EDI Code Table Guide (Aetna)

September 2024

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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
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- Missed Visit Edit Action Taken Code
- Procedure Codes

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 [3rd Party Integration Support Desk](#). Cases are escalated to the EDI Production Support queue. An available Support Team Members 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**
37592	Aetna Better Health of NY

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

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
130	Consumer Directed Personal Assistance visit.

Visit Edit Action Taken Codes

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.

Visit Edit Action Taken	
Code	**Description**
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.

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 Reason Codes

Missed Visit Reason Codes	
Code	**Description**
500	Agency unable to provide replacement coverage (no show, no replacement)
501	Attendant failed to report to client's home
502	Client requested to change/cancel scheduled visit; or the scheduled visit has been cancelled due to the client's services being suspended.
510	COVID-19: Participant refused, receiving service through informal supports
511	COVID-19: Participant refused, self-isolating, not receiving service
512	COVID-19: Participant is in hospital or Nursing Facility
513	COVID-19: Worker unable to staff because they are sick
514	COVID-19: Worker unable to staff because of childcare issues
515	COVID-19: Worker switched to cover another case
516	COVID-19: Other (Note: If selecting COVID-19: Other, please provide additional details in the Note section)

Missed Visit Action Taken

Missed Visit Action Taken	
Code	**Description**
50	Confirmed with the client or the client's family member/representative and documented
51	Confirmed with the client or the client's family member/representative and documented (this service cannot be billed)
52	New attendant assigned to client
53	Service(s) cancelled or suspended until further notice
54	Unverified visit; this service cannot be billed
55	Visit rescheduled

Procedure Code Table

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

Code	Description
G0237	RESPITORY THERAPY– PER 15 MINUTES
G0238	RESPITORY THERAPY – PER 5 MINUTES
S5125	HHA - 15 MINS
S5125:U2	HHA TWO CLIENT
S5126	HHA LIVE IN
S5126	HHA LIVE-IN - PER DIEM (13 HOURS)
S5126:U2	HHA - LIVE IN TWO CLIENT
S5126:U2	HHA LIVE-IN TWO CLIENT - PER DIEM (13 HOURS)
S5130:U1	PCS LEVEL I – 15 MINUTES
S5130:U2	PCS LEVEL I TWO CLIENT
S5130:U3	PCS LEVEL I MULTIPLE CLIENT
S9122	HHA
S9122	HHA – PER HOUR
S9122:U1	ADVANCED HOME HEALTH AIDE
S9122:U1	ADVANCED HOME HEALTH AIDE PER HOUR
S9123	RN – PER HOUR
S9124	LPN – PER HOUR
S9127	MEDICAL SOCIAL SERVICES – PER VISIT
S9128	SPEECH THERAPY – PER VISIT
S9129	OCCUPATIONAL THERAPY – PER VISIT
S9131	PHYSICAL THERAPY – PER VISIT
S9470	NUTRITIONAL COUNSELING – PER VISIT
T1002	RN – 15 MINUTES
T1003	LPN – 15 MINUTES
T1013	SIGN LANGUAGE/ORAL INTERPRETER – PER 15 MINUTES
T1019:U1	PCS LEVEL II BASIC – 15 MINUTES
T1019:U2	PCS LEVEL II BASIC TWO CLIENT
T1019:U3	PCS LEVEL II MULTIPLE CLIENT
T1019:U4	PCS LEVEL II HARD TO SERVE
T1019:U5	PCS LEVEL II TWO CLIENT HARD TO SERVE
T1019:U6	CDPA BASIC – 15 MINUTES
T1019:U7	CDPA TWO CONSUMER
T1019:U8	CDPA ENHANCED
T1019:U9	CDPA TWO CONSUMER ENHANCED
T1020	PCS LEVEL II LIVE-IN
T1020:U2	PCS LEVEL II LIVE-IN TWO CLIENT
T1020:U5	PCS LEVEL II LIVE IN TWO CLIENT HARD TO SERVE
T1020:U6	CDPA LIVE IN
T1020:U7	CDPA LIVE IN TWO CONSUMER
T1020:U8	CDPA LIVE IN ENHANCED
T1020:U9	CDPA LIVE IN TWO CONSUMER ENHANCED
T1030	NURSING CARE IN HOME (RN) PER DIEM (13 HOURS)
T1031	NURSING CARE IN HOME (LPN) – PER DIEM (13 HOURS)
2443	PMPM Billing (1-159 hours)
2444	PMPM Billing (160-479 hours)
2445	PMPM Billing (480+ hours)

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	• Agency Tax ID • Payer ID • Medicaid Number • Caregiver Code	• Schedule ID • Procedure Code • Schedule Start Time • Schedule End Time
Confirmed Visit	• Agency Tax ID • Payer ID • Medicaid Number • Caregiver Code • Caregiver First Name • Caregiver Last Name • Caregiver SSN • Schedule ID • Procedure Code • Schedule Start Time	• Schedule End Time • Visit Start Time • Visit End Time • Clock-In Service Location Type • Clock-Out Service Location Type *The **EVV** fields are required if visit was confirmed via EVV or IVR. Visit Edit and Action Taken codes are required if visit was manually edited.
Billed Visit	• Agency Tax ID • Payer ID • Medicaid Number • Caregiver Code • Caregiver First Name • Caregiver Last Name • Caregiver SSN • Schedule ID • Procedure Code • Schedule Start Time • Schedule End Time	• Visit Start Time • Visit End Time • Clock-In Service Location Type • Clock-Out Service Location Type • Invoice Number *The **EVV** fields are required if visit was confirmed via EVV or IVR. Visit Edit and Action Taken codes are required if visit was manually edited.
PMPM Billing	• Agency Tax ID • Payer ID • Medicaid Number • Caregiver Code (_Default to TEMP_) • Schedule ID • Procedure Code • Schedule Start Time • Schedule End Time	• Visit Start Time • Visit End Time • Invoice Number • Visit Edit Reason (_Default to 130_) • Visit Edit Action Taken (_Default to 11_)
Rebilled Visit	• Agency Tax ID • Payer ID • Medicaid Number • Caregiver Code • Caregiver First Name • Caregiver Last Name • Caregiver SSN • Schedule ID • Procedure Code	• Visit End Time • Clock-In Service Location Type • Clock-Out Service Location Type • Invoice Number • Submission Type • TRN Number *The **EVV** fields are required if visit was confirmed via EVV or IVR. Visit Edit and

If record needs to be imported as a…	Then, the following fields must be provided:		
	• Schedule Start Time • Schedule End Time • Visit Start Time	Action Taken codes are required if visit was manually edited.	
Missed Visit	• Agency Tax ID • Payer ID • Medicaid Number • Caregiver Code	• Schedule ID • Procedure Code • Missed Visit Reason Code • Missed Visit Action Taken Code	
Delete a Schedule	• Agency Tax ID • Payer ID • Medicaid Number • Caregiver Code • Caregiver First Name • Caregiver Last Name	• Caregiver SSN • Schedule ID • Procedure Code • Schedule Start Time • Schedule End Time • Is Deletion (Value should be "Y")	