



# PPCG PROGRAM BILLING/CLAIMS REQUIREMENTS

Target Audience - Qualified Vendors and Providers

Transmittal Date - 10/03/2025

The Division is providing the following billing guidance for Qualified Vendors when submitting claims rendered by a paid parent caregiver under the Parents as Paid Caregiver (PPCG) service model after October 1, 2025.

The following definitions will assist Qualified Vendors in submitting their claims with the proper modifier(s):

- CG – Policy criteria applied (PPCG Program)
- U4 – Family member, non-spouse, not residing in member’s home
- U5 – Family member/non-spouse residing in member’s home

Additionally, the following questions and answers are designed to ensure Qualified Vendors properly submit claims for services by a paid parent caregiver under the Parents as Paid Caregiver (PPCG) service model.

**Question** - When will Qualified Vendors be required to send the U4/U5 and CG modifiers?

**Answer** - As communicated via [vendor announcement on August 20, 2025](#), PPCG claims for dates of service (DOS) beginning October 1, 2025 are required to append CG and U4 or U5.

SERVICE and LOCATION	MODIFIERS
ATC	UN – Two members served
S5125	UP – Three members served
Attendant care services; per 15 minutes POS 03 – School; POS 12 – Home; POS 13 – Assisted Living Facility; POS 16 – Temporary Lodging; POS 21 – Inpatient Hospital; POS 23 – Emergency Room; POS 99 – Other	TN – Flagstaff CG - Parent as Paid Care Giver [required] U4 or U5 - PPCG [required]  U3, U4, U5 – Rendering Provider U7 – Agency with Choice  UF, UG, UH, UJ – Time of day

SERVICE and LOCATION	MODIFIERS
HAH	UN – Two members served
T2017	UP – Three members served
Habilitation, residential, waiver; 15 minutes	CG - Parent as Paid Care Giver [required] U4 or U5 - PPCG [required] TN – Flagstaff U4 – Family member, non-spouse, not residing member’s in home U5 – Family member/non-spouse residing in member’s home U7 – Agency with Choice
POS 12 – Home; POS 16 – Temporary Lodging;	UF, UG, UH, UJ – Time of day Telemedicine available [GT]

**Question** - Where will claims be denied if these modifiers are not included?

**Answer** - PPCG edits will be applied to DDD claims by Focus. Focus will deny claims submitted without the required modifiers.

AHCCCS will apply PPCG edits to Encounters (claims adjudicated by DDD, then submitted to AHCCCS). AHCCCS will deny encounters submitted without the required modifiers.

**Question** - Does the guidance to roll up claims into a single line item for each client/service code combination still apply, or is the expectation now that vendors split the claim into two separate lines if a member receives services from both a PPCG and a non-PPCG on the same day?

**Answer** - Service codes S5125 (Attendant Care) and T2017 (Habilitation) are Electronic Visit Verification (EVV) services. EVV services must match the number of units for each verified visit. These services cannot be combined into a single line for all units rendered on a single DOS. Those claims are denied for EVV.

When applying modifiers, the modifier/s must be applicable to all service units. If the modifier does not apply to all service units, the units must be separated into different claims. [Time of Day modifiers are the only exception for applicability to all service units.]

EXAMPLE Claims: 3 hours PPCG plus 4 hours non-PPCG for Attendant Care

SERVICE CODE	DATE	UNITS
S5125:CG:U5	10/01/2025	12
S5125:UF	10/01/2025	16

**Question** - Is the distinction between U4 and U5 essentially whether the parent caregiver providing services lives with the member?

**Answer** - Yes, Arizona Medicaid (AHCCCS) defines modifiers U1 – U9.

- U4 – Family member, non-spouse, not residing in member’s home
- U5 – Family member/non-spouse residing in member’s home

**Question** - Is an updated 837 companion guide available that shows where these new modifier segments are located?

**Answer** - The current [WellSky 837P Companion Guide](#) shows Loop 2400, segment SV1 as the location for modifiers. The national standard is up to 4 modifiers per claim line or SV1 segment.

EXAMPLE Claims: 3 hours PPCG plus 4 hours non-PPCG for Attendant Care, Rate \$6.21/unit

SV1\*HC:S5125:CG:U5\*74.52\*UN\*12\*12\*\*1~

SV1\*HC:S5125:UF\*99.36\*UN\*16\*12\*\*1~