IMPORTANT REMINDER: All providers must revalidate the Medical Assistance (MA) enrollment of each service location every 5 years. Providers should log into PROMISe to check the revalidation dates of each service location and submit revalidation applications at least 60 days prior to the revalidation dates. Enrollment (revalidation) applications may be found at: https://www.dhs.pa.gov/providers/Providers/Pages/PROMISe-Enrollment.aspx.

PURPOSE:

The purpose of this bulletin is to advise providers of procedure code updates to the Medical Assistance (MA) Program Fee Schedule for the provision of shift care services provided by home health aides through home health agencies to MA beneficiaries under 21 years of age, effective with dates of service on and after October 1, 2023.

SCOPE:

This bulletin applies to all MA enrolled home health agencies that render services to beneficiaries under 21 years of age. Home health agencies rendering services in the managed care delivery system should address any billing questions to the appropriate managed care organization.

BACKGROUND/DISCUSSION:

Federal regulations at 42 CFR 440.167 prohibit Medicaid payment for personal care services (PCS) provided by an individual’s legally responsible family member. In Pennsylvania, MA coverage of PCS under Section 440.167 are limited to beneficiaries under 21 years of age.

During the COVID-19 Public Health Emergency, the Department of Human Services

COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:

Fee-for-Service Provider Service Center: 1-800-537-8862

Visit the Office of Medical Assistance Programs website at: https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/Contact-Information-for-Providers.aspx
(Department) received approval from the Centers for Medicare & Medicaid Services (CMS) for a Section 1135 waiver that, in part, waived the prohibition under 42 CFR 440.167 to allow parents or other legally responsible relatives (LRR) to be paid for PCS they provided in order to mitigate the spread of COVID-19 and ensure delivery of these services to MA covered children. CMS announced that the Public Health Emergency ended on May 11, 2023, and the Department’s Section 1135 waiver flexibility also ended that day.

On February 3, 2023, CMS provided guidance that PCS provided by a qualified parent or other LRR under the home health benefit, as described in 42 CFR 440.70, is allowable if the parent or LRR meets the federal and state requirements for the provision of those services. In response to CMS’ guidance, and because the MA program has provided coverage of personal care services by home health aides through home health agencies, the Department will cover services provided by home health aides to MA beneficiaries under 21 years of age under the home health services benefit effective with dates of services on and after October 1, 2023.

To facilitate this change, the Department is adding modifiers to procedure code G0156 to the MA Program Fee Schedule, effective October 1, 2023. Procedure code G0156 with modifier U7 is for pediatric home health aide services by a non-LRR, and procedure code G0156 with modifiers U7 and SC is for pediatric home health aide services by a LRR.

Additionally, the Department is end-dating PCS procedure codes S9122 and T1019, effective September 30, 2023.

**PROCEDURE:**

The Department is adding the following modifiers to procedure code G0156 to the MA Program Fee Schedule for the coverage of pediatric home health aide services, effective October 1, 2023. When submitting claims, providers must always have the U7 modifier be the first modifier on the claim.

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>Modifiers</th>
<th>National Code Description</th>
<th>Fee</th>
<th>Unit Limit</th>
<th>Age Limit</th>
<th>Prior Authorization Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>G0156</td>
<td>U7</td>
<td>Services of home health/hospice aide in home health or hospice settings, each 15 minutes</td>
<td>$6.84 per unit</td>
<td>96 per day</td>
<td>Age 0-20</td>
<td>Yes</td>
</tr>
<tr>
<td>G0156</td>
<td>U7, SC</td>
<td>Services of home health/hospice aide in home health or hospice settings, each 15 minutes</td>
<td>$6.84 per unit</td>
<td>96 per day</td>
<td>Age 0-20</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Home health agencies providing services to beneficiaries under 21 in the managed care delivery system are to use the above procedure code and modifier combinations for pediatric home health aide services.

The Department is end-dating the following procedure codes on the MA Program Fee Schedule for the coverage of PCS, effective September 30, 2023.

<table>
<thead>
<tr>
<th>Procedure Code</th>
<th>National Code Description</th>
<th>Fee</th>
<th>Unit Limit</th>
<th>Age Limit</th>
<th>Prior Authorization Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>S9122</td>
<td>Home health aide or certified nurse assistant, providing care in the home; per hour</td>
<td>$27.36</td>
<td>24 per unit</td>
<td>Age 0-20</td>
<td>Yes</td>
</tr>
<tr>
<td>T1019</td>
<td>Personal care services, per 15 minutes, not for an inpatient or resident of a hospital, nursing facility, ICF/MR, part of the individualized plan of treatment</td>
<td>$6.84</td>
<td>96 per day</td>
<td>Age 0-20</td>
<td>Yes</td>
</tr>
</tbody>
</table>

Providers that received authorizations for procedure codes S9122 or T1019 before October 1, 2023, will continue to use those procedure codes for dates of service through September 30, 2023. The Department will manually adjust those prior authorization requests with new coding and modifiers for dates of service on and after October 1, 2023.

Providers requesting pediatric home health aide services for dates of service beginning on or after October 1, 2023, must use procedure code G0156 and the appropriate modifiers in their submitted requests. The total requested hours on a prior authorization request must not be more than what is requested, and any changes to requested hours between LRR and non-LRR home health aides due to shift changes must be reported to the Department by the home health agency so the Department can manually adjust the hours at the end of each calendar month to ensure that claims do not deny.

The Department will issue a separate bulletin addressing updates to electronic visit verification requirements for pediatric home health aide services.

**RESOURCES:**

Providers may view the MA Program Fee Schedule, which reflects these changes, by accessing the Department’s website at the following link: https://www.dhs.pa.gov/providers/Providers/Pages/Health%20Care%20for%20Providers/MA-Fee-Schedule.aspx.

Information related to EVV may be viewed by accessing the Department’s website at the following link: https://www.dhs.pa.gov/providers/Billing-Info/Pages/EVV.aspx.