



# **Provider FAQ for State Plan (MA) Personal Care Assistance (PCA) and Elderly Waiver (EW) Extended PCA Claims\*\***

**November 2021**

- **What is the correct payer and procedure codes for billing state plan (MA) PCA and Extended PCA services EW**

Payer codes:

- State plan (MA) PCA; ID 00562 – BCBS Blue Plus Medicaid
- EW extended PCA services; ID FS802-Bridgeview
- Refer to the most current [DHS eDoc 3945 Long Term Services and Supports Service Rate Limits](#) for appropriate MA and Elderly Waiver PCA procedure codes.

## **1. What criteria is used to determine eligibility for extended PCA services for enrolled MSHO and MSC+ members enrolled on Elderly Waiver program?**

- Care Coordinator completes the appropriate PCA assessment to determine PCA eligibility.
- Member is eligible and accesses state plan (MA) PCA services
- Member's assessed needs is greater frequency and duration and are not able to be met safely with the units determined by the PCA assessment
- No duplication in services
- Most cost-effective alternative
- Members case mix budget allows for this service
- Care Coordinator determines addition of extended PCA services is the most appropriate service to meet the assessed needs above and beyond the PCA assessment
- Refer to the [PCA Manual for details on Extended PCA Services](#)

## **2. If a member meets all the criteria for extended PCA services and it is authorized, can the extended PCA services be used flexibly throughout their waiver span, or does it need to align with the PCA service spans?**

- Extended PCA services are authorized separately from state plan (MA) PCA and it may not align with the (MA) PCA authorization spans.
- Extended PCA can be used flexibly within the extended PCA SA span and billed daily as an extension to the (MA) PCA services.

### **3. Can providers bill all PCA (Medicaid) claims and then bill the remainder of PCA services under extended PCA?**

- No, state plan PCA (MA) can be used flexibly under two six-month spans. Providers should be billing state plan PCA (MA) based on the two six-month spans service authorizations and services provided during those time spans.
- Extended PCA services must be authorized on a separate service agreement. It spans across the waiver service authorization and must be billed daily according to the service description for the number of units authorized each day of the week.

*Example:* Member is assessed for 8 units/day of state plan PCA (MA -Payer ID 00562) from 1/1/2021-5/31/2021 & 6/1/2021-12/31/2021 and their plan includes 4 units/day of extended PCA (elderly waiver -Payer ID FS802) from 01/01/2021-12/31/2021. The PCA provider would submit claims to both payer IDs (see above) if both services are authorized and provided on the same dates. State plan PCA (MA) services can be used flexibly within the 2 six-month spans based on needs, however, if the units are exhausted prior to the end of the six-month period the member will not have any PCA units until the next six-month span or their next PCA assessment.

### **What if I did not submit my MA PCA and Extend PCA claims as directed above? What happens to those claims already paid?**

Bridgeview will not adjust any claims prior to this notification. However, claims billed to MA PCA and Extended PCA after this notification must comply based on the information in this notice.

**\*\***<https://policyquest.dhs.state.mn.us/>

Refer to question number #36212. This question can also be found by searching “extended PCA” under *Aging Program*.