

Per diem rate reimbursement for personal care services

Frequently asked questions

Overview

Beginning **April 1, 2025**, the rate paid for personal care services (PCS) rendered to individuals living in congregate or group settings will change to a per diem model. This change is based on the **new rate methodology** published by North Carolina Department of Health and Human Services.

How is the per diem rate determined?

Each day of service is equal to 1 unit. The number of units approved for the member's individual case is identified in the prior authorization.

What are considered congregate settings?

- Adult care homes
- Combination homes
- Special care homes
- Family care homes
- Supervised living facilities for adults with mental illness and substance abuse
- Supervised living facilities for adults with intellectual and developmental disabilities

Can we submit claims weekly or monthly?

Yes. You can continue to submit claims following your normal routine, but make sure each claim line bills for only 1 unit per day.

Can we bill multiple claims at 1 time?

Yes. You can submit a full month's worth of claims in 1 submission. Each claim line should represent 1 day of service, with the total number of lines not to exceed the matching days in the month: 28, 29, 30 or 31. If the number of units approved in the prior authorization is fewer than the number of days in the month, the total number of lines will equal that number.

Should we include the calculated daily rate in the claim?

No. There is no longer a calculated daily rate. You will bill at the new rate of 1 unit per day.

How will UnitedHealthcare pay a claim if units are missing in the prior authorization?

The new payment method is 1 unit per day. If the prior authorization does not show the approved units and duration of care, the system will deny your claim.

What will happen if we use an incorrect modifier in the claim?

If the prior authorization doesn't match the modifier, the system will not capture the claim line and the claim will be denied.

If we correct the modifier after the claim is paid, will UnitedHealthcare correct the claim or will we need to resubmit it?

You'll need to submit a corrected claim. For instructions on filing a corrected claim, review the "Claim status" section of our [Claims Interactive Guide](#).