



# EDI Code Table Guide (NC LME)

August 2023

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## Document Revision History

Date	Description of Revision
10/28/2020	Initial version of the document.
11/30/2020	Updates to Procedure Code table.
02/04/2021	Updates to Procedure Code table.
03/12/2021	Updates to Visit Edit Code, Missed Visit Code, and Required Field by Import Type tables.
04/27/2021	Added "LME" to document title.
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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
27958	Alliance Health
28226	Cardinal NC
28229	EastPointe NC
28223	Partners NC
28232	SandHills NC
27076	Trillium Health Resources
28235	Vaya NC
<b>57533</b>	Alliance Health HHCS
<b>57536</b>	EastPointe NC HHCS
<b>57539</b>	Partners NC PROD HHCS
<b>57540</b>	SandHills NC PROD HHCS
<b>57541</b>	Trillium Health Resources HHCS
<b>57543</b>	Vaya NC 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	Payers
92521	EVALUATION OF SPEECH FLUENCY	All LMEs
92522	EVALUATE SPEECH PRODUCTION	All LMEs
92523	SPEECH SOUND LANG COMPREHEN	All LMEs
97161	PHYSICAL THERAPY EVALUATION LOW COMPLEX 20 MINS	All LMEs
97162	PHYSICAL THERAPY EVALUATION MOD COMPLEX 30 MINS	All LMEs
97163	PHYSICAL THERAPY EVALUATION HIGH COMPLEX 45 MINS	All LMEs
97164	PHYSICAL THERAPY RE-EVAL EST PLAN CARE 20 MINS	All LMEs
97165	OCCUPATIONAL THERAPY EVAL LOW COMPLEX 30 MINS	All LMEs
97166	OCCUPATIONAL THERAPY EVAL MOD COMPLEX 45 MINS	All LMEs
97167	OCCUPATIONAL THERAPY EVAL HIGH COMPLEX 60 MINS	All LMEs
97168	OCCUPATIONAL THER RE-EVAL EST PLAN CARE 30 MINS	All LMEs
G0151	Physical Therapy	All LMEs
G0152	SRVC OT HOM HLTH/HOSPICE EA 15 MIN	All LMEs
G0153	SRVC SPCHANDLANG PATH HH/HOSPICE EA 15	All LMEs
G0156	SRVC HH/HOSPICE AIDE EA 15 MIN	All LMEs
G0157	PT assistant	All LMEs
G0158	SRVC OT ASSIST HH/HOSPICE EA 15 MIN	All LMEs
G0159	PT establish or deliver safe and effective PT maintenance program	All LMEs
G0159 RC420	PT establish or deliver safe and effective PT maintenance program	All LMEs
G0159 RC424	SRVC PT HH EST/DEL PT MP EA 15 MINS	All LMEs
G0160	BUNDLED BASE VALUE FOR OT	All LMEs
G0160 RC430	SRVC OT HH EST/DEL OT MP EA 15 MIN	All LMEs
G0160 RC434	SRVC OT HH EST/DEL OT MP EA 15 MIN	All LMEs
G0160 RC440	SRVC OT HH EST/DEL OT MP EA 15 MIN	All LMEs
G0161	SRVC SLP HH EST/DEL SLP TX MP 15 MN	All LMEs
G0162	SKILLED SRVC RN MANDE POC EA 15 MINS	All LMEs
G0283	E-STIM 1/>NOT WND CARE PART TX PLAN	All LMEs
G0299	DIR SNS RN HH/HOSPICE SET EA 15 MIN	All LMEs



Service Code	Description	Payers
G0299 RC551	DIR SNS RN HH/HOSPICE SET EA 15 MIN	All LMEs
G0299 RC559	DIR SNS RN HH/HOSPICE SET EA 15 MIN	All LMEs
G0299 RC580	DIR SNS RN HH/HOSPICE SET EA 15 MIN	All LMEs
G0299 RC581	DIR SNS RN HH/HOSPICE SET EA 15 MIN	All LMEs
G0300	Bundled 'DIR SNS LPN HH/HOSPICE SET EA 15 MIN	All LMEs
G0300 RC551	DIR SNS LPN HH/HOSPICE SET EA 15 MIN	All LMEs
G0300 RC559	DIR SNS LPN HH/HOSPICE SET EA 15 MIN	All LMEs
G0300 RC580	DIR SNS LPN HH/HOSPICE SET EA 15 MIN	All LMEs
G0300 RC581	DIR SNS LPN HH/HOSPICE SET EA 15 MIN	All LMEs
G0493	RN CARE EA 15 MIN HH/HOSPICE	All LMEs
G0494	LPN CARE EA 15MIN HH/HOSPICE	All LMEs
G0495	Bundled 'RN CARE TRAIN/EDU IN HH/HOSPICE	All LMEs
G0495 RC551	RN CARE TRAIN/EDU IN HH/HOSPICE	All LMEs
G0495 RC559	RN CARE TRAIN/EDU IN HH/HOSPICE	All LMEs
G2168	Services performed by minutes	All LMEs
G2169	SERVICES PRFRM BY OT ASST HH SETTING EA 15 MIN	All LMEs
H2022:U4	Transitional Living Skills	Cardinal, EastPointe, Partners, Sandhills, and Trillium
H2022:U4:CR	Transitional Living Adolescents and Adults	Partners, Trillium
H2022:U4:GT:CR	Transitional Living Adolescents and Adults	Partners
S5125	Personal Care	Alliance and EastPointe
S9122	HOM HLTH AIDE/CNA PROV CARE HOM HR	All LMEs
S9123	Bundled 'NRS CARE HOM REGISTERED NURSE-HOUR	All LMEs
S9123 RC551	NRS CARE HOM REGISTERED NURSE-HOUR	All LMEs
S9123 RC559	NRS CARE HOM REGISTERED NURSE-HOUR	All LMEs
S9128	SPEECH THERAPY IN THE HOME PER DIEM	All LMEs
S9129	OCCUPATIONAL THERAPY HOME PER DIEM	All LMEs
S9131	PHYSICAL THERAPY HOME PER DIEM	All LMEs
T1002	Bundled 'RN SERVICES UP TO 15 MINUTES	All LMEs
T1002 RC551	RN SERVICES UP TO 15 MINUTES	All LMEs
T1002 RC559	RN SERVICES UP TO 15 MINUTES	All LMEs
T1015	In Home Intensive	EastPointe
T1019:U4	Individual Support	Cardinal, EastPointe, Partners, Sandhills, Trillium, and Vaya
T1019:U4:CR	Personal Care/Individual Support	Partners, Trillium
T1019:U4:DJ	Individual Supports	Partners

Service Code	Description	Payers
T1019:U4:EP	Individual Supports	Partners
T1019:U4:GT:CR	Individual Support	Partners
T1021	Home health aide or certified nurse assistant, per visit	All LMEs
T2013	In-Home Skill Building Individual	EastPointe and Partners
T2013:GT:CR	In-Home Skill Building Individual	Partners
T2013:HQ	In-Home Skill Building Group	Partners
T2013:HQ:GT:CR	In-Home Skill Building Group	Partners
T2013:HQ:U4	In-Home Skill Building - Group	Partners
T2013:TF	Community Living and Supports	Alliance, Cardinal, EastPointe, Partners, Sandhills, Trillium and Vaya
T2013:TF:CR	Community Living and Supports	Vaya, Trillium
T2013:TF:EQ	Community Living and Supports	Partners
T2013:TF:FL	Community Living and Supports	Partners
T2013:TF:GT:CR	Community Living and Supports	Partners and Vaya
T2013:TF:HQ	Community Living and Supports-Group	Alliance, EastPointe, Partners, Sandhills, Trillium, Cardinal and Vaya
T2013:TF:HQ:CR	Community Living and Supports	Trillium
T2013:TF:HQ:CR:XU	Community Living and Supports	Partners
T2013:TF:HQ:EO	Community Living and Supports Group	Partners
T2013:TF:HQ:FL	Community Living and Supports	Partners
T2013:TF:HQ:GT:CR	Community Living and Supports	Partners
T2013:TF:HQ:U4	Community Living and Supports Group	Alliance, EastPointe, and Trillium
T2013:TF:HQ:U4:CR	Community Living and Supports	Trillium
T2013:TF:HQ:U5	Life Skills Training Group	Alliance
T2013:TF:U4	Community Living and Supports	Alliance, Cardinal, Partners, Trillium, Vaya, EastPointe and Sandhills
T2013:TF:U4:CR	Community Living and Supports	Trillium
T2013:TF:U5	Life Skills Training Individual	Alliance
T2013:U4	In Home Skill Building	Cardinal, EastPointe, Partners, Sandhills and Trillium
T2013:U4:CR	In-Home Skill Building	Partners
T2013:U4:GT:CR	In-home Skill Building - Individual	Partners
T2013:U4:TF	Community Living and Supports	Cardinal
T2013:U4:TF:HQ	Community Living and Supports	Cardinal
T2013:UF	In Home Skill Building	Alliance
T2033:U1	Supported Living - Periodic	Cardinal, EastPointe, Partners, Sandhills, Trillium, and Vaya
T2033:U1:CR	Supported Living - Periodic	Trillium
T2033:U1:CR:XU	Supported Living Periodic	Partners
T2033:U1:FL	Supported Living Periodic	Partners
T2033:U1:U4	Supported Living - Periodic	Cardinal, Sandhills, and Trillium

## 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:	
<b>Schedule</b>	<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>
<b>Confirmed Visit</b>	<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> <li>• Schedule Start Time</li> <li>• Schedule End Time</li> </ul>	<ul style="list-style-type: none"> <li>• Visit Start Time</li> <li>• Visit End Time</li> <li>• Clock-In Service Location Address</li> <li>• Clock-Out Service Location Address</li> <li>• Clock-In Service Location Type</li> <li>• Clock-Out Service Location Type</li> <li>• Diagnosis Code</li> <li>• User Field 1 (Clock-In Call Type)</li> <li>• User Field 2 (Clock-Out Call Type)</li> </ul> <p>*The <b>EVV</b> 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>
<b>Billed Visit</b>	<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> <li>• Schedule Start Time</li> <li>• Schedule End Time</li> <li>• Visit Start Time</li> </ul>	<ul style="list-style-type: none"> <li>• Visit End Time</li> <li>• Clock-In Service Location Address</li> <li>• Clock-Out Service Location Address</li> <li>• Clock-In Service Location Type</li> <li>• Clock-Out Service Location Type</li> <li>• Diagnosis Code</li> <li>• Invoice Number</li> <li>• User Field 1 (Clock-In Call Type)</li> <li>• User Field 2 (Clock-Out Call Type)</li> </ul> <p>*The <b>EVV</b> 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>
<b>Rebilled Visit</b>	<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> <li>• Schedule Start Time</li> <li>• Schedule End Time</li> </ul>	<ul style="list-style-type: none"> <li>• Visit End Time</li> <li>• Clock-In Service Location Address</li> <li>• Clock-Out Service Location Address</li> <li>• Clock-In Service Location Type</li> <li>• Clock-Out Service Location Type</li> <li>• Diagnosis Code</li> <li>• Invoice Number</li> <li>• Submission Type</li> <li>• TRN Number</li> <li>• User Field 1 (Clock-In Call Type)</li> <li>• User Field 2 (Clock-Out Call Type)</li> </ul>

If record needs to be imported as a...	Then, the following fields must be provided:	
	<ul style="list-style-type: none"> <li>• Visit Start Time</li> </ul>	<p>*The <b>EVV</b> 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><b>Missed Visit</b></p>	<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>• Missed Visit Reason Code</li> <li>• Missed Visit Action Taken Code</li> </ul>
<p><b>Delete a Schedule</b></p>	<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> </ul>	<ul style="list-style-type: none"> <li>• Caregiver SSN</li> <li>• Schedule ID</li> <li>• Procedure Code</li> <li>• Schedule Start Time</li> <li>• Schedule End Time</li> <li>• Is Deletion (Value should be "Y")</li> </ul>