



TO: Acquired Brain Injury (ABI) Service Providers, Connecticut Home Care (CHC) Service Providers and ABI Case Management and CHC Access Agencies

RE: New Personal Care Assistance Procedure Codes added to the ABI Waiver Program and Procedure/Modifier Code Lists added to the ABI and CHC Waiver Programs

Effective for dates of service **May 1, 2017** and forward, the Department of Social Services (DSS) has added the following four (4) new Personal Care Assistance (PCA) procedure codes to the Acquired Brain Injury II, (ABI II) Waiver Program. The codes are:

- 1022Z PCA Overnight, Agency
- 3022Z PCA Overnight cannot be completed, pro-rated hourly, Agency
- 1023Z PCA Per Diem, Agency
- 1225Z PCA Per Diem cannot be completed, pro-rated hourly, Agency

The unit increment for 1022Z, PCA overnight, and 1023Z, PCA per diem, is one unit per day. The unit increment for 3022Z, PCA overnight, shift cannot be completed, is one unit per hour up to a maximum of eleven (11) hours of service. The unit increment for 1225Z, PCA per diem, shift cannot be completed, is one unit per hour up to a maximum of twenty- three (23) hours of service.

Effective for dates of service **May 1, 2017** and forward, DSS has also added the following three (3) new PCA Procedure/Modifier (Proc/Mod) Code lists to the ABI and CHC Waiver Programs. As a result, providers can bill any code combination associated to the list authorized, up to the number of units within the frequency authorized, as applicable to the services provided.

Personal Care Services	List Code - 33
Description of Service	Procedure Code
PCA, Per 15 minutes	1021Z

PCA, Per 15 min., subsequent client	1021Z TT
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Personal Care Services, Overnight	List Code - 34
Description of Service	Procedure Code
PCA Overnight	1022Z
PCA Overnight, subsequent client	1022Z TT

Personal Care Services, Per Diem	List Code - 35
Description of Service	Procedure Code
PCA Per Diem	1023Z
PCA Per Diem, subsequent client	1023Z TT

All procedure codes listed are required on the client’s Care Plan and are Electronic Visit Verification (EVV) mandated.

If services are authorized by a list code, the list code, instead of the procedure code or procedure code/modifier, must be on the Care Plan.