



EDI Code Table Guide (NC PHP)

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Document Revision History

| Date | Description of Revision |
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| 05/27/2021 | Update to Required Fields by Import File Type table. |
| 09/02/2021 | 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. |
| 06/29/2022 | Update to Required Fields by Import File Type table. |
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| 11/02/2022 | Update to Procedure Code Table |
| 01/13/2023 | Update to Procedure Code Table; added procedure codes: <ul style="list-style-type: none"> • G0160 RC430 • G0300 • G0495 • S9123 • T1002 |
| 03/16/2023 | Update to Payer Code Table. |
| 08/04/2023 | Update to EDI Support contact information. |

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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 |

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.

| Service Code | Description |
|--------------|---|
| 99509:HA | Personal Care Services, Private Residences Under 21 |
| 99509:HB | Personal Care Services, Private Residences Over 21 |
| 92521 | EVALUATION OF SPEECH FLUENCY |
| 92522 | EVALUATE SPEECH PRODUCTION |
| 92523 | SPEECH SOUND LANG COMPREHEN |
| 97161 | PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS |
| 97162 | PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS |
| 97163 | PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS |
| 97164 | PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS |
| 97165 | OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS |
| 97166 | OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS |
| 97167 | OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS |
| 97168 | OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS |
| G0151 | Physical Therapy |
| G0152 | SRVC OT HOM HLTH/HOSPICE EA 15 MIN |
| G0153 | SRVC SPCHANDLANG PATH HH/HOSPIC EA 15 |
| G0156 | SRVC HH/HOSPICE AIDE EA 15 MIN |
| G0157 | PT assistant |
| G0158 | SRVC OT ASSIST HH/HOSPICE EA 15 MIN |
| G0159 | PT establish or deliver safe and effective PT maintenance program |
| G0159 RC420 | PT establish or deliver safe and effective PT maintenance program |
| G0159 RC424 | SRVC PT HH EST/DEL PT MP EA 15 MINS |
| G0160 | BUNDLED BASE VALUE FOR OT |
| G0160 RC430 | SRVC OT HH EST/DEL OT MP EA 15 MIN |
| G0160 RC434 | SRVC OT HH EST/DEL OT MP EA 15 MIN |
| G0160 RC440 | SRVC OT HH EST/DEL OT MP EA 15 MIN |
| G0161 | SRVC SLP HH EST/DEL SLP TX MP 15 MN |
| G0162 | SKILLED SRVC RN MANDE POC EA 15 MINS |
| G0283 | E-STIM 1/>NOT WND CARE PART TX PLAN |
| G0299 | DIR SNS RN HH/HOSPICE SET EA 15 MIN |
| G0299 RC551 | DIR SNS RN HH/HOSPICE SET EA 15 MIN |
| G0299 RC559 | DIR SNS RN HH/HOSPICE SET EA 15 MIN |
| G0299 RC580 | DIR SNS RN HH/HOSPICE SET EA 15 MIN |
| G0299 RC581 | DIR SNS RN HH/HOSPICE SET EA 15 MIN |
| G0300 | Bundled 'DIR SNS LPN HH/HOSPICE SET EA 15 MIN |
| G0300 RC551 | DIR SNS LPN HH/HOSPICE SET EA 15 MIN |
| G0300 RC559 | DIR SNS LPN HH/HOSPICE SET EA 15 MIN |
| G0300 RC580 | DIR SNS LPN HH/HOSPICE SET EA 15 MIN |
| G0300 RC581 | DIR SNS LPN HH/HOSPICE SET EA 15 MIN |
| G0493 | RN CARE EA 15 MIN HH/HOSPICE |
| G0494 | LPN CARE EA 15MIN HH/HOSPICE |
| G0495 | Bundled 'RN CARE TRAIN/EDU IN HH/HOSPICE |
| G0495 RC551 | RN CARE TRAIN/EDU IN HH/HOSPICE |
| G0495 RC559 | RN CARE TRAIN/EDU IN HH/HOSPICE |
| G2168 | Services performed by minutes |
| G2169 | SERVICES PRFRM BY OT ASST HH SETTING EA 15 MIN |

| Service Code | Description |
|--------------|--|
| S9122 | HOM HLTH AIDE/CNA PROV CARE HOM HR |
| S9123 | Bundled 'NRS CARE HOM REGISTERED NURSE-HOUR |
| S9123 RC551 | NRS CARE HOM REGISTERED NURSE-HOUR |
| S9123 RC559 | NRS CARE HOM REGISTERED NURSE-HOUR |
| S9128 | SPEECH THERAPY IN THE HOME PER DIEM |
| S9129 | OCCUPATIONAL THERAPY HOME PER DIEM |
| S9131 | PHYSICAL THERAPY HOME PER DIEM |
| T1002 | Bundled 'RN SERVICES UP TO 15 MINUTES |
| T1002 RC551 | RN SERVICES UP TO 15 MINUTES |
| T1002 RC559 | RN SERVICES UP TO 15 MINUTES |
| T1021 | Home health aide or certified nurse assistant, per visit |

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"> Agency Tax ID Payer ID Medicaid Number Caregiver Code | <ul style="list-style-type: none"> Schedule ID Procedure Code Schedule Start Time Schedule End Time |
| Confirmed Visit | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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) <p>*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.</p> |
| Billed Visit | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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) <p>*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.</p> <p>*Visits need to be invoiced 1 invoice per member/DOS/procedure code.</p> |
| Rebilled Visit | <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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) <p>*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.</p> |

| If record needs to be imported as a... | Then, the following fields must be provided: | |
|--|---|---|
| Missed Visit | <ul style="list-style-type: none"> • Agency Tax ID • Payer ID • Medicaid Number • Caregiver Code | <ul style="list-style-type: none"> • Schedule ID • Procedure Code • Missed Visit Reason Code • Missed Visit Action Taken Code |
| Delete a Schedule | <ul style="list-style-type: none"> • Agency Tax ID • Payer ID • Medicaid Number • Caregiver Code • Caregiver First Name • Caregiver Last Name | <ul style="list-style-type: none"> • Caregiver SSN • Schedule ID • Procedure Code • Schedule Start Time • Schedule End Time • Is Deletion (Value should be “Y”) |