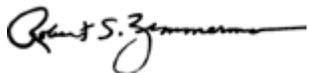


	MEDICAL ASSISTANCE BULLETIN COMMONWEALTH OF PENNSYLVANIA * DEPARTMENT OF PUBLIC WELFARE	
	SUBJECT Pennsylvania Department of Aging (PDA) Waiver Program Billing Instructions (Statewide Expansion)	BY  Robert S. Zimmerman, Jr., M.P.H. Deputy Secretary for Medical Assistance Programs
NUMBER:	10-98-07, 11-98-13, 12-98-11, 13-98-06, 14-98-05, 17-98-08, 20-98-04, 23-98-12, 26-98-05, 28-98-10, 29-98-07, 33-98-07, 37-98-05, 41-98-06, 43-98-04, 45-98-04, 46-98-04, 48-98-05, 49-98-09, 51-98-05, 54-98-03, 56-98-04	
ISSUE DATE:	December 22, 1998	
EFFECTIVE DATE:	October 1, 1998	

PURPOSE:

The purpose of this bulletin is to provide you with the billing instructions and a revised procedure code listing for services covered under the PDA Waiver Program.

NOTE: Please forward this bulletin to the appropriate staff in the billing department of your agency.

SCOPE:

This bulletin applies to the following providers enrolled in the MA Program: independent medical/surgical clinics; general hospitals; rehabilitation hospitals, rehabilitation units or drug and alcohol units; private psychiatric hospitals or psychiatric units; public psychiatric hospitals; HMO/HIOs; portable x-rays; home health agencies; rural health clinics and federally-qualified health centers (FQHC); outpatient drug and alcohol clinics; outpatient psychiatric clinics; psychiatric partial hospitalization facilities; hospices; psychologists; physical therapists; licensed social workers; certified rehabilitation agencies; family based rehabilitation services - MH; certified registered nurse practitioners (CRNP); Community Service Program for Persons with Physical Disabilities (CSPPPD); nutritionists; and attendant care providers.

BACKGROUND/DISCUSSION:

The Department recently issued an MA Bulletin entitled, "Statewide Expansion of the Pennsylvania Department of Aging (PDA) Waiver," effective October 1, 1998, which explains the PDA Waiver and the services that can be provided under the Waiver. That bulletin also explains that if you are interested in providing services covered by the Waiver, you must go through a certification process by contacting your local Area Agency on Aging (AAA). The certification process is described in detail in the MA Bulletin entitled, "PDA Waiver Certification Process Bulletin," effective January 1, 1998. When you become certified, your MA enrollment will be expanded to include PDA Waiver services. A list of procedure codes for waiver services accompanies this bulletin.

PROCEDURE:

1. A recipient who is entitled to PDA Waiver services must work with a care manager from the local Area Agency on Aging to develop a plan of care. Care plans must be prior-approved by the care manager, are usually developed for a six-month period, and will be assigned a unique authorization number.
2. The recipient chooses a provider from a list of those enrolled in the PDA Waiver Program. The provider will be advised of the PDA Waiver authorization number when the care manager requests and the provider agrees to deliver services as specified in the recipient's plan of care.
3. PDA Waiver services include a variety of different services under one type of service (**TOS**) code "55". Procedure codes associated with this type of service are attached.
4. Recipient Copay is not required for PDA Waiver services. Therefore, when providing TOS 55, no copay is collected. However, if you are providing any services not included under the waiver which normally require a copay, then copay should be collected. **NOTE:** You cannot bill TOS 55 with other types of service on your invoice.

5. All invoices for PDA Waiver services (TOS 55) should be completed for one calendar month and **must** be submitted at the end of each month to the Department of Public Welfare, Office of Medical Assistance Programs, P.O. Box 8297, Harrisburg, PA 17105.
6. If a recipient covered under the PDA Waiver moves to another county, the recipient is no longer eligible for services in the originating county.

BILLING INSTRUCTIONS:

Claims for PDA Waiver services (TOS 55) are to be submitted on a monthly basis at the end of each month. When billing for TOS 55, you must use the "Medical Service Invoice" (MA319 or MA319C) or the HCFA-1500. Claim adjustments are billed on the MA319A or the HCFA-1500. You should complete the invoice in the usual manner with the exception of the following information:

1. Date(s) of Service (Service Begin & Service End Dates)

Items 29 B & C, 30 B & C, 31 B & C and 32 B & C on the MA319 or MA319C;

Items 29 B & C on the MA319A; or Block 24 A on the HCFA-1500.

Always complete your invoice using the first day you provide services within a month in the Service Begin Date field and the last day you provide services within a month in the Service End Date field. All billing should be done for one calendar month and submitted for payment at the end of the month. Examples of billing follow:

- For services provided on a one-time basis requiring only one date of service, complete both the Service Begin Date and the Service End Date using the date on which services were provided.

<u>Service Begin Date</u>	<u>Service End Date</u>
05271999	05271999

(On the HCFA-1500, you may use either the Service Begin or Service End Date)

- For services which begin in one month and continue into succeeding months, complete an invoice for each month of service.

Example: 05051999 through 07031999

<u>Service Begin Date</u>	<u>Service End Date</u>
(1 st inv.) 05051999	05291999
(2 nd inv.) 06021999	06301999
(3 rd Inv.) 07011999	07031999

- For environmental modifications and installation of personal emergency response (PER) systems, submit only one invoice for the entire project using the "start" date indicated on the Service Authorization Form as the end date of service for the entire project. The invoice should be submitted at the end of the month in which the project is completed:

Example: Service Authorization Form lists May 16, 1999, as the start date of the project. The project was delayed and began on May 18, 1999, and continued until completion on June 3, 1999.

<u>Service Begin Date</u>	<u>Service End Date</u>
	05161999

(On the HCFA-1500, you may use either the Service Begin or the Service End Date)

2. Type of Service (TOS) "55"

Items 29 H, 30 H, 31 H and 32 H on the MA319 and MA319C; Item 29 H on the MA319A; and Block 24 C on the HCFA-1500.

PDA Waiver services include a variety of services under one TOS code "55". Procedure codes associated with this TOS accompany this bulletin. You cannot bill TOS 55 with other types of services on you invoice.

3. Units of Service

Items 29 M, 30 M, 31 M, and 32 M on the MA319 and MA319C; Item 29 M on the MA319A; and Block 24 G on the HCFA-1500.

Complete the number of times the service was provided in the time frame listed under the "Service Begin" and/or "Service End" dates. Be sure to use the appropriate unit of service as described with your procedure code. Example: Six (6) hours of personal care services were provided in the recipient's home. (Note: 1 unit = 15 minutes)

Units of Service
24

4. Attachment Type or Code

Items 41 and 42 on the MA319 or MA319C; Items 32 and 33 on the MA319A; or Block 19 on the HCFA-1500.

The following Attachment Types are the appropriate codes to be used when billing services covered under the PDA Waiver:

- 05 Medicare EOMB on file
- 09 Medicare Denial on file
- 10 Third Party Payment Statement on file
- 11 Third Party Denial on file
- *99 Remarks

*For use on the HCFA-1500 only

5. PDA Waiver Authorization Number

Item 43 on the MA319 or MA319C; Item 34 on the MA319A; or Block 23 on the HCFA-1500.

The PDA Waiver authorization number is a 10-digit number which must be included on all invoices. You will receive a written notice verifying the authorization number, procedure code, quantity, and rate.

QUESTIONS CONCERNING THE PDA WAIVER:

1. For questions on the PDA Program; what it is, how to enroll, assistance on completing certification forms, status of enrollment, changes to enrollment, questions on rates, recipient's plan of care, etc., contact the appropriate local AAA listed on the attachment.

(After you are providing services to a PDA Waiver recipient, you will be notified of the recipient's care manager's phone extension.)

2. For routine billing questions, questions on invoice completion, MA policy, unresolved claims, claim status, payments, or claims that have appeared on Remittance Advice statements, contact:

Outpatient Provider Inquiry

1-800-932-0938 OR 1-800-537-8861
(Local 717-772-6338 or 717-772-6339)

Monday through Thursday
9:00 a.m. to 3:00 p.m.
Friday
9:00 a.m. to Noon

KEEP THIS BULLETIN AND ALL BULLETINS RELATING TO THE PDA WAIVER WITH YOUR HANDBOOK FOR FUTURE REFERENCE.

Pennsylvania's Area Agencies on Aging (AAAs)

County(ies) Served By AAA	AAA Address	Office Phone Number(s)
Adams	Adams County Office for Aging, Inc. 318 W. Middle Street Gettysburg, PA 17325	(717) 334-9296 FAX (717) 334-4715
Allegheny	Allegheny County AAA 441 Smithfield Street Bldg, 2 nd Floor Pittsburgh, PA 15222-2219	(412) 350-4234 FAX (412) 350-4330
Armstrong	Armstrong County AAA 125 Queen Street Kittanning, PA 16201	(724) 548-3290 1-800-368-1066 FAX (724) 548-3296
Beaver	Beaver County Office on Aging Stone Point Landing, Suite 202 500 Market Street, W. Bridgewater Beaver, PA 15009	(724) 728-7707 (724) 847-2262 FAX (724) 728-6036
Berks	Berks County AAA County Services Center 633 Court Street Reading, PA 19601-4303	(610) 478-6500 FAX (610) 478-6886
Blair	Blair Senior Services, Inc. 1320 12 th Avenue Altoona, PA 16601-3308	(814) 946-1235 1-800-245-3282 FAX (814) 949-4857
Bucks	Bucks County AAA 30 East Oakland Avenue Doylestown, PA 18901	(215) 348-0510 FAX (215) 348-9253
Butler	Butler County AAA 111 Sunnyview Circle, Suite 101 Butler, PA 16001-3547	(724) 282-3008 1-888-367-2434 FAX (724) 282-1466
Cambria	Cambria County AAA Central Park Complex 110 Franklin Street, Suite 400 Johnstown, PA 15901-1831	(814) 539-5595 1-800-992-4464 FAX (814) 539-9656
Cameron/Elk/McKean	Office of Human Services, Inc. (Cameron/Elk/McKean) P.O. Box A Ridgway, PA 15853	(814) 776-2191 1-800-672-7145 FAX (814) 776-2194
Carbon	Carbon County AAA 1122 North Street P.O. Box 251 Jim Thorpe, PA 18229-0251	(717) 325-2726 1-800-441-1315 FAX (717) 325-4202
Centre	Centre County Office of Aging Willowbank Office Building 420 Holmes Street Bellefonte, PA 16823-1488	(814) 355-6176 FAX (814) 355-6757
Chester	Department of Aging Services Government Services Center 601 Westtown Road, Suite 320 West Chester, PA 19382-4525	(610) 344-6350 FAX (610) 344-5288

Clarion	Clarion County AAA 9 Grant Street Clarion, PA 16214	(814) 226-4640 FAX (814) 226-6744
Clearfield	Clearfield County AAA 103 North Front Street P.O. Box 550 Clearfield, PA 16830-0550	(814) 765-2696 FAX (814) 765-2760
Columbia/Montour	Columbia/Montour AAA 702 Sawmill Road, Suite 201 Bloomsburg, PA 17815-7727	(717) 784-9272 1-800-598-5001 FAX (717) 784-3678
Crawford	Active Aging, Inc. (Crawford County) 1034 Park Avenue Meadville, PA 16335	(814) 336-1792 FAX (814) 336-1705
Cumberland	Cumberland County Office of Aging Human Services Building 16 West High Street Carlisle, PA 17013-2922	(717) 240-6110 FAX (717) 240-6118
Dauphin	Dauphin County AAA 25 South Front Street Harrisburg, PA 17101-2025	(717) 255-2790 FAX (717) 255-2792
Delaware	County of Delaware Services of the Aging 20 South 69 th Street, 4 th Floor Upper Darby, PA 19082	(610) 713-2100 1-800-416-4504 FAX (610) 713-2110
Erie	Greater Erie Community Action Committ. Erie County AAA 18 West Ninth Street Erie, PA 16501	(814) 459-4581 FAX (814) 456-0161
Fayette/Greene/ Washington	Southwestern PA AAA, Inc. (Fayette/Greene/Washington) Eastgate 8 Monessen, PA 15062	(724) 684-9000 1-800-342-8980 FAX (724) 684-6581
Franklin	Franklin County AAA 218 North 2 nd Street Chambersburg, PA 17201-3098	(717) 263-2153 FAX (717) 261-3198
Huntingdon/Bedford Fulton	Huntingdon/Bedford/Fulton AAA 240 Wood Street P.O. Box 46 Bedford, PA 15522-0046	(814) 623-8148 FAX (814) 623-5929
Indiana	Aging Services, Inc. 1005 Oak Street P.O. Box 519 Indiana, PA 15701-0519	(724) 349-4500 FAX (724) 349-9535
Jefferson	Jefferson County AAA 186 Main Street Brookville, PA 15825	(814) 849-3096 FAX (814) 849-4655
Lackawanna	Lackawanna County AAA Lackawanna County Office Building 200 Adams Avenue Scranton PA 18503	(717) 963-6707 FAX (717) 963-6401
Lancaster	Lancaster County Office of Aging 50 North Duke Street P.O. Box 83480 Lancaster, PA 17608-3480	(717) 299-7979 FAX (717) 295-2070
Lawrence	Lawrence County AAA Suite 201, Olde P.O. Complex	(724) 658-5661 FAX

	15 West Washington Street New Castle, PA 16101-3907	(724) 658-7532
Lebanon	Lebanon County AAA 710 Maple Street Room 209 Senior Centers Lebanon, PA 17046	(717) 273-9262 FAX (717) 274-3882
Lehigh	Lehigh County AAA 17 S. 7 th Street, Room 230 Allentown, PA 18101-2400	(610) 782-3034 FAX (610) 820-2028
Luzerne/Wyoming	Luzerne/Wyoming Counties Bureau for Aging 111 North Pennsylvania Boulevard Wilkes-Barre, PA 18701	(717) 822-1158 FAX (717) 823-9129
Lycoming/Clinton	Lycoming/Clinton Bi-County Office of Aging 352 East Water Street P.O. Box 770 Lock Haven, PA 17745-0770	(717) 748-2906 1-800-222-2019 FAX (717) 322-6869
Mercer	Mercer County AAA, Inc. 133 North Pitt Street Mercer, PA 16137-1206	(724) 662-6222 1-800-570-6222 FAX (724) 662-0611
Mifflin/Juniata	Mifflin/Juniata AAA, Inc. 1 Buena Vista Circle P.O. Box 750 Lewistown, PA 17044-0750	(717) 242-0315 FAX (717) 242-1448
Monroe	Monroe County AAA 724 B Phillips Street Stroudsburg, PA 18360	(717) 420-3735 FAX (717) 420-3734
Montgomery	Montgomery County Aging & Adult Svcs. Montgomery County Courthouse P.O. Box 311 Swede & Airy Streets Norristown, PA 19404-0311	(610) 278-3601 FAX (610) 278-3769
Northampton	Northampton County AAA Governor Wolf Building 45 North Second Street Easton, PA 18042-3637	(610) 559-3245 1-800-322-9269 FAX (610) 559-3297
Northumberland	Northumberland County AAA R. D. #1, Box 943 Coal Township, PA 17866	(717) 644-4545 1-800-479-2626 FAX (717) 644-4457
Perry	Perry County AAA Center Square P.O. Box 725 New Bloomfield, PA 17068-0725	(717) 582-2131 FAX (717) 582-5160
Philadelphia	Philadelphia Corporation for Aging 642 North Broad Street Philadelphia, PA 19130-3409	(215) 765-9000 FAX (215) 765-9066
Pike	Pike County AAA 10 Buist Road, Suite 404 Milford, PA 18337	(717) 296-7813 FAX (717) 296-5939
Potter	Potter County AAA North Street P.O. Box 241 Roulette, PA 16746-0241	(814) 544-7315 FAX (814) 544-9062
Schuylkill	Schuylkill County Office of Senior Svcs. 110 E. Laurel Boulevard Pottsville, PA 17901	(717) 622-3103 FAX (717) 622-1732

Somerset	AAA of Somerset County 1338 South Edgewood Avenue Somerset, PA 15501	(814) 443-2681 1-800-452-0825 FAX (814) 445-4398
Tioga/Bradford/ Susquehanna/Sullivan	AAA for Tioga/Bradford/Susquehanna/ Sullivan Counties 220 Main Street Towanda, PA 18848	(717) 265-6121 FAX (717) 265-5680
Union/Snyder	Union/Snyder County AAA 116 North Second Street Lewisburg, PA 17837	(717) 524-2100 FAX (717) 524-5999
Venango	Venango County AAA 1283 Liberty Street P.O. Box 1130 Franklin, PA 16323	(814) 432-9711 FAX (814) 432-9759
Warren/Forest	Experience Inc. – AAA (Warren/Forest) 905 Fourth Avenue P.O. Box 886 Warren, PA 16365-0886	(814) 726-1700 1-800-281-6545 FAX (814) 723-6433
Wayne	Wayne County AAA 323 Tenth Street Honesdale, PA 18431	(717) 253-4262 FAX (717) 253-9115
Westmoreland	AAA of Westmoreland County 2482 South Grande Boulevard Greensburg, PA 15601-8904	(724) 830-4444 FAX (724) 830-4522
York	York County AAA 141 West Market Street York, PA 17401	(717) 771-9610 1-800-632-9073 FAX (717) 771-9044

PROCEDURE CODES FOR PDA WAIVER SERVICES

Revised 11/2/98

Procedure Code	Type of Service	Provider Type	Place of Service	*The following provider types are eligible to perform all procedure codes on this listing unless otherwise noted: 01, 05, 10, 11, 12, 13, 14, 17, 18, 19, 20, 23, 26, 28, 29, 33, 35, 36, 37, 41, 43, 45, 46, 48, 49, 51, 54, 55, 56
W1700	55	*All	02 11	Personal Care 1. Personal Care Services Provided in a consumer's home by a qualified person who is under the supervision of a registered nurse. Unit of Service – ¼ hour
W1701	55	*All	02 11	2. A generic code for personal care services provided in a consumer's home by a qualified person who is under the supervision of a registered nurse. This code is for units of service that are greater than hourly such as a 24-hour shift, weekly shift or other. Unit of service – One shift
W1702	55	*All	02 11	Respite Care 1. Respite Services provided in a consumer's home to relieve family members or primary caregivers who normally provide care. Services are provided for less than 24 hours.

				Unit of service – ¼ hour
W1703	55	*All	02 11	2. A generic code for Respite Services provided in a consumer's home to relieve family members or primary caregivers that normally provide care. This code is for units of service that are greater than hourly such as a 24-hour shift, weekly shift or other. Unit of service – One shift
W1704	55	*All	08	3. Respite Services provided in an approved long term care facility to relieve family members or primary caregivers who normally provide care. Unit of service – 24 hours
W1705	55	*All	11	4. Respite Services Provided in an approved facility such as a foster home to relieve family members or primary caregivers who normally provide care. Unit of service – 24 hours
W1706	55	*All	11	<u>Transportation</u> 1. Transportation Services for an individual consumer, age 60 to 64, that are non-emergency services included in the plan of care and provided by a public or private transportation provider who is licensed by the Public Utility Commission and meets all of the driver and vehicle state standards. Unit of service - One way ride
W1707	55	*All	11	2. Transportation Services for an individual consumer, age 65 or older, that are non-emergency services included in the plan of care and provided by a public or private transportation provider who is licensed by the Public Utility Commission and meets all of the driver and vehicle state standards. Unit of service – One way ride
W1708	55	*All	11	3. Transportation Services for an individual consumer, age 60-64, and his or her escort. These are non-emergency services included in the plan of care and provided by a public or private transportation provider who is licensed by the Public Utility Commission and meets all of the driver and vehicle state standards. This code will be used only if the rate for an individual plus an escort is greater than the rate for an individual. Unit of service – One way ride
W1709	55	*All	11	4. Transportation Services for an individual consumer, age 65 and older, and his or her escort. These are non-emergency services included in the plan of care and provided by a public or private transportation provider who is licensed by the Public Utility Commission and meets all of the driver and vehicle state standards. This code will be used only if the rate for an individual plus an escort is greater than the rate for an individual.

				Unit of service – One way ride
W1710	55	*All	11	<p>5. Transportation Services that are provided by a two-person crew to includes a driver and an attendant for an individual consumer, age 60 to 64. These are non-emergency services included in the plan of care and provided by a public or private transportation provider who is licensed by the Public Utility Commission and meets all of the driver and vehicle standards.</p> <p>Unit of service – One way ride</p>
W1711	55	*All	11	<p>Transportation Services that are provided by a two-person crew to includes a driver and an attendant for an individual consumer, age 65 or older. These are non-emergency services included in the plan of care and provided by a public or private transportation provider who is licensed by the Public Utility Commission and meets all of the driver and vehicle standards.</p> <p>Unit of service – One way ride</p>
W1712	55	*All	11	<p>7. Generic code for transportation to be used when none of the codes listed above are appropriate. (May include ambulance/litter service for non-emergency transports).</p> <p>Unit of service – One way ride</p>
W1854	55	*All	11	<p>8. Cost for an attendant who accompanies an individual during non-emergency transportation services.</p> <p>Unit of service – One way ride</p>
W1861	55	*All	11	<p>9. Group rate for transportation services for an individual consumer, age 60 – 64, that are non-emergency services included in the plan of care and provided by a public or private transportation provider who is licensed by the Public Utility Commission and meets all of the driver and vehicle state standards.</p> <p>Unit of service – One way ride</p>
W1862	55	*All	11	<p>10. Group rate for transportation services for an individual consumer, age 65 or older, that are non-emergency services included in the plan of care and provided by a public or private transportation provider who is licensed by the Public Utility Commission and meets all of the driver and vehicle state standards.</p> <p>Unit of service – One way ride</p>
W1863	55	*All	11	<p>11. Group rate for transportation services for an individual consumer, age 60 – 64, and his or her escort. These are non-emergency services included in the plan of care and provided by a public or private transportation provider who is licensed by the Public Utility Commission and meets all of the driver and vehicle state standards. This code will be used only if the group rate for an individual plus an escort is greater than the group rate for an individual.</p> <p>Unit of service – One way ride</p>
W1864	55	*All	11	<p>12. Group rate for transportation services for an</p>

				<p>individual consumer, age 65 and older, and his or her escort. These are non-emergency services included in the plan of care and provided by a public or private transportation provider who is licensed by the Public Utility Commission and meets all of the driver and vehicle state standards. This code will be used only if the group rate for an individual plus an escort is greater than the group rate for an individual.</p> <p>Unit of service – One way ride</p>
W1713	55	*All	01 02 11	<p><u>Specialized Medical Equipment and Supplies</u></p> <p>(Any item that already has a code under the approved state plan but is being authorized by the care manager in amounts that are beyond the state plan limits will retain that code for billing purposes but have a Type of Service 55.)</p> <p>1. Medical and Surgical Supplies that are not listed on the state plan.</p> <p>Unit of service – One item</p>
W1714	55	*All	01 02 11	<p>2. Durable Medical Equipment that is not listed on the state plan.</p> <p>Unit of service - One item</p>
W1715	55	*All	01 02 11	<p>3. Orthotic Devices that are not listed on the state plan.</p> <p>Unit of service – One item</p>
W1716	55	*All	01 02 11	<p>4. Prosthetic Devices that are not listed on the state plan.</p> <p>Unit of service – One item</p>
W1717	55	*All	01 02 11	<p>5. Generic Medical Equipment and Supplies that are not listed on the state plan and don't fit into the categories of Medical and Surgical Supplies, Durable Medical Equipment, Orthotic Devices or Prosthetic Devices.</p> <p>Unit of service – One item</p>
W1718	55	*All	02	<p><u>Personal Emergency Response System</u></p> <p>1. Personal Emergency Response Systems that are leased from a qualified vendor. The units will be delivered and installed by the enrolled provider who will be providing the emergency response service.</p> <p>Unit of service – One time installation</p>
W1719	55	*All	02	<p>2. Personal Emergency Response Systems that are purchased from a qualified vendor. The units will be delivered and installed.</p> <p>Unit of service – One time purchase that includes installation</p>
W1720	55	*All	02	<p>3. Personal Emergency Response Systems that are leased from a qualified vendor will include maintenance of equipment and hook up to a 24-hour Emergency Response Center staffed with trained emergency response operators.</p> <p>Unit of service – Monthly fee</p>

W1721	55	*All	02	<p>4. Monthly fee for the hook up to a 24-hour Emergency Response Center staffed with trained emergency response operators for those units that have been purchased.</p> <p>Unit of service – Monthly fee</p>
W1722	55	*All	02	<p>5. Generic Personal Emergency Response System (PERS) code. This code will include repair, maintenance, or replacement of purchased PERS units, as well as the costs associated with PERS, i.e., upgrades to the system.</p> <p>Unit of service – Each procedure, repair, maintenance, replacement, upgrade.</p>
W1723	55	*All	02 11	<p><u>Companion Services</u></p> <p>1. Companion services provided in accordance with a therapeutic goal in the care plan.</p> <p>Unit of service – ¼ hour</p>
W1724	55	*All	02 11	<p>2. A generic code for companion services that are provided in accordance with a therapeutic goal in the care plan. Rates are based on units of service that are greater than hourly. (May be 24 hour shift, weekly shift or other)</p> <p>Unit of service – One shift</p>
W1725	55	*All	11	<p><u>Older Adult Daily Living Centers</u></p> <p>1. Services provided or arranged outside of a person's home for a full day to assist in meeting the needs of clients including personal care, social, nutritional, health and educational. One meal and two snacks are included. This service does not include room and board.</p> <p>Unit of service – One day</p>
W1726	55	*All	11	<p>2. Services provided or arranged outside of a person's home for a full day to assist in meeting the needs of clients including personal care, social, nutritional, health and educational. One meal and two snacks are included. This service also includes the provision of one or more therapies that are paid for by the waiver under this service code and not under Home Health. This service does not include room and board.</p> <p>Unit of service – One day</p>
W1727	55	*All	11	<p>3. Services provided or arranged outside of a person's home for a half-day to assist in meeting the needs of clients including personal care, social, nutritional, health and educational. One meal and one snack are included.</p> <p>Unit of service – ½ day</p>
W1728	55	*All	11	<p>4. Services provided or arranged outside of a person's home for a half-day to assist in meeting the needs of clients including personal care, social, nutritional, health and educational. This service also includes the provision of one or more therapies that are paid for by the waiver under this service code</p>

				and not under Home Health. One meal and one snack are included. Unit of service – ½ day
W1729	55	*All	02	Home Support 1. Light housekeeping and other home management activities including instruction on managing the household. Unit of service – ¼ hour
W1730	55	*All	02	2. Moderate cleaning and ground maintenance. Unit of service – ¼ hour
W1731	55	*All	02	3. Heavy cleaning Unit of service – ¼ hour
W1732	55	*All	02	4. Initial Extermination Unit of service – Visit
W1733	55	*All	02	5. Follow-up Extermination Unit of service – Visit
W1734	55	*All	02	6. Special Extermination that takes approximately 3 to 8 hours Unit of service – One visit
W1735	55	*All	02	7. Rental Dumpster Unit of service – By the load
W1736	55	*All	02	Home Health Care 1. Services of a Home Health Aide must be supervised by an R.N. Unit of service – ¼ hour
W1737	55	*All	02	2. L.P.N. Unit of service – ¼ hour
W1738	55	*All	02	3. R.N. Basic Evaluation Unit of service – Visit
W1739	55	*All	02	4. R.N. Specialist Evaluation Unit of service – Visit
W1740	55	*All	02 11	5. Physical Therapy Unit of service – Visit
W1741	55	*All	02 11	6. Occupational Therapy Unit of service – Visit
W1742	55	*All	02 11	7. Speech Therapy Unit of service – Visit
W1743	55	*All	02 11	8. Generic Code for other Home Health costs Unit of service – Visit
				Counseling

W1849	55	*All	02 11	1. Music Therapy Unit of service – Visit
W1744	55	*All	02 11	2. Problem Solving and Coping Skills Unit of service – Visit
W1745	55	*All	02 11	3. Nutrition Counseling Unit of service - Visit
W1746	55	*All	02 11	4. Alcoholism/Drug Dependency Unit of service - Visit
W1747	55	*All	02 11	5. Individual/marital/family stress Unit of service - Visit
W1748	55	*All	02 11	6. Family Problem such as abuse and neglect Unit of service - Visit
W1749	55	*All	02 11	7. Detection and treatment of depression and other mental health conditions Unit of service – Visit
W1750	55	*All	02 11	8. Generic Code for all other counseling activities or therapies that are not listed above. This code includes counseling over the telephone. Unit of service – Contact
W1751	55	01 49	01 02 11	<u>Extended Physician</u> 1. Physician services that are not supplied under the state plan. Unit of service – Visit
W1752	55	*All	02	<u>Attendant Care</u> 1. Attendant Care services consist of in-home personal care and may include general housekeeping activities. Unit of service – ¼ hour
W1753	55	*All	02	2. Generic code for Attendant Care services. This rate is based on a unit of service that is greater than hourly. (May be 24 hour shift, weekly shift or other) Unit of service – One shift
W1754	55	*All	02	<u>Environmental Modifications</u> 1. Minor home repairs that are based on the care plan and necessary for the continued safe living in the property by the client or caregiver. Unit of service – Minor repair
W1755	55	*All	02	2. Home inspections that are based on the care plan and necessary for the continued safe living in the property by the client or caregiver. Unit of service – Inspection

W1756	55	*All	02	3. Major Home Repairs that are based on the care plan and necessary for the continued safe living in the property by the client or caregiver. Unit of service – Major repair
W1757	55	*All	02	4. Adaptations that are based on the care plan and necessary for the continued safe living in the property by the client or caregiver. Unit of service – Adaptation
W1758	55	*All	02	5. Generic Environmental Modifications that are based on the care plan and necessary for the continued safe living in the property by the client or the caregiver. This will be a generic code that will encompass a variety of modifications that are not included under minor, inspections, major or adaptations. Unit of service – Modification
W1892	55	*All	02	6. Stair ride. Unit of service – One time installation
W1893	55	*All	02	7. Stair ride monthly rental. Unit of service – Monthly fee
W1759	55	*All	02	Home Delivered Meals 1. Hot Entrée Unit of service – One meal
W1760	55	*All	02	Frozen Entrée Unit of service – One meal
W1761	55	*All	02	3. Sandwich Unit of service – One
W1762	55	*All	02	4. Emergency Pack Unit of service – One
W1763	55	*All	02	5. Nutritional supplement Unit of service – One can or box
W1764	55	*All	02	6. Generic code for a "special" meal Unit of service – One meal
W1889	55	*All	02	7. Hot Kosher Entrée Unit of service – One meal
W1890	55	*All	02	8. Frozen Kosher Entrée Unit of service – One meal
W1891	55	*All	02	9. Kosher Sandwich Unit of service - One

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

The appropriate toll-free inquiry line for your provider type.

Visit the Office of Medical Assistance Programs website at www.dpw.state.pa.us/omap.