

History and Overview: In the Pennsylvania State Plan, personal care services (PCS) in the beneficiaries' home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse, is only provided to beneficiaries under 21 years of age.

In the fee-for-service (FFS) delivery system, the Department of Human Service (DHS) uses procedure code S9122, defined as “home health aide or certified nurse assistant, providing care in the home; per hour” for authorization, billing and payment of these PCS, and no modifiers are associated with this code. Providers are not permitted to round the unit of service to the next higher unit when providing a partial unit of time. In addition, providers are not permitted to combine partial time units to equal a full unit of service. DHS issued Medical Assistance (MA) Bulletins 99-97-06 and 99-98-12, titled “Accurate Billing for Units of Service Based on Periods of Time,” to inform providers rendering units of services defined as time specific periods that they must provide the full time period in order to bill for a unit of service.

In the managed care delivery system, managed care organizations (MCO) have historically been able to utilize less restrictive rules and payment methodologies for authorization, billing and payment of PCS. As Electronic Visit Verifications (EVV) systems and rules were being created around the one-hour coding and rounding rules, DHS received many questions and concerns related to billing and changes in practices. In talking with various providers and MCOs, DHS discovered that often times partial unit authorizations and half hour rounding rules were being applied, and the changes to S9122 associated with EVV updates could create unforeseen billing and payment issues with PCS providers and their contracted employees. Stakeholders asked DHS to reevaluate its proposed policies to ensure providers were paid for all rendered PCS and Home Health Care Services (HHCS).

Issue: Current proposed rounding rules in the managed care delivery system would only pay providers for PCS lasting at least 53 minutes, and many services rendered to MA beneficiaries would not meet that threshold, meaning that providers would not be paid for rendering those services.

Option 1	Description	Pros/Cons	Comments/Recommendations
Open Procedure Code T1019 on the MA Program Fee Schedule	This code, titled “Personal Care Services, Per 15 Minutes, not for an Inpatient or Resident of a Hospital, Nursing Facility, ICF/MR or IMD, Part if the Individualized Plan of Treatment (Code May Not be Used to Identify Services by Home Health Aide or Certified Nurse Assistant)” is a code that could be used for PCS not authorized in whole hour increments.	Pros: <ul style="list-style-type: none"> • Other states are using this code • Allows units to be rounded by 8 minutes instead of 53 Cons: <ul style="list-style-type: none"> • Systems fiscal impact on DHS • Not set up for Home Health Aides, like S9122 • Vendors will need time to support a new code 	MCOs can already use this code, or G0156 with modifier TT, to allow for providers to bill in 15-minute increments without DHS having to modify the MA Program Fee Schedule. Most MCOs do not plan to use codes that aren't already in use by DHS, though, so it is recommended that this option is adopted, with the use of G0156 in PCS phased out for use in HHCS.

Option 2	Description	Pros/Cons	Comments/Recommendations
<p>Use Procedure Code G0156, with modifier TT, in the FFS Delivery System</p>	<p>This code, titled “Services of Home Health/Hospice Aide in Home Health or Hospice Settings, each 15 minutes,” is a code that could be used for PCS not authorized in whole hour increments.</p>	<p>Pros:</p> <ul style="list-style-type: none"> • MCOs are already aware of this code’s use in the MA Program • The Code is already open on Fee Schedule • Vendors have been making updates to support this option <p>Cons:</p> <ul style="list-style-type: none"> • This is a HHCS code • MCOs can already utilize this code, but most do not currently use this code. 	<p>This code will be used by DHS when rolling out Home Health Care Services EVV. This option is not recommended because we would not be able to distinguish PCS from HHCS once home health requires EVV. In addition, if another option is adopted, it is recommended that the MCOs not use G0156 for PCS to make the distinction between PCS and HHCS.</p>
Option 3	Description	Pros/Cons	Comments/Recommendations
<p>Continue to only use Procedure Code S9122, with the “Add Time” rule, in the FFS Delivery System</p>	<p>This code, titled “Home Health Aide or Certified Nurse Assistant, Providing Care in the Home; Per Hour,” is not open for any healthcare benefit package in the MA Program, but it is the code used by the MA Program to authorize PCS.</p>	<p>Pros:</p> <ul style="list-style-type: none"> • Providers are used to utilizing this code for authorizations and claims • Would minimally affect FFS business <p>Cons:</p> <ul style="list-style-type: none"> • Some MCOs and their EVV aggregators cannot support date-span billing currently • Could be burdensome to providers to implement systems changes or have staff dedicated to calculating billable units 	<p>DHS’ plan to continue only using code S9122 for FFS has led to many questions, comments and concerns over provider payment and beneficiary service delivery. Although DHS utilizes the “Add Time” rule and could use the “Add Unit” rule, it is not clear that MCOs could or would do the same. This option is not recommended, as it may disrupt beneficiary services and both billing and rendering provider payment.</p>

Provider Name:

Provider Comments: