

Procedure Codes

When completing the Health Insurance Claim Form (sample in Figure I-2) or PayerPath electronic claim form (sample in Figure I-3), personal care agencies must use the procedure codes shown in Table I-3. All consumer directed PCA services *must* include U3 as the procedure code modifier.

Table I-3. Procedure Codes: Agency-Based and Consumer-Directed Personal Care Agency Services

(This table replaces Table I-3. Procedure Codes: Personal Care Agency Services **and** Table I-4. Procedure Codes: Consumer-Directed Personal Care Agency Services of their respective billing manuals.)

Code	Modifier	Description	Maximum Allowable
T1019	U3*	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)	\$5.57 (1 unit = 15 minutes)

***U3 modifier is required for Consumer-Directed Personal Care Agency Services ONLY.**

Prior Authorization is required for Agency-Based and Consumer-Directed Personal Care Agency Services.

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