EDI Code Table Guide (NC PHP)

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Document Revision History

Date	Description of Revision
07/04/2024	Update to Procedure Code Table.
04/28/2024	Introduced a page for state-specific logic and provided clarification for visits spanning multiple calendar days.
02/14/2024	Update to Procedure Code Table. Added payer details, and removed codes G0496, G0495, G0300, G0299, G0159, G0160, S9123, and T1002.
12/05/2023	Update to Procedure Code Table. Marked service codes exempt from authorization with an asterisk (*) .
11/6/2023	Update to Procedure Code Table; added procedure codes: • G0496 • G0496 RC551 • G0496 RC559 • T1030 • T1030 RC551 • T1030 RC580 • T1030 RC581 • T1031 • T1031 RC551 • T1031 RC580 • T1030 RC581 • 92507 • 97533 • 97116
08/04/2023	Update to EDI Support contact information.
03/16/2023	Update to Payer Code Table.
01/13/2023	Update to Procedure Code Table; added procedure codes: • G0160 RC430 • G0300 • G0495 • S9123 • T1002

Date	Description of Revision
11/02/2022	Update to Procedure Code Table
08/16/2022	Update to Required Fields by Import File Type table.
06/29/2022	Update to Required Fields by Import File Type table.
01/17/2022	Updated Required Fields by Import File Type Table to align with V5 specifications.
09/02/2021	Update to Required Fields by Import File Type table.
05/27/2021	Update to Required Fields by Import File Type table.
04/26/2021	Initial version of the document

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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 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**
24075	Carolina Complete Health
24147	AmeriHealth Caritas of North Carolina
28238	UnitedHealthcare Community Plan of NC
23937	WellCare of North Carolina
57537	AmeriHealth Caritas of North Carolina HHCS
57535	Carolina Complete Health HHCS
57542	UnitedHealthcare Community Plan of NC HHCS
57538	WellCare of North Carolina LTSS HHCS

State Specific Requirements

In alignment with the 21st Century Cures Act mandate, effective May, 23, 2022, visits will be required to split at midnight if the visit crosses multiple calendar days. Overnight visits that do not meet the requirements specified below will fail to process successfully into the HHAX system.

The following fields below need to be split at midnight if the visit crosses multiple calendar days: Schedule Start/End Time, Visit Start/End Time, and EVV Start/End Time.

Sample overnight shift from 1/1/21 11pm to 1/2/21 7am:

- Visit 1: 1/1/2021; 11pm – 11:59PM
  - Schedule Start: 23:01
  - Schedule End: 23:59
  - Visit Start: 23:01
  - Visit End: 23:59
  - EVV Start: 23:01
  - EVV End: 23:59

- Visit 2: 1/2/2021; 12:01am – 7am
  - Schedule Start: 00:01
  - Schedule End: 06:58
  - Visit Start: 00:01
  - Visit End: 06:58
  - EVV Start: 00:01
  - EVV End: 06:58

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 Member
101	Member won't let attendant use phone
102	Member doesn't have a phone in home
103	Phone in use by member or individual in member's home
104	Member received services outside of the home
105	Member's phone line not working (technical issue or natural disaster)
106	Member requested to change/cancel scheduled visit; or the scheduled visit has been cancelled due to the Member's services being suspended
107	Address did not link to the Member (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 or task discrepancy/task does not match plan of care
113	Attendant entered invalid fixed location device code(s)
114	Attendant failed to report to Member'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 Member or the Member's family member/representative and documented
11	Confirmed visit with outside entity and documented
13	New attendant assigned to Member
14	Visit rescheduled
15	Service(s) cancelled or suspended until further notice
16	Updated Member's address and documented
17	Updated Member's phone number and documented
18	Changed verification collection method and documented
19	Timesheet received and signed by supervisor
20	Mutual Case/ or Cluster Case/ or Live-in Case
21	Change in schedule
22	Unverified visit; this service cannot be billed
23	Supervisor approved change
25	Timesheet Verified
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**
700	Agency unable to provide replacement coverage (no show, no replacement)
701	Attendant failed to report to client's home
702	Member requested to change/cancel scheduled visit; or the scheduled visit has been cancelled due to the client's services being suspended
703	Member Refused Service
704	Member Refused Service - original aide on vacation
705	Hospitalization unplanned
706	COVID-19: All other cases where the agency could not staff due to COVID-19
707	COVID-19: Member refused, self-isolating, not receiving service
708	COVID-19: Member refused, receiving service through informal supports
709	Other (Note: If selecting Other, please provide additional details in the Note section)

Missed Visit Edit Action Taken	
Code	**Description**
30	Confirmed with the member or the member's family member/representative and documented (this service cannot be billed)
31	New attendant assigned to member (this service cannot be billed)
32	Service(s) cancelled or suspended until further notice (this service cannot be billed)
33	Unverified visit; this service cannot be billed
34	Visit rescheduled (this service cannot be billed)
35	Other (this service cannot be billed)

Procedure Code Table

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

***Important Note**: Ensure that the office NPI is included in the visit import file for service codes that allow for auto-placement.*

Service Code	Description	Unit of Service	Payer	Allows Auto-Placement
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
92521	EVALUATION OF SPEECH FLUENCY	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
92522	EVALUATE SPEECH PRODUCTION	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
92523	SPEECH SOUND LANG COMPREHEN	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS,	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
97116	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS,	Allow Auto Placement

Service Code	Description	Unit of Service	Payer	Allows Auto-Placement
			UHC NC HHCS, WCNC HHCS	
97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
97168	OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
97530	THERAPEUTIC ACTIVITIES	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
97533	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIVE RESPONSES TO ENVIRONMENTAL DEMANDS, DIRECT	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
92507 RC440	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER; INDIVIDUAL	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
92521 RC444	EVALUATION OF SPEECH FLUENCY	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
92522 RC444	EVALUATE SPEECH PRODUCTION	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
92523 RC444	SPEECH SOUND LANG COMPREHEN	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
97110 RC420	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS,	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
97116 RC420	THERAPEUTIC PROCEDURE, 1 OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
97161 RC424	PT EVAL LOW COMPLEX 20 MIN	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement

Service Code	Description	Unit of Service	Payer	Allows Auto-Placement
97162 RC424	PT EVAL MOD COMPLEX 30 MIN	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
97163 RC424	PT EVAL HIGH COMPLEX 45 MIN	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
97164 RC424	PT RE-EVAL EST PLAN CARE	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
97165 RC434	OT EVAL LOW COMPLEX 30 MIN	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
97166 RC434	OT EVAL MOD COMPLEX 45 MIN	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
97167 RC434	OT EVAL HIGH COMPLEX 60 MIN	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
97168 RC434	OT RE-EVAL EST PLAN CARE	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
97530 RC430	THERAPEUTIC ACTIVITIES	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
97533 RC430	SENSORY INTEGRATIVE TECHNIQUES TO ENHANCE SENSORY PROCESSING AND PROMOTE ADAPTIVE RESPONSES TO ENVIRONMENTAL DEMANDS, DIRECT	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
99509:HA	Personal Care Services, Private Residences Under 21	4 Units = 1 Hour	ACNC, CCH, UHC NC, WCNC	No Auto placement
99509:HB	Personal Care Services, Private Residences Over 21	4 Units = 1 Hour	ACNC, CCH, UHC NC, WCNC	No Auto placement
G0151	Physical Therapy	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0151 RC420	Physical Therapy	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0151 RC424	Physical Therapy	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS,	Allow Auto Placement

Service Code	Description	Unit of Service	Payer	Allows Auto-Placement
			UHC NC HHCS, WCNC HHCS	
G0152	SRVC OT HOM HLTH/HOSPICE EA 15 MIN	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0152 RC430	SRVC OT HOM HLTH/HOSPICE EA 15 MIN	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0152 RC434	SRVC OT HOM HLTH/HOSPICE EA 15 MIN	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0153	SRVC SPCHANDLANG PATH HH/HOSPIC EA 15	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0153 RC440	SRVC SPCHANDLANG PATH HH/HOSPIC EA 15	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0153 RC444	SRVC SPCHANDLANG PATH HH/HOSPIC EA 15	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0156	SRVC HH/HOSPICE AIDE EA 15 MIN	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0156 RC570	SRVC HH/HOSPICE AIDE EA 15 MIN	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0157	PT assistant	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0157 RC420	PT assistant	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0158	SRVC OT ASSIST HH/HOSPICE EA 15 MIN	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0158 RC430	SRVC OT ASSIST HH/HOSPICE EA 15 MIN	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement

Service Code	Description	Unit of Service	Payer	Allows Auto-Placement
G0158 RC434	SRVC OT ASSIST HH/HOSPICE EA 15 MIN	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0159	SRVC PT HH EST/DEL PT MP EA 15 MINS	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0159 RC420	PT establish or deliver safe and effective PT maintenance program	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0159 RC424	SRVC PT HH EST/DEL PT MP EA 15 MINS	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0160 RC430	SRVC OT HH EST/DEL OT MP EA 15 MIN	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0160 RC434	SRVC OT HH EST/DEL OT MP EA 15 MIN	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0161	SRVC SLP HH EST/DEL SLP TX MP 15 MN	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0161 RC440	SRVC SLP HH EST/DEL SLP TX MP 15 MN	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0161 RC444	SRVC SLP HH EST/DEL SLP TX MP 15 MN	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0162	SKILLED SRVC RN MANDE POC EA 15 MINS	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0162 RC550	SKILLED SRVC RN MANDE POC EA 15 MINS	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0283	E-STIM 1/>NOT WND CARE PART TX PLAN	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0283 RC420	E-STIM 1/>NOT WND CARE PART TX PLAN	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS,	Allow Auto Placement

Service Code	Description	Unit of Service	Payer	Allows Auto-Placement
			UHC NC HHCS, WCNC HHCS	
G0299 RC550	Skilled Nursing	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0299 RC551	DIR SNS RN HH/HOSPICE SET EA 15 MIN	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0299 RC580	DIR SNS RN HH/HOSPICE SET EA 15 MIN	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0299 RC581	DIR SNS RN HH/HOSPICE SET EA 15 MIN	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0300 RC551	DIR SNS LPN HH/HOSPCE SET EA 15 MIN	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0300 RC580	DIR SNS LPN HH/HOSPCE SET EA 15 MIN	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0300 RC581	DIR SNS LPN HH/HOSPCE SET EA 15 MIN	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0493	RN CARE EA 15 MIN HH/HOSPICE	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0493 RC550	RN CARE EA 15 MIN HH/HOSPICE	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0494	LPN CARE EA 15MIN HH/HOSPICE	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0494 RC550	LPN CARE EA 15MIN HH/HOSPICE	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G0495 RC551	RN CARE TRAIN/EDU IN HH/HOSPICE	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement

Service Code	Description	Unit of Service	Payer	Allows Auto-Placement
G0496 RC551	RN CARE TRAIN/EDU IN HH/HOSPICE	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G2168	Services performed by minutes	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G2168 RC420	Services performed by minutes	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G2169	SERVICES PRFRM BY OT ASST HH SETTING EA 15 MIN	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
G2169 RC430	SERVICES PRFRM BY OT ASST HH SETTING EA 15 MIN	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
S9122	HOM HLTH AIDE/CNA PROV CARE HOM HR	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
S9122 RC570	HOM HLTH AIDE/CNA PROV CARE HOM HR	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
S9123 RC551	NRS CARE HOM REGISTERED NURSE-HOUR	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
S9128	SPEECH THERAPY IN THE HOME PER DIEM	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
S9128 RC440	SPEECH THERAPY IN THE HOME PER DIEM	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
S9129	OCCUPATIONAL THERAPY HOME PER DIEM	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
S9129 RC430	OCCUPATIONAL THERAPY HOME PER DIEM	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
S9131	PHYSICAL THERAPY HOME PER DIEM	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS,	Allow Auto Placement

Service Code	Description	Unit of Service	Payer	Allows Auto-Placement
			UHC NC HHCS, WCNC HHCS	
S9131 RC420	PHYSICAL THERAPY HOME PER DIEM	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
T1001	Skilled nursing: Initial assessment/re-assessment	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
T1001 RC550	NURSING ASSESSMENT/EVALUATION	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
T1002 RC551	RN SERVICES UP TO 15 MINUTES	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
T1021	Home health aide or certified nurse assistant, per visit	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
T1021 RC570	Home health aide or certified nurse assistant, per visit	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
T1030 RC550	Skilled Nursing	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
T1030 RC551	Skilled nursing: Treatment, teaching/training, observation/evaluation	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
T1030 RC580	Skilled nursing: venipuncture	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
T1030 RC581	Skilled nursing: venipuncture	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
T1031 RC551	Skilled nursing: Treatment, teaching/training, observation/evaluation	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement
T1031 RC580	Skilled nursing: venipuncture	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement

Service Code	Description	Unit of Service	Payer	Allows Auto-Placement
T1031 RC581	Skilled nursing: Pre- filling insulin syringes/Medi- Planners	1 Unit = 1 Visit	ACNC HHCS, CCH HHCS, UHC NC HHCS, WCNC HHCS	Allow Auto Placement

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 Address • Clock-Out Service Location Address • Clock-In Service Location Type • Clock-Out Service Location Type • Diagnosis Code • User Field 1 (Clock-In Call Type) • User Field 2 (Clock-Out Call 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 Address • Clock-Out Service Location Address • Clock-In Service Location Type • Clock-Out Service Location Type • Diagnosis Code • Invoice Number • User Field 1 (Clock-In Call Type) • User Field 2 (Clock-Out Call 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. *Visits need to be invoiced 1 invoice per member/DOS/procedure code.
Rebilled 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 Address • Clock-Out Service Location Address • Clock-In Service Location Type • Clock-Out Service Location Type • Diagnosis Code • Invoice Number • Submission Type • TRN Number • User Field 1 (Clock-In Call Type) • User Field 2 (Clock-Out Call 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.

If record needs to be imported as a…	Then, the following fields must be provided:	
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”)