



# EDI Code Table Guide (PA)

October 2020

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## Document Revision History

| Date       | Description of Revision                      |
|------------|--|
| 06/05/2018 | Initial version of the document              |
| 10/19/2018 | Added Code Tables to accommodate v4          |
| 01/01/2019 | Updated Missed Visit Reason Code Table       |
| 01/25/2019 | New code added to Procedure Code Table       |
| 02/25/2019 | Added Duties to the Duties Code Table        |
| 03/19/2020 | Add COVID-19 Missed Visit Reason Codes       |
| 04/02/2020 | COVID-19 Missed Visit Reason Code Updates    |
| 09/17/2020 | Updates to the MCO and Procedure Code Tables |
| 10/01/2020 | Updates to the MCO/Payer ID Code Table       |
| 10/12/2020 | Added Required Fields by Import File Type    |

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## Introduction

The **EDI Code Table Guide** defines specific codes used in the import interface process, particularly the following fields:

- MCO/Payer ID Code
- Visit Edit Reason Code
- Visit Edit Action Taken Code
- Missed Visit Reason Code
- Missed Visit Edit Action Taken Code
- Duties Code
- Procedure Code
- Required Fields by Import File Type

Refer to the applicable Homecare EDI Import Interface Process Guide for full details and interface instructions.

This guide is updated on an ongoing basis as system capacities are implemented and additional functionality becomes available.

## EDI Assistance

If additional assistance is needed, please submit a ticket to [PAsupport@hhaexchange.com](mailto:PAsupport@hhaexchange.com). Cases are escalated to the EDI Production Support queue. An available Support Team Member will contact you directly to assist.

## MCO/Payer ID

The **PAYER ID** is the unique identifier for each MCO, sent as a required field in the EDI Import file. The following table provides the MCO/Payer ID Code for each Payer.

| MCO/Payer ID Codes |                      |
|--------------------|----------------------|
| Code               | MCO/Payer            |
| 14475              | UPMC                 |
| 16999              | PHW                  |
| 17470              | AH                   |
| 20154              | Keystone             |
| 27773              | United HealthCare    |
| 28160              | Health Partners Plan |
| 28162              | Amerihealth EPSDT    |
| 28242              | UPMC Health Choices  |
| 28464              | Keystone EPSDT       |

## Visit Edit Code Tables

The following tables provide the codes and descriptions for the **Visit Edit Reason Code** and the **Visit Edit Action Taken** fields (as well as the **Cancel Missed Visit Reason** and **Cancel Missed Visit Action Taken**) for the following EDI Import Interface files: *Confirmed Visits* and *Billed Visits*.

| Visit Edit Reason Codes |  |
|-------------------------|--|
| Code                    | Description  |
| 100                     | Phone number did not link to the client.   |
| 101                     | Client will not let attendant use phone.   |
| 102                     | Client does not have a phone in home.  |
| 103                     | Phone in use by client or individual in client's home.   |
| 104                     | Client received services outside of the home.  |
| 105                     | Client's phone line not working (technical issue or natural disaster).   |
| 106                     | Client requested to change/cancel scheduled visit; or the scheduled visit has been cancelled due to the client's services being suspended. |
| 107                     | Address did not link to the client (GPS).  |
| 108                     | Attendant failed to call in.   |
| 109                     | Attendant failed to call out.  |
| 110                     | Attendant failed to call in and out.   |
| 111                     | Attendant called in to or out of the EVV system early or late.   |
| 112                     | Attendant's identification number(s) does not match the scheduled shift.   |
| 113                     | Attendant entered invalid fixed location device code(s).   |
| 114                     | Attendant failed to report to client's home.   |
| 115                     | Fixed location device on order or pending placement in the home.   |
| 116                     | Fixed location device malfunctioned.   |
| 117                     | Attendant unable to use mobile device.   |
| 118                     | Attendant unable to connect to internet or EVV system down.  |
| 119                     | Data Entry Error   |
| 120                     | Agency unable to provide replacement coverage (no show, no replacement).   |
| 121                     | Timesheet Received   |
| 122                     | Other  |

| Visit Edit Action Taken |  |
|-------------------------|--|
| Code                    | Description  |
| 10                      | Confirmed visit with the client or the client's family member/representative and documented.                           |
| 11                      | Supervisor approved change.  |
| 12                      | Updated client's phone number and documented.  |
| 13                      | Changed verification collection method and documented.   |
| 14                      | Timesheet received and signed by supervisor.   |
| 15                      | Confirmed visit with outside entity and documented.  |
| 16                      | Visit rescheduled.   |
| 17                      | Updated client's address and documented.   |
| 18                      | New attendant assigned to client.  |
| 19                      | Unverified visit; this service cannot be billed.   |
| 20                      | Service(s) cancelled or suspended until further notice.  |
| 21                      | Timesheet Verified.  |
| 22                      | Mutual Case/ or Cluster Case/ or Live-in Case.   |
| 23                      | Change in schedule.  |
| 24                      | Confirmed with the client or the client's family member/representative and documented (this service cannot be billed). |
| 25                      | Confirmed with the client or the client's family member/representative and documented.                                 |
| 26                      | Other  |

## Missed Visit Code Tables

The following tables provide the codes and descriptions for the **Missed Visit Reason Code** and the **Missed Visit Action Taken** fields for the *Additional Visits Info* EDI Import Interface file.

**Note:** If a Missed Visit is cancelled (unchecked), the codes revert to the Visit Edit Code Tables (Reason and Action Taken) in the previous section.

| Missed Visit Edit Reason Codes |   |
|--------------------------------|---|
| Code                           | Description   |
| 508                            | UN – Agency is unable to staff the case   |
| 510                            | AR – Participant/Family refused or unavailable  |
| 511                            | HU – Hospitalization unplanned  |
| 512                            | IS - COVID-19: Participant refused, receiving service through informal supports   |
| 513                            | SI - COVID-19: Participant refused, self-isolating, not receiving service   |
| 514                            | FA - COVID-19: Participant is in hospital or Nursing Facility   |
| 517                            | TX - COVID-19: Worker switched to cover another case  |
| 519                            | CV - COVID-19: All other cases where the agency could not staff due to COVID-19<br>(Note: If selecting this reason, please provide additional details in the Notes section) |
| 520                            | UN - Agency is unable to staff the case   |
| 521                            | NA -The assigned staff could not cover the shift because of illness or some other reason  |
| 522                            | H - Did not need covered because the member is in the hospital  |
| 523                            | FR/FD - The family refused the services that were offered / Family deferred the scheduled hours so they can be provided at a different time                                 |
| 524                            | OA - A different agency provided the services   |
| 525                            | PI - Private insurance is covering these hours  |

| Missed Visit Edit Action Taken |   |
|--------------------------------|---|
| Code                           | Description   |
| 50                             | Confirmed with the client or the client's family member/representative and documented |
| 51                             | Contact MCO for Backup Plan initiation  |
| 52                             | Replacement Worker Assigned   |
| 53                             | Service(s) cancelled by participant   |
| 54                             | Service(s) suspended by participant   |
| 55                             | Unverified visit; this service cannot be billed                                       |
| 56                             | Visit rescheduled by agency   |
| 57                             | Visit rescheduled by participant  |
| 58                             | Other- Please provide details   |

## Duties Code Table

The table below provides the assigned codes for services/tasks completed during a Patient’s Visit according to their Plan of Care (Duties).

| Duties |                             |               |
|--------|-----------------------------|---------------|
| Code   | Task Name                   | HHAX Category |
| 115    | Meal Preparation            | Personal Care |
| 116    | Housework/Chore             | Personal Care |
| 117    | Managing Finances           | Personal Care |
| 118    | Managing Medications        | Personal Care |
| 119    | Shopping                    | Personal Care |
| 120    | Transportation              | Personal Care |
| 122    | Hygiene                     | Personal Care |
| 123    | Dressing Upper              | Personal Care |
| 124    | Dressing Lower              | Personal Care |
| 125    | Locomotion                  | Personal Care |
| 126    | Transfer                    | Personal Care |
| 127    | Toilet Use                  | Personal Care |
| 128    | Bed Mobility                | Personal Care |
| 129    | Eating                      | Personal Care |
| 130    | Bladder Incontinence        | Personal Care |
| 131    | Bowel Incontinence          | Personal Care |
| 132    | Personal Care – T1019       | Personal Care |
| 134    | Bathing                     | Personal Care |
| 135    | Bathing                     | Personal Care |
| 137    | Lotion/Ointment             | Personal Care |
| 138    | Laundry                     | Personal Care |
| 139    | Reading/Writing             | Personal Care |
| 140    | Supervision/Coaching/Cueing | Personal Care |
| 141    | Incontinence Care           | Personal Care |
| 142    | Catheter Care               | Personal Care |
| 143    | Wound Care                  | Personal Care |
| 144    | G-Tube Feeding              | Personal Care |
| 201    | In Person (SCE)             | Personal Care |
| 202    | Via Telephone (SCE)         | Personal Care |
| 203    | Other (SCE)                 | Personal Care |



## Procedure Code Table

The following table provides **Procedure Codes** (Service Codes) and descriptions.

| Procedure Codes |  |                     |
|-----------------|--|---------------------|
| Service Code    | Description                                  | HHAX Service Type   |
| 97127SE         | Cognitive Rehabilitation                     | Other (Non-Skilled) |
| 97537           | Community Integration                        | Other (Non-Skilled) |
| 97537SE         | Community Integration                        | Other (Non-Skilled) |
| S9122           | Home Health – Aide (Under 21)                | PCA                 |
| G0156           | Home Health – Aide (Under 21)                | PCA                 |
| T1002SE         | Home Health – Nursing (RN)                   | RN                  |
| T1003SE         | Home Health – Nursing (LPN)                  | LPN                 |
| T1005           | Respite Agency                               | RESP                |
| T1016           | Case Management                              | Other (Non-Skilled) |
| T2025           | Home Health – Aide                           | HHA                 |
| T2025GN         | Home Health – Speech and Language Therapy    | ST                  |
| T2025GO         | Home Health – Occupational Therapy           | OT                  |
| T2025GOU4       | Home Health – Occupational Therapy Assistant | OT                  |
| T2025GP         | Home Health – Physical Therapy               | PT                  |
| T2025GPU4       | Home Health – Physical Therapy Assistant     | PT                  |
| W1011           | Service Coordination                         | Other (Non-Skilled) |
| W1793           | PAS (Agency)                                 | PCA                 |
| W1793TT         | PAS (CSLA)                                   | PCA                 |
| W7337           | Transition Service Coordination              | Other (Non-Skilled) |

## Required Fields by Import File Type

There are required fields per file document which must be in specific format. The following table provides the applicable required fields per **EDI Import** File Type. This EDI Import Interface supports the following import operations into HHAX.

| If record needs to be imported as a... | Then, the following fields must be provided:  |  |
|--|---|--|
| Schedule                               | <ul style="list-style-type: none"> <li>• Agency Tax ID</li> <li>• Payer ID</li> <li>• Medicaid Number</li> <li>• Caregiver Code</li> </ul>  | <ul style="list-style-type: none"> <li>• Schedule ID</li> <li>• Procedure Code</li> <li>• Schedule Start Time</li> <li>• Schedule End Time</li> </ul>  |
| Confirmed Visit                        | <ul style="list-style-type: none"> <li>• Agency Tax ID</li> <li>• Payer ID</li> <li>• Medicaid Number</li> <li>• Caregiver Code</li> <li>• Caregiver First Name</li> <li>• Caregiver Last Name</li> <li>• Caregiver SSN</li> <li>• Schedule ID</li> </ul>                           | <ul style="list-style-type: none"> <li>• Procedure Code</li> <li>• Schedule Start Time</li> <li>• Schedule End Time</li> <li>• Visit Start Time</li> <li>• Visit End Time</li> <li>• Service Location</li> </ul> <p><i>*The <b>EVV</b> fields are required if visit was confirmed via EVV or IVR. User Field 4, Visit Edit and Action Taken codes are required if visit was manually edited.</i></p> |
| Billed Visit                           | <ul style="list-style-type: none"> <li>• Agency Tax ID</li> <li>• Payer ID</li> <li>• Medicaid Number</li> <li>• Caregiver Code</li> <li>• Caregiver First Name</li> <li>• Caregiver Last Name</li> <li>• Caregiver SSN</li> <li>• Schedule ID</li> <li>• Procedure Code</li> </ul> | <ul style="list-style-type: none"> <li>• Schedule Start Time</li> <li>• Schedule End Time</li> <li>• Visit Start Time</li> <li>• Visit End Time</li> <li>• Service Location</li> <li>• Invoice Number</li> </ul> <p><i>*The <b>EVV</b> fields are required if visit was confirmed via EVV or IVR. User Field 4, Visit Edit and Action Taken codes are required if visit was manually edited.</i></p> |
| Missed Visit                           | <ul style="list-style-type: none"> <li>• Agency Tax ID</li> <li>• Payer ID</li> <li>• Medicaid Number</li> <li>• Caregiver Code</li> <li>• Schedule ID</li> <li>• Procedure Code</li> </ul>   | <ul style="list-style-type: none"> <li>• Missed Visit Reason Code*</li> <li>• Missed Visit Action Taken Code*</li> </ul> <p><i>*The <b>Notes</b> field may be required by Payer. Refer to EDI Code Table Guide.</i></p>  |
| Delete a Schedule                      | <ul style="list-style-type: none"> <li>• Agency Tax ID</li> <li>• Payer ID</li> <li>• Medicaid Number</li> <li>• Caregiver Code</li> <li>• Caregiver First Name</li> <li>• Caregiver Last Name</li> <li>• Caregiver SSN</li> <li>• Schedule ID</li> </ul>                           | <ul style="list-style-type: none"> <li>• Procedure Code</li> <li>• Schedule Start Time</li> <li>• Schedule End Time</li> <li>• Is Deletion (Value should be "Y")</li> </ul>  |