



New Jersey Medicaid

Electronic Visit Verification (EVV) Data Aggregator Specification



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Document Revision History

Date	Comments
01/26/2024	<ul style="list-style-type: none"> Added version history Updates to secondary billing fields
07/28/2023	<ul style="list-style-type: none"> Update to EDI Support contact information.
06/13/2023	<ul style="list-style-type: none"> Update to Authentication Endpoint section.
05/18/2023	<ul style="list-style-type: none"> Update to Appendix B, Visit Edit Code Table. Added reason code 223.
03/20/2023	<ul style="list-style-type: none"> Update to Procedure Code Table; added codes G0300, G0153, and G0155.
12/22/2022	<ul style="list-style-type: none"> Update to Procedure Code Table: <ul style="list-style-type: none"> H0004:HI H0004:HI:22 S8990:HI S8990:HI:UN 97535:HI 97535:HI:UN 92507:HI 92507:HI:UN
12/05/2022	<ul style="list-style-type: none"> Update to TPL billing fields.
11/28/2022	<ul style="list-style-type: none"> Update to Procedure Code Table, removed service code S9122:SE5:2
11/18/2022	<ul style="list-style-type: none"> Update to Procedure Code Table, added service code T1000:UA for Horizon
10/05/2022	<ul style="list-style-type: none"> Update to Appendix B – Procedure Code Table
09/12/2022	<ul style="list-style-type: none"> Member qualifier 'AdmissionId' added.
07/29/2022	<ul style="list-style-type: none"> Update to performed tasks field.
06/17/2022	<ul style="list-style-type: none"> Update to Professional License Number field.
06/06/2022	<ul style="list-style-type: none"> Updated Paid Date field.
04/26/2022	<ul style="list-style-type: none"> Added Home Health service codes
03/22/2022	<ul style="list-style-type: none"> Removed Aetna from S5130 and S5130:HQ service codes
03/18/2022	<ul style="list-style-type: none"> Updated S9125:HA:52 unit of service to 15 minutes
11/23/2021	<ul style="list-style-type: none"> Addition of T1019:TN service code for all MCOs & FFS
08/16/2021	<ul style="list-style-type: none"> Addition of CSOC payer initial
03/02/2021	<ul style="list-style-type: none"> Call type addition: FOB
01/05/2021	<ul style="list-style-type: none"> Added ability for caller to optionally source the EVVMSID.
12/22/2020	<ul style="list-style-type: none"> External visit ID length set to 30
12/16/2020	<ul style="list-style-type: none"> Performed duties optional
12/08/2020	<ul style="list-style-type: none"> Update on caregiver 'type' to include 'Both', 'Skilled', and 'Non-Skilled'
12/07/2020	<ul style="list-style-type: none"> Length of caregiver external ID value, external visit ID, Medicaid ID & updates of validation messages
12/01/2020	<ul style="list-style-type: none"> Additional validations added on caregiver & member qualifiers



11/13/2020	<ul style="list-style-type: none">Updated Wellcare only procedure codes; EVV not mandated starting 1/1/2021
11/05/2020	<ul style="list-style-type: none">Caregiver SSN validation added
10/26/2020	<ul style="list-style-type: none">Updated Caregiver SSN to require default 999999999Updated hire date to require default 1900-01-02
10/16/2020	<ul style="list-style-type: none">Updated Caregiver Type possible valueProject codes (service codes, missed visit, etc.)Overlapping shift QA
10/14/2020	<ul style="list-style-type: none">Initial Draft



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Introduction

This specification provides guidance and instructions in preparing data for import to HHAXchange (HHAX). Herein are the various API endpoint definitions indicating required fields and proper format for a successful import.

This guide is updated on an ongoing basis as system capacities are implemented and additional functionality becomes available. The guide is intended for project management and technical teams at designated providers and/or EVV vendors who are implementing this interface.

General inquiries related to the New Jersey (NJ) EVV aggregation project can be submitted via a ticket to [3rd Party Integration Support Desk](#) with the subject line 'NJ EVV General Inquiry'. Cases are escalated to the Integration Support queue where an available team member will contact you directly to assist.

Transmission Method and Environment Access

HHAX provides an API for third party providers and EVV vendors to use. Providers and EVV vendors must reach out to [3rd Party Integration Support Desk](#) with the subject line 'NJ API Onboarding Request' to commence the onboarding process.

Transmission Frequency and Limits

For optimal system performance, HHAX recommends that visit data is sent in near real time. The expectation is that data is sent by the provider or EVV vendor to HHAX as it is added, changed, and/or deleted in the third party EVV system. Data that is unchanged should not be resent to HHAX. HHAX provides transaction statuses on a separate API call that is initiated by the third party EVV system. HHAX allows maximum five (5) calls per second per consumer.

Record Processing Workflow and Endpoints

There are two types of messages provided to HHAX by the third-party provider or EVV vendor: (1) caregiver demographic data and (2) visit information. Note that caregiver data is to be sent to HHAX first as a record is required in HHAX for visit data to load successfully. The provider and/or EVV vendor provides data to HHAX in JSON format only.

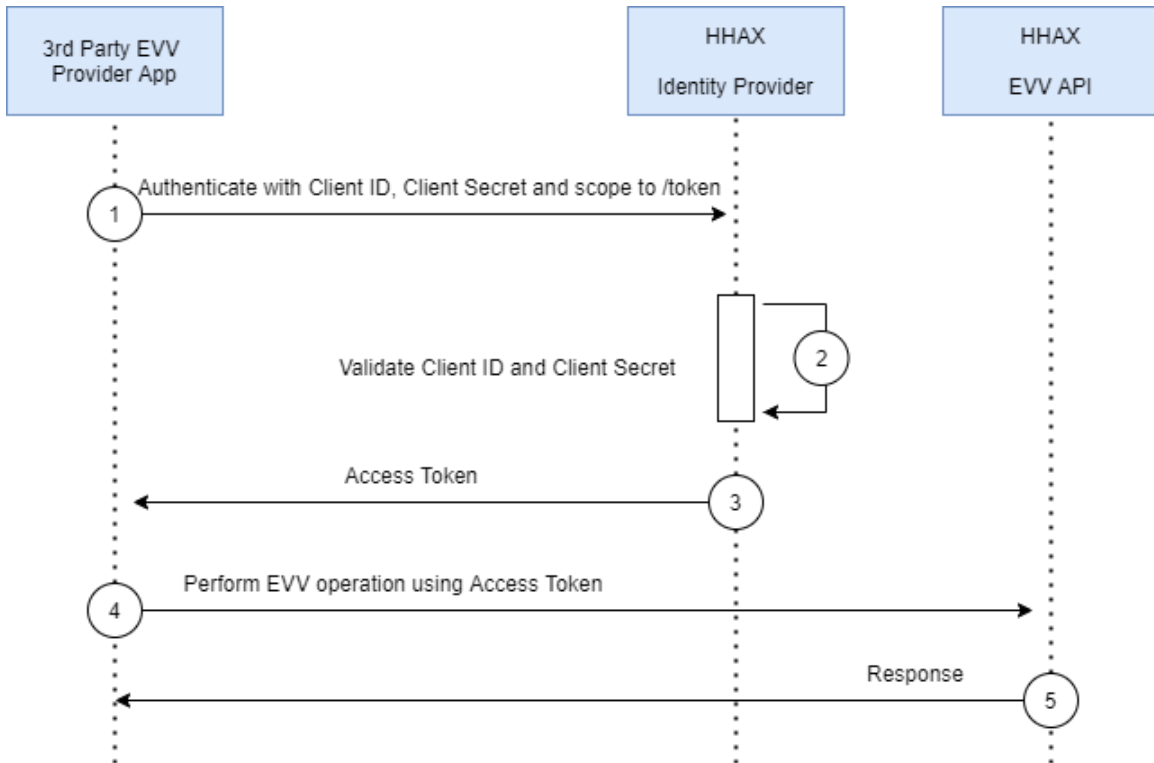
Security

The EVV APIs are exposed as a RESTful secure HTTP (HTTPS) web service for the third party EVV system. The API leverages the following HTTP Methods: POST, PUT, DELETE, and GET. The security approach for EVV interfaces incorporate "Encryption" and "Authentication and Authorization".



The EVV APIs:

- Use HTTPS with Security Socket Layer (SSL) encryption and Transport Layer Security (TLS) version 1.2. All communications with EVV APIs should be on TLS 1.2.
- Leverage OAuth2 (client id, client secret and scope) for authentication and authorization to enforce identity verification and authorization.
- Accept the data of those providers which are mapped with client ID.



Authentication Endpoint

Use Case	HTTP Verb	URI	Request Parameter			Response
			Type	Param	Value	
Generate Access Token before calling Caregiver / EVV API	POST	/identity/connect/token	BODY	client_id	Provided by HHAX	access_token
			BODY	client_secret	Provided by HHAX	
			BODY	scope	Provided by HHAX	

1. The third party EVV system sends a request to the HHAExchange Identity Server for an Access Token (OAuth 2.0) using the “client id”, “client secret” and “scope”.
2. The HHAExchange Identity Server validates the request.
3. The HHAExchange Identity Server then generates an Access Token if the request passes validation.



4. The third party EVV system then initiates the EVV API call using the Access Token (set as bearer token in HTTP Header).
5. The HHAExchange EVV API validates the Access Token and sends a response back.
6. The Access Token expires in 30 minutes. If the token expires, then the API returns 401 (Unauthorized) response. The third party EVV system must then generate a new access token.
7. The third party EVV system must reuse the generated token until its expiration. The integration does not require a new token for each request.

API Version History

Date	Version	Notes
01/25/2024	V2	Introduction of secondary billing fields.
10/14/2020	V1	Initial API version.



Caregiver Information

When the third party EVV system sends a Caregiver record, the Caregiver API processes it (creates new record or updates existing record) and returns a status along with the transaction ID for reference. The Caregiver API might overwrite an existing record if found in the system. All data sent to HHAX is loaded as-is; there is no data manipulation when processing. One caregiver should be sent at a time.



API consumers must follow the rules below:

- Adhere to REST design principles while interacting with the API.
- Protocol: secure HTTP (HTTPS)
- Communication Method: Use the appropriate URI patterns along with HTTP verb (POST)
- Message Format (Request/Response): application/json
- Produce JSON payloads that meet the API specification (Refer to Appendix D).
- The API leverages the HTTP response status codes to inform the consumer (Refer to Appendix C).

Caregiver Endpoint

Use Case	HTTP Verb	URI	Request Parameter			Response
			Type	Param	Value	
Caregiver Request: This can be used to create a new or update an existing caregiver record.	POST	/api/v{version}/caregivers	HEAD	Authorization	Bearer {value of token}	HTTP status code and Transaction ID
			BODY	Caregiver	Caregiver record	

Note: Refer to Appendix D for sample messages



Caregiver Data Structure

Caregiver Demographics Interface					
Index	Element	Description	Max Length	Type	Required
1	providerTaxID	Provider Tax ID - Unique Identifier for the Provider. Format: 999999999	9	String	Required
2	qualifier	Identifier being sent as the unique identifier for the Caregiver. Possible Values: ExternalID	50	String	Required
3	externalID	Unique Caregiver identifier in the external system.	20	String	Required
4	ssn	Provider and EVV vendors should only send a default value of '999999999' for the social security number field Format: 999999999	9	String	Required
5	dateOfBirth	Caregiver's Date of Birth. Format: YYYY-MM-DD Cannot be greater than the current date.	10	Date	Required
6	lastName	Caregiver's Last Name.	30	String	Required
7	firstName	Caregiver's First Name.	30	String	Required
8	gender	Caregiver's Gender. This is an HHAX application requirement. If you do not wish to send this, please default to 'Other'. Possible Values: Male, Female, Other	20	String	Required
9	email	Caregiver's Email Address. If the value is empty, then the existing value of caregiver's email address in HHAExchange is removed	100	String	Optional
10	phoneNumber	Caregiver's Phone Number. Format: 9999999999 If the value is empty, then the existing value of caregiver's phone number in HHAExchange is removed	10	String	Optional
11	type	Caregiver's Type. Possible Values: Skilled, Non-Skilled or Both Select 'Both' to reduce conflict rejections in the Visits endpoint when the Procedure Code attribute or skill type is unknown.	15	String	Required



12	stateRegistrationID	Unique ID provided by State of NJ Caregiver Registration System. If the value is empty, then the existing value of caregiver's state registration ID in HHAExchange is removed	20	String	Optional
13	professionalLicenseNumber	Unique ID provided to Caregiver once credentialed by state. If license number is not available, send default value '999999999999'. If the value is empty, then the existing value of Professional License Number in HHAExchange is removed	50	String	Required
14	hireDate	Date on which caregiver hired by Provider. This is an HHAX application requirement. Providers and EVV vendors should default to sending 1900-01-02 Format: YYYY-MM-DD	10	Date	Required
15	Address				
	addressLine1	Individual's street address.	100	String	Optional
	addressLine2	Individual's additional street address information if applicable.	50	String	Optional
	city	City	50	String	Optional
	state	State abbreviation (2 letter state code) e.g. NJ	2	String	Required
	zipcode	Zip Code (5 or 9-digit format i.e., 12345). Format: 99999 OR 999999999	9	String	Required

Notes: Optional fields are not required

Caregiver Record Validation Rules

- If data is received and any required elements are missing, distorted, or incomplete, then the record is rejected.
- Records are processed in the order they are received.
- For any field listed as data type 'string', if the field is longer than the maximum allowed in the specification, then HHAX truncates to the maximum length for that specific field.
- The API allows an update of a Caregiver record if the Authentication Endpoint ClientID used when creating the record matches.
- The Provider should be linked with the Authentication Endpoint ClientID to create or update Caregiver records via the API.
- Refer to Appendix E for detailed error messages.



Electronic Visit Verification (EVV) Information

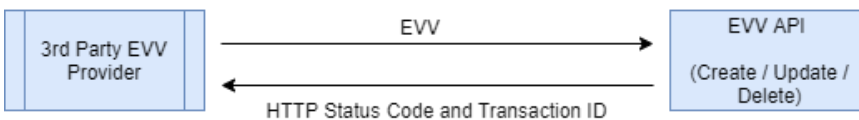
When the third party EVV system sends EVV records, the EVV API returns a transaction ID. This transaction ID can be queried by the caller to get status of the EVV records. Upon successful submission of an EVV record, an EVVMSID is returned along with status. The EVVMSID can be used to update or delete that EVV record in the future. All data sent to HHAX is loaded as-is; there is no data manipulation when processing.

- Third party EVV systems can submit multiple EVV records (new or update) per request. Currently a maximum of 100 EVV records are allowed per request.
- Third party EVV systems can submit EVV records from multiple providers.calltype
- If the EVV data does not pass validations, the records are rejected with the appropriate error code and message. The EVV Provider can react by resubmitting corrected EVV records.

An option exists for the 3rd party EVV submitter to provide the EVVMSID. The external EVVMSID must be unique across agencies if the 3rd party is sending on behalf of multiple agencies using same Client ID.

- This value must be prefixed with a tilde ("~") sign to differentiate it from the HHAX derived EVVMSID.
- The EVV submitter will be responsible to pass a Unique Visit Identifier as the EVVMSID for each new visit created in the system.
- When selecting this option use the same EVVMSID **with the prefixed tilde** when calling the PUT and DELETE endpoints.
- Using this option, the HHAX EVVMSID will still be returned in the transactions endpoint and can be used interchangeably.

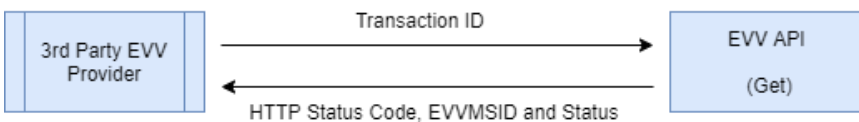
Stage 1



Step 1.1: The client app calls to the EVV endpoint.

Step 1.2: The endpoint responds with a 202, and callback url.

Stage 2



Step 2.1: The client app calls to the callback url.

Step 2.2: The callback endpoint responds with the information of the transaction done after Step 1 call.

API consumers must adhere to the following rules:

- Adhere to REST design principles while interacting with the API.
- Protocol: secure HTTP (HTTPS)
- Communication Method: Use the appropriate URI patterns along with HTTP verb (POST, PUT, DELETE, and GET)



- Message Format (Request/Response): application/json
- Produce JSON payloads that meet the API specification (Refer to Appendix D).
- API leverages the HTTP response status codes to inform the consumer (Refer to Appendix C).

Electronic Visit Verification (EVV) Endpoints

Use Case	HTTP Verb	URI	Request Parameter			Response
			Type	Param	Value	
Batch EVV Request: This can be used for submitting one or many visit records (New or Update EVV record).	POST	/api/v{version}/visits	HEAD	Authorization	Bearer {value of token}	HTTP status code and Transaction ID
			BODY	Visits	Array of visit records	
Update EVV Request: This can be used to update specific visit record.	PUT	/api/v{version}/visits/{evvmsid}	HEAD	Authorization	Bearer {value of token}	HTTP status code and Transaction ID
			BODY	Visit	visit record	
Delete EVV Request: This can be used to delete specific visit record.	DELETE	/api/v{version}/visits/{evvmsid}	HEAD	Authorization	Bearer {value of token}	HTTP status code and Transaction ID
Check Transaction Status: This can be used to get status of transaction which was submitted earlier.	GET	/api/v{version}/visits/transactions/{transactionId}	HEAD	Authorization	Bearer {value of token}	HTTP status code, EVVMSID and Status

Note: Refer to Appendix D for sample messages

EVV Request Data Structure

POST and PUT Operation

EVV Interface					
Index	Element	Description	Max Length	Type	Required?
1	providerTaxID	Provider Tax ID - Unique Identifier for the Provider. Format: 999999999	9	String	Required
Office					
2	Qualifier	Value being sent to uniquely identify the member. Possible Values: FederalTaxID, NPI If agency has multiple locations, HHAX expects to receive office-level tax ID or NPI. If agency operates a single office location, same tax ID can be submitted as 'providerTaxID' above.	50	String	Required
	Identifier	Office identifier identified by Office Qualifier.	64	String	Required
Member					
3	Qualifier	Value being sent to uniquely identify the member. Possible Values: MedicaidID	50	String	Required



	Identifier	Member identifier identified by Member Qualifier. *Length of this field will be based on the qualifier (For MedicaidID, it will be 50 characters)	*64	String	Required
	admissionId	Secondary Member identifier. If patient has multiple profiles in HHAX, send both Member qualifier and Admission ID.	80	String	Optional
Caregiver					
4	qualifier	Value being sent to unique identify the Caregiver. Possible Values: ExternalID	50	String	Required
	identifier	Caregiver identifier identified by Caregiver Qualifier. *Length of this field will be based on the qualifier (For ExternalID, it will be 20 characters)	*64	String	Required
5	payerID	HHAX assigned ID for the payer. Payer ID is determined during the implementation process. Refer to Appendix B for code information.	50	String	Required
6	externalVisitID	Unique Visit identifier in the external system.	30	String	Required
7	evvmsId	Unique Visit identifier in the HHAX aggregator system. HHAX EVVMSID: <ul style="list-style-type: none"> Required for updates to the EVV record. External EVVMSID: <ul style="list-style-type: none"> Required for creation and updates to the EVV record. If externally sourced, must start with a "~" and contain alphanumeric, the "_" or "-" characters. 	64	String	Situational
8	procedureCode	This is the billable procedure code which would be mapped to the associated service. Refer to Appendix B for code information.	50	String	Required
9	procedureModifierCode	Two characters Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage. Refer to Appendix B for code information.	2	Array of String	Optional
10	timezone	Time zone visit data is captured in. Required timezone: US/Eastern All time sent to HHAX from third party provider will be in UTC. Time zone values are based on the Internet Assigned Numbers Authority (IANA) Time Zone Database, which contains data that represents the history of local time for locations around the globe. It is updated periodically to reflect	20	String	Required



		changes made by political bodies to time zone boundaries, UTC offsets, and daylight-saving rules.			
11	scheduleStartTime	Schedule Start Time in UTC Time. Format: YYYY-MM-DDThh:mm If the schedule already exists in HHAExchange, the Schedule Start Time is overwritten.		DateTime	Required
12	scheduleEndTime	Schedule End Time in UTC Time. Format: YYYY-MM-DDThh:mm If the schedule already exists in HHAExchange, the Schedule Start Time is overwritten		DateTime	Required
13	visitStartDateTime	When Required: When "Visit End Date Time" OR "EVV Clock In Time" is provided. Visit Start Time in UTC Time. Format: YYYY-MM-DDThh:mm If a value is provided in this field, then the schedule is confirmed with the start time provided. Cannot be greater than current date. If the value is empty, then the existing value of Visit Start Time in HHAExchange is removed		DateTime	Situational
14	visitEndDateTime	When Required: When "EVV Clock Out Time" is provided. Visit End Time in UTC Time. Format: YYYY-MM-DDThh:mm If a value is provided in this field, then the Schedule is confirmed with the End Time provided. Must be greater than Visit Start Date Time. Cannot be greater than current date. If the value is empty, then the existing value of Visit End Time in HHAExchange is removed.		DateTime	Situational
15	timesheetRequired	Timesheet Required. Possible Values: True or False An empty value is considered as "False". If the value is empty, then the existing value of Timesheet Required in HHAExchange is removed.		Boolean	Optional
16	timesheetApproved	Timesheet Approved. Possible Values: True or False An empty value is considered as "False". If the value is empty, then the existing value of Timesheet Approved in HHAExchange is removed. If timesheetRequired is set as "False", then this field's value is ignored.		Boolean	Optional
Evv					
clockIn: When Required: if EVV Clock In Time is confirmed via EVV					
1	callDateTime	When Required: if EVV Clock In Time is confirmed via EVV		DateTime	Situational



		<p>EVV Clock In Time in UTC Time. Format: YYYY-MM-DDThh:mm</p> <p>If a value is provided in this field, then the Visit Start Time is marked as confirmed via EVV; otherwise, it is considered manually confirmed if visitStartDateTime is provided.</p>			
2	callType	<p>When Required: if EVV Clock in Time is confirmed via EVV</p> <p>The type of device used to create the event. Values: Telephony, Mobile and FOB. Any call with GPS data collected should be identified as Mobile.</p> <p>If callDateTime is not provided, then API will ignore value in this field.</p>	20	String	Situational
3	callLatitude	<p>When Required: - If EVV Clock in Time is confirmed by GPS (i.e. CallType = Mobile)</p> <p>GPS Latitude recorded during event. Latitude has a range of -90 to 90 with a 6-digit precision.</p> <p>If callDateTime is not provided, then API will ignore value in this field.</p>		Decimal (8,6)	Situational
4	callLongitude	<p>When Required: - If EVV Clock In Time is confirmed by GPS (i.e. CallType = Mobile)</p> <p>GPS Longitude recorded during event. Longitude has a range of -180 to 180 with a 6-digit precision.</p> <p>If callDateTime is not provided, then API will ignore value in this field.</p>		Decimal (9,6)	Situational
5	originatingPhoneNumber	<p>When Required: - If EVV Clock in Time is confirmed by Telephony (i.e. CallType = Telephony)</p> <p>Originating Phone Number (Caller ID) for telephony. Format: 9999999999</p> <p>If a value is provided in this field, then it is considered as a Telephony confirmation and this phone number is imported into HHAExchange.</p> <p>If callDateTime is not provided, then API will ignore value in this field.</p>	10	String	Situational
6	serviceAddress				
	addressLine1	<p>Individual's street address.</p> <p>If callDateTime is not provided, then API will ignore value in this field.</p>	100	String	Situational
	addressLine2	<p>Individual's additional street address information if applicable.</p> <p>If callDateTime is not provided, then API will ignore value in this field.</p>	50	String	Optional
	City	<p>City</p> <p>If callDateTime is not provided, then API will ignore value in this field.</p>	50	String	Situational
	State	<p>State abbreviation (2 letter state code).</p> <p>If callDateTime is not provided, then API will ignore value in this field.</p>	2	String	Situational
	zipcode	<p>Zip Code (5 or 9-digit format i.e., 12345). Format: 99999 OR 999999999</p>	9	String	Situational



		If callDateTime is not provided, then API will ignore value in this field.			
clockOut: When Required: if EVV Clock Out Time is confirmed via EVV					
1	callDateTime	When Required: if EVV Clock Out Time is confirmed via EVV EVV Clock Out Time in UTC Time. Format: YYYY-MM-DDThh:mm If a value is provided in this field, then the Visit End Time is marked as confirmed via EVV; otherwise, it is considered manually confirmed if visitEndDateTime is provided.		DateTime	Situational
2	callType	When Required: if EVV Clock Out Time is confirmed via EVV The type of device used to create the event. Values: Telephony, Mobile and FOB. Any call with GPS data collected should be identified as Mobile. If callDateTime is not provided, then API will ignore value in this field.	20	String	Situational
3	callLatitude	When Required: - If EVV Clock in Time is confirmed by GPS (i.e. CallType = Mobile) GPS Latitude recorded during event. Latitude has a range of -90 to 90 with a 6-digit precision. If callDateTime is not provided, then API will ignore value in this field.		Decimal (8,6)	Situational
4	callLongitude	When Required: - If EVV Clock Out Time is confirmed by GPS (i.e., CallType = Mobile) GPS Longitude recorded during event. Longitude has a range of -180 to 180 with a 6-digit precision. If callDateTime is not provided, then API will ignore value in this field.		Decimal (9,6)	Situational
5	originatingPhoneNumber	When Required: - If EVV Clock Out Time is confirmed by Telephony (i.e., CallType = Telephony) Originating Phone Number (Caller ID) for telephony. Format: 9999999999 If callDateTime is not provided, then API will ignore value in this field.	10	String	Situational
6	performedTasks	List of performed task codes. Refer to Appendix B for code information.		Array of String	Optional
7	refusedTasks	List of refused task codes. Refer to Appendix B for code information. If callDateTime is not provided, then API will ignore value in this field.		Array of String	Optional
8	serviceAddress				
	addressLine1	Individual's street address. If callDateTime is not provided, then API will ignore value in this field.	100	String	Situational
	addressLine2	Individual's additional street address information if applicable. If callDateTime is not provided, then API will ignore value in this field.	50	String	Optional
	city	City	50	String	Situational



		If callDateTime is not provided, then API will ignore value in this field.			
	State	State abbreviation (2 letter state code). If callDateTime is not provided, then API will ignore value in this field.	2	String	Situational
	Zipcode	Zip Code (5 or 9-digit format i.e., 12345). Format: 99999 OR 999999999 If callDateTime is not provided, then API will ignore value in this field.	9	String	Situational
missedVisit: When Required: When Visit is marked as Missed					
1	Missed	When Required: When Visit is marked as Missed Possible Values: True or False An empty value is considered as False. If the value is True, then the Visit is marked as a 'Missed' Visit. If False, then the Missed Visit is removed from HHAX if Visit was previously marked as missed and schedule reappears (if the Visit is not yet billed in HHAX). If the Visit is already billed in HHAX, then this flag is ignored.		Boolean	Situational
2	reasonCode	When Required: When Missed Visit = True Missed Visit Reason Code If the value is empty, then the existing value of Reason in HHAExchange is not removed. Refer to Appendix B for code information. If missed flag is not true, then API will ignore value in this field	4	String	Situational
3	actionCode	When Required: When Missed Visit = True Missed Visit Action Code. If the value is empty, then the existing value of Action Taken in HHAExchange is not removed. Refer to Appendix B for code information. If missed flag is not true, then API will ignore value in this field	4	String	Situational
4	Notes	Free Text Notes - Data in this field is imported as Visit Notes. Reason/Description of the change being made if entered. If the value is empty, then the existing value of Notes in HHAExchange is not removed. If missed flag is not true, then API will ignore value in this field	256	String	Optional
editVisit					
1	Edited	When Required: When Visit is updated after confirmation Possible Values: True or False If the value is True, then the Visit is considered as manually updated. An empty value is considered as False.		Boolean	Situational
2	reasonCode	When Required: When Edit Visit = True Edit Visit Reason Code. If the value is empty, then the existing value of Reason in HHAExchange is not removed. Refer to Appendix B for code information. If edited flag is not true, then API will ignore value in this field.	4	String	Situational



3	actionCode	<p>When Required: When Edit Visit = True Edit Visit Action Code.</p> <p>If the value is empty, then the existing value of Action Taken in HHAExchange is not removed. Refer to Appendix B for code information.</p> <p>If edited flag is not true, then API will ignore value in this field.</p>	4	String	Situational
4	Notes	<p>Free Text Notes - Data in this field is imported as Visit Notes.</p> <p>Reason/Description of the change being made if entered.</p> <p>If the value is empty, then the existing value of Notes in HHAExchange is not removed.</p> <p>If edited flag is not true, then API will ignore value in this field.</p>	256	String	Optional
Billing					
1	externalInvoiceNumber	<p>When Required: Visit is Billed in the Provider's third party EVV System</p> <p>If a value is provided in this field, it is considered a Billed Visit in the Provider's third party EVV System. This invoice number is imported into HHAExchange, and the Visit is billed in HHAExchange via the overnight process.</p> <p>If the value is empty, then the existing value of Invoice Number in HHAExchange is removed</p> <p>**PLEASE NOTE: HHAX will generate an 837 for visits sent from third party EVV system to HHAX for Aetna, Fee for Service, United & WellCare to associated payer; HHAX will only perform EVV data aggregation for visits sent for Amerigroup & Horizon.</p>	18	String	Situational
2	totalBilledAmount	<p>When Required: When Visit is billed; this field should be sent along with externalInvoiceNumber.</p> <p>Total billed amount in third party system.</p>		Decimal (8,2)	Situational
3	totalUnitsBilled	<p>When Required: When visit is billed; this field should be sent along with externalInvoiceNumber.</p> <p>Total units billed in third party system</p>	5	Integer	Situational
4	contractRate	<p>When Required: When visit is billed; this field should be sent along with externalInvoiceNumber.</p> <p>Hourly contract rate.</p>		Decimal (8,2)	Situational
5	diagnosisCodes	<p>When Required: When visit is billed; this field should be sent along with externalInvoiceNumber.</p> <p>Diagnosis Code</p> <p>Up to 26 of these are allowed.</p>	50	Array of String	Situational
billSecondaryPayer: When Required: When Visit has secondary bill info. Up to 2 records are supported for secondary payer: Secondary Payer 1 and Secondary Payer 2.					
1	enableSecondaryBilling	<p>When Required: When Visit has secondary billing info.</p> <p>Possible Values: True or False</p> <p>If the value is True, then the Visit is considered to have secondary billing info.</p> <p>An empty value is considered as False.</p>		Boolean	Optional



2	otherSubscriberId	<p>When Required: When enableSecondaryBilling = true</p> <p>Other Subscriber ID</p> <p>If enableSecondaryBilling flag is not true, then API will ignore value in this field.</p>	80	String	Situational
3	primaryPayerId	<p>When Required: When enableSecondaryBilling = true</p> <p>Primary Payer ID</p> <p>If enableSecondaryBilling flag is not true, then API will ignore value in this field.</p>	80	String	Situational
4	primaryPayerName	<p>When Required: When enableSecondaryBilling = true</p> <p>Primary Payer Name</p> <p>If enableSecondaryBilling flag is not true, then API will ignore value in this field.</p>	60	String	Situational
5	relationshipToInsured	<p>Relationship to Insured</p> <p>If the value is empty, then the existing value of Reason in HHAExchange is removed.</p> <p>Refer to Appendix B for code information.</p> <p>If enableSecondaryBilling flag is not true, then API will ignore value in this field.</p>	2	String	Optional
6	primaryPayerPolicyOrGroupNumber	<p>When Required: When enableSecondaryBilling = true</p> <p>Primary payer policy or Group number</p> <p>If enableSecondaryBilling flag is not true, then API will ignore value in this field.</p>	3	String	Situational
7	primaryPayerProgramName	<p>When Required: When enableSecondaryBilling = true</p> <p>Primary Payer Program Name</p> <p>If enableSecondaryBilling flag is not true, then API will ignore value in this field.</p>	2	String	Situational
8	planType	<p>Plan Type</p> <p>Refer to Appendix B for code information.</p> <p>If enableSecondaryBilling flag is not true, then API will ignore value in this field.</p>	2	String	Optional
9	totalPaidAmount	<p>When Required: When enableSecondaryBilling = true</p> <p>Total Paid Amount</p> <p>If enableSecondaryBilling flag is not true, then API will ignore value in this field.</p>		Decimal (7,2)	Situational
10	paidDate	<p>When Required: When enableSecondaryBilling = true</p> <p>Format: YYYY-MM-DD</p> <p>If enableSecondaryBilling flag is not true, then API will ignore value in this field.</p>		Date	Situational
11	Deductible	<p>Deductible</p> <p>If enableSecondaryBilling flag is not true, then API will ignore value in this field.</p>		Decimal (7,2)	Optional
12	Coinsurance	<p>Coinsurance.</p> <p>If enableSecondaryBilling flag is not true, then API will ignore value in this field.</p>		Decimal (7,2)	Optional
13	Copay	<p>Copay</p> <p>If enableSecondaryBilling flag is not true, then API will ignore value in this field.</p>		Decimal (7,2)	Optional



14	contractedAdjustments	Contracted Adjustments If enableSecondaryBilling flag is not true, then API will ignore value in this field.		Decimal (7,2)	Optional
15	notMedicallyNecessary	Not Medically Necessary If enableSecondaryBilling flag is not true, then API will ignore value in this field.		Decimal (7,2)	Optional
16	nonCoveredCharges	Non-Covered Charges If enableSecondaryBilling flag is not true, then API will ignore value in this field.		Decimal (7,2)	Optional
17	maxBenefitExhausted	Max Benefit Exhausted If enableSecondaryBilling flag is not true, then API will ignore value in this field.		Decimal (7,2)	Optional
18	payerResponsibilitySequence	When Required: When enableSecondaryBilling = true Payer Responsibility Sequence If enableSecondaryBilling flag is not true, then API will ignore value in this field. Possible Values: 1 or 2 1 = Primary 2 = Secondary		String	Situational
19	claimFilingCode	When Required: When enableSecondaryBilling = true Claim Filing Code Refer to Appendix B for claim filing code information. If enableSecondaryBilling flag is not true, then API will ignore value in this field.		String	Situational
20	otherPayerPaidAmount	Other Payer Paid Amount If enableSecondaryBilling flag is not true, then API will ignore value in this field. Note: It's applicable only if payerResponsibilitySequence = 2		Decimal (7,2)	Optional

Note: Optional fields are not required. Situational fields are dependent on other fields and may be required as indicated. For example, if a Missed Visit is marked as True, then the Situational fields Missed Visit Reason Code and Missed Visit Action Code are required.



EVV Record Validation Rules

- **Visit dates from 1/1/2021 forward should be sent to HHAX as part of the NJ aggregation project**
- All timestamp data is to be sent in UTC (Coordinated Universal Time).
- If data is received and any required elements are missing, distorted, or incomplete, then the record is rejected.
- Records are processed in the order they are received.
- EVVMSID:
 - This element is unique and is assigned to each visit record sent to HHAX by the third party EVV system once the record enters HHAX's aggregator.
 - This element is shared with the third party EVV system with the expectation that this is loaded and stored in the third party EVV system.
 - This element should be sent by the third party EVV system to HHAX each time an update occurs on an existing record that is being resent to HHAX.
- External EVVMSID (alternative):
 - The external EVVMSID must be a combination of alphanumeric characters and can include dashes ("-") or underscores ("_"). The maximum length of the external EVVMSID is 64 characters (excluding the tilde).
- For any field listed as data type 'string', if the field is longer than the maximum allowed in the specification, then HHAX truncates to the maximum length for that specific field.
- The API allows an update of the EVV record if the following fields match within the HHAX system:
 - ClientID
 - EVVMSID or External EVVMSID
 - Provider Federal Tax ID
 - Payer ID
- The API allows deletion of an EVV record if the following fields match within the HHAX system:
 - ClientID
 - EVVMSID or External EVVMSID
- If EVV Clock In is provided, then the EVV Clock Out is not mandatory. If the EVV Clock Out is provided, then the EVV Clock In is mandatory.
- If visit start and end times are provided without EVV Clock In and Clock Out, then the visit is considered manually confirmed.
- Once the visit is confirmed manually, then EVV Clock In/Out is not allowed in subsequent requests.
- Once the EVV Clock In/Out is completed, then a change to an EVV Clock In/Out is not allowed in subsequent requests.
- If the Provider sends visit data with missed visit information and Clock In/Out information, then the API rejects this request.
- If the visit has already been marked as a missed visit and a provider sends an updated record with Clock In/Out information as well as the missed visit marked as 'false', then



the API removes the original missed visit flag and capture the new Clock In/Out and missed visit 'false' information.

- Provider should be linked with Authentication Endpoint Client ID to create or update EVV records via API.
- Refer to Appendix F for detailed error messages.

Appendix A- Acronyms

Acronym	Literal Translation
API	Application Programming Interface
EVV	Electronic Visit Verification
JSON	JavaScript Object Notation
REST	Representational State Transfer
SSL/TSL	Secure Sockets Layer/Transport Layer Security
URL/URI	Uniform Resource Locator/Uniform Resource Identifier



Appendix B - Code Information

MCO/Payer Initials	
MCO/Payer	Initials
Aetna	ANNJ
Amerigroup	AGNJ
Fee for Service	FFNJ
Horizon	HRNJ
United	UNNJ
Wellcare	WCNJ
CSOC	NJCS

Missed Visit Edit Reason Codes		
Code	Description	Payer
600	Agency unable to provide replacement coverage (no show, no replacement)	All MCOs
601	Attendant failed to report to Member's home	All MCOs
602	Member requested to change/cancel scheduled visit; or the scheduled visit has been cancelled due to the Member's services being suspended	All MCOs
603	Member Refused Service	All MCOs
604	Member Refused Service - original aide on vacation	All MCOs
605	COVID-19: All other cases where the agency could not staff due to COVID-19	All MCOs
606	COVID-19: Member refused, receiving service through informal supports	All MCOs
607	COVID-19: Member refused, self-isolating, not receiving service	All MCOs
608	Hospitalization unplanned	All MCOs
609	Other	All MCOs

Missed Visit Edit Action Taken		
Code	Description	Payer
51	Confirmed with the Member or the Member's family member/representative and documented (this service cannot be billed)	All MCOs
52	New attendant assigned to Member (this service cannot be billed)	All MCOs
53	Other (this service cannot be billed)	All MCOs
54	Service(s) cancelled or suspended until further notice (this service cannot be billed)	All MCOs
55	Unverified visit: this service cannot be billed	All MCOs
56	Visit rescheduled (this service cannot be billed)	All MCOs



Visit Edit Reason Codes

Code	Description	Payer
200	Phone number did not link to the Member	All MCOs
201	Member won't let attendant use phone	All MCOs
202	Member doesn't have a phone in home	All MCOs
203	Phone in use by Member or individual in Member's home	All MCOs
204	Member received services outside of the home	All MCOs
205	Member's phone line not working (technical issue or natural disaster)	All MCOs
206	Member requested to change/cancel scheduled visit; or the scheduled visit has been cancelled due to the Member's services being suspended	All MCOs
207	Address did not link to the Member (GPS)	All MCOs
208	Attendant failed to call in	All MCOs
209	Attendant failed to call out	All MCOs
210	Attendant failed to call in and out	All MCOs
211	Attendant called in to or out of the EVV system early or late	All MCOs
212	Attendant's identification number (s) does not match the scheduled shift or task discrepancy/task does not match plan of care	All MCOs
213	Attendant entered invalid fixed location device code(s)	All MCOs
214	Attendant failed to report to Member's home	All MCOs
215	Fixed location device on order or pending placement in the home	All MCOs
216	Fixed location device malfunctioned	All MCOs
217	Attendant unable to use mobile device	All MCOs
218	Attendant unable to connect to internet or EVV system down	All MCOs
219	Data Entry Error	All MCOs
220	Agency unable to provide replacement coverage (no show, no replacement)	All MCOs
221	Timesheet Received	All MCOs
222	Other	All MCOs
223	EPSDT PDN During the School Day	Aetna, Amerigroup, FFS, Horizon, United, and Wellcare

Visit Edit Action Taken

Code	Description	Payer
11	Confirmed visit with outside entity and documented	All MCOs
12	Confirmed with the Member or the Member's family member/representative and documented (this service cannot be billed)	All MCOs
13	New attendant assigned to Member	All MCOs
14	Visit rescheduled	All MCOs
15	Service(s) cancelled or suspended until further notice	All MCOs
16	Updated Member's address and documented	All MCOs
17	Updated Member's phone number and documented	All MCOs



18	Changed verification collection method and documented	All MCOs
19	Timesheet received and signed by supervisor	All MCOs
20	Mutual Case/ or Cluster Case/ or Live-in Case	All MCOs
21	Change in schedule	All MCOs
22	Unverified visit; this service cannot be billed	All MCOs
23	Supervisor approved change	All MCOs
24	Timesheet Verified	All MCOs
25	Other	All MCOs

Procedure Code	Description	Unit of Service	Payer
CSC30	Bundle Code	1 Hour	CSOC
CSC31	Bundle Code	1 Hour	CSOC
CSC32	Bundle Code	1 Hour	CSOC
CSC34	Bundle Code	1 Hour	CSOC
H0031:HA	Functional Behavior Assessment (BCaBA)	1 Hour	CSOC
H0004:HI	Behavioral Health Council	15 Minutes	FFS
H2015:HA:HN	Behavioral Technician, HS Diploma/GED with 3 years of relevant experience	1 Hour	CSOC
H2015:HA:HO	Individual Supports-Behavioral Technician, HS Diploma/GED with 3 years of relevant experience (Habilitative-In Home)	1 Hour	CSOC
H2015:HM	Individual Supports - Individual Support Technician 1 BA/BS with 1-year relevant experience	1 Hour	CSOC
H2016:HA:HN	Behavioral Technician: Behavioral, BA/BS with 1-year relevant experience)	1 Hour	CSOC
H2016:HA:HO	Individual Supports-Behavioral Technician: Behavioral, BA/BS with 1 year relevant experience)-(Habilitative-In Home)	1 Hour	CSOC
T2021:HA:HN	II-Habilitation Bachelors Level/Master's Level-BCaBA	1 Hour	CSOC
T2021:HA:HO	II-Habilitation Masters Level BCBA	1 Hour	CSOC
G0151	Services performed by a qualified physical therapist in the home health or hospice setting	15 mins	All MCOs & FFS
G0151:PT	Mod PT - Colorectal cancer screening test; converted to diagnostic test or other procedure	15 Mins	Aetna
G0152	Services performed by a qualified physical therapist in the home health or hospice setting	15 mins	All MCOs & FFS
G0153	Services performed by a qualified speech language pathologist in the home or hospice setting.	15 mins	All MCOs & FFS



G0155	Services performed by a social worker in the home or hospice setting.	15 mins	All MCOs & FFS
G0299	Direct skilled nursing services of a registered nurse (run) in the home or hospice setting	15 mins	All MCOs & FFS
G0300	Direct skilled nursing services of a licensed practical nurse (LPN) in the home or hospice setting.	15 mins	ALL MCOs & FFS
H2016:HI	DDD Individual Supports	15 Minutes	FFS
H2016:HI:U8	DDD Individual Supports	15 Minutes	FFS
H2021:HI	DDD Community Based Supports	15 Minutes	FFS
S5120	15 minutes, Chore Services	15 Minutes	MCO (Wellcare only)
S5121	Per Diem, Chore Services; Per Diem	Per Diem	MCO (Wellcare only)
S5125:SE:HQ	Personal Care Assistance Group (Self Directed) Group	15 Minutes	All MCOs & FFS
S5125:SE:U3	Personal Care Assistance (Self Directed) Group – Agency	15 Minutes	All MCOs & FFS
S5130	MLTSS Home Based Supportive Care	15 Minutes	MCOs (excluding Aetna) & FFS
S5130:HQ	MLTSS Home Based Supportive Care - Self Directed	15 Minutes	MCOs (excluding Aetna) & FFS
S5181	Respiratory Therapy	Per Visit	MCO (Wellcare only)
S8990:HI	Maintenance Physical Therapy	15 Minutes	FFS
S8990:HI:UN	Maintenance Physical Therapy	15 Minutes	FFS
S9122	Home Health Aide/Certified Nurse Assistant	Per hour	All MCOs & FFS
S9123	RN/HR/PDN/EPST	1 Hour	MCO (Wellcare only)
S9123	Nursing care, in the home; by registered nurse,	Per hour	All MCOs & FFS
S9124	Nursing care, in the home; by licensed practical nurse	Per hour	All MCOs & FFS
S9127	Social work visit, in the home	Per diem	All MCOs & FFS
S9128	Speech therapy, in the home	Per diem	All MCOs & FFS
S9129	Occupational therapy, in the home	Per diem	All MCOs & FFS
S9131	Physical therapy; in the home	Per diem	All MCOs & FFS
S9470	Nutritional Counseling	Per Visit	MCO (Wellcare only)
T1000	Private duty / independent nursing service(s)	15 mins	All MCOs & FFS
T1000:UA	15 minutes, RN/LPN Private duty/independent nursing service (S)- licensed; up to 15 min, Medicaid level of care 10, as defined by each state	15 Minutes	Wellcare, Horizon
T1002	Private duty / independent nursing service(s) / RN	15 mins	All MCOs & FFS
T1002:EP	RN SERVICES - EPSDT (Members aged 0 -21)	15 Mins	UHC
T1002:EP:TT	RN SERVICES - EPSDT – Ages 0-20 mutual service for additional member	15 Mins	UHC
T1002:TG	RN SERVICES - Specialty Services	15 Mins	UHC



T1002:TN:EP	RN SERVICES - EPSDT (Members aged 0 -21) - Difficult to serve	15 Mins	UHC
T1002:TN:UA	RN SERVICES - (Members age 22 and older) - Difficult to serve	15 Mins	UHC
T1002:UA	RN Only Private Duty/Independent Nursing, Medicaid level of care 10, as defined by each state	15 Minutes	MCO (Wellcare only)
T1002:UA:TT	RN – ages 21 and over mutual service for additional member	15 Mins	UHC
T1003	LPN/LVN SERVICES	15 mins	All MCOs & FFS
T1003:EP	LPN/LVN SERVICES - EPSDT (Member aged 0-21)	15 Mins	UHC
T1003:EP:TT	LPN SERVICES - EPSDT – Ages 0-20 mutual service for	Per Diem	UHC
T1003:TG	LPN/LVN SERVICES - Specialty Services	Per Diem	UHC
T1003:TN:EP	LPN/LVN SERVICES - EPSDT (Members aged 0 -21) - Difficult to serve	Per Diem	UHC
T1003:TN:UA	LPN/LVN SERVICES (Members age 22 and older) - Difficult to serve	Per Diem	UHC
T1003:UA	LPN Only Private Duty/Independent Nursing Services, Medicaid Level of care 10, as defined by each state	15 Minutes	Wellcare & UHC
T1003:UA:TT	LPN – Ages 21 and over mutual service for additional member	Each additional 15 mins	UHC
T1005	MLTSS In Home Respite	15 Minutes	All MCOs & FFS
T1005:HI	DDD In Home Respite	15 Minutes	FFS
T1005:HI:U8	DDD In Home Respite	15 Minutes	FFS
T1019	Personal Care Assistance_15M	15 Minutes	All MCOs & FFS
T1019:HQ	Personal Care Assistance Group	15 Minutes	All MCOs & FFS
T1019:SE	Personal Care Assistance (Self Directed) Individual	15 Minutes	Aetna, Amerigroup, FFS, Horizon, Wellcare
T1019:SE:UI	Personal Care Assistance (Self Directed) Individual - Agency	15 Minutes	All MCOs & FFS
T1019:TN	15 minutes, PERSONAL CARE SVC PER 15 MIN, RURAL/OUTSIDE PROVIDERS' CUSTOMARY SERVICE AREA HCPCS	15 Minutes	All MCOs & FFS
T1020	Personal Care Assistance PD	Per Diem	All MCOs & FFS
T1030	Nursing care, in the home, by registered nurse	Per diem	All MCOs & FFS
T1031	Nursing care, in the home, by licensed practical nurse	Per diem	All MCOs & FFS
H0031:HA:22	Functional Behavior Assessment (BCBA)	1 Hour	CSOC
H0004:HI:22	Behavioral Health Council & Therapy	15 Minutes	FFS
H2016:HI:22	DDD Individual Supports	15 Minutes	FFS
H2021:HI:22	DDD Community Based Supports	15 Minutes	FFS
S9125:HA:52	Agency Hired Respite	15 Minutes	CSOC
H2021:HI:52	DDD Community Based Supports	15 Minutes	FFS



S9122:SE:52	Mod 52 - Applicable when the service reduces or is partially performed by the physician or other skilled professional due to unavoidable circumstances.	Each additional 15 mins	Aetna
0362T	Behavior identification assessment requiring administration by QHP, assistance of two or more techs, to address destructive behavior, in a customized environment	15 min units	All MCOs & FFS
0373T	Adaptive treatment with modifications by QHP, assistance of two or more techs, to address destructive behavior, in a customized environment to address behavior	15 min units	All MCOs & FFS
92507	Speech, Language and Hearing Therapy Individual	Per Diem	All MCOs & FFS
92507:HI	Speech, Language and Hearing Therapy Individual, In Home	15 min	FFS
92507:HI:UN	Speech, Language and Hearing Therapy Individual, In Home	15 min	FFS
92507:GN	Speech, Language and Hearing Therapy Individual	Per Diem	UHC
92507:GO	Speech, Language and Hearing Therapy Individual	Per Diem	UHC
92507:GP	Speech, Language and Hearing Therapy Individual	Per Diem	UHC
92507:59	Mod 59 - Distinct procedural service performed by the physician on the day with other procedures and services	Per Diem	Aetna
92507:SZ:59	Mod 59 - Distinct procedural service performed by the physician on the day with other procedures and services	Per Diem	Aetna
92507:96	Mod 96 - Indicates the services when the physician or other skilled or qualified professional offers habilitative and rehabilitative procedures or services for habilitative services in nature.	Per Diem	Aetna
92507:96:59	Speech, Language and Hearing Therapy Individual	Per Diem	Aetna & UHC
96156:EP	DIR Health behavior assessment or re-assessment	Per diem, updated per SME	All MCOs & FFS
96158:HA	Functional behavioral Assessment (BCBA-D)	1 Hour	CSOC
96158:EP	DIR Health behavior intervention	Initial 30 mins	All MCOs & FFS
96159:HA	Behavior Consultative Supports (BCS) - Doctor Level IIIH habilitation (BCBA -D)	1 Hour	CSOC
96159:EP	DIR Health behavior intervention	Each additional 15 mins	All MCOs & FFS
96164:EP	DIR Health behavior intervention	Initial 30 mins	All MCOs & FFS
96165:EP	DIR Health behavior intervention	Each additional 15 mins	All MCOs & FFS
96167:EP	DIR Health behavior intervention, family	Initial 30 mins	All MCOs & FFS
96168:EP	DIR Health behavior intervention, family	Each additional 15 mins	All MCOs & FFS
96170:EP	DIR Health behavior intervention	Initial 30 mins	All MCOs & FFS
96171:EP	DIR Health behavior intervention	Each additional 15 mins	All MCOs & FFS



97110	Physical Therapy, Therapeutic procedure, 1 or more areas; therapeutic exercises to develop strength and endurance, range of motion and flexibility	15 mins	All MCOs & FFS
97110:GN	Therapeutic procedure, 1 or more areas; therapeutic exercises to develop strength and endurance, range of motion and flexibility - speech language pathology	15 mins	UHC
97110:GO	Therapeutic procedure, 1 or more areas; therapeutic exercises to develop strength and endurance, range of motion and flexibility - occupational therapy	15 mins	UHC
97110:GP	Therapeutic procedure, 1 or more areas; therapeutic exercises to develop strength and endurance, range of motion and flexibility - physical therapy	15 mins	UHC
97129	Cognitive Therapy, Individual	15 mins	All MCOs & FFS
97130	Therapeutic interventions that focus on cognitive function and compensatory strategies to manage the performance of an activity, direct (one-on-one) patient contact (List separately in addition to code for primary procedure)	Each additional 15 mins	All MCOs & FFS
97151	Behavior assessment by physician, QHP	15 min units	All MCOs & FFS
97152	Supporting assessment by Tech	15 min units	All MCOs & FFS
97153	Adaptive treatment by tech	15 min units	All MCOs & FFS
97154	Group adaptive treatment by tech	15 min units	All MCOs & FFS
97155	Adaptive treatment with modification by QHP	15 min units	All MCOs & FFS
97156	Family adaptive treatment by QHP with or without patient present	15 min units	All MCOs & FFS
97157	Multiple family group adaptive guidance by QHP	15 min units	All MCOs & FFS
97158	Group adaptive treatment by QHP	15 min units	All MCOs & FFS
97110:59	Mod 59 - Distinct procedural service performed by the physician on the day with other procedures and services	Per hour	Aetna
97110:SZ:59	Mod SZ - Habilitative services	15 Mins	Aetna
97110:96:59	Speech, Language and Hearing Therapy Individual	Per hour	Aetna & UHC
97129:95:59	Mod 95 - Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System	15 Mins	Aetna
97129:96:59	Therapeutic interventions that focus on cognitive function and compensatory strategies to manage the performance of an activity, direct (one-on-one) patient contact	15 Mins	UHC
97130:95:59	Mod 95 - Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System	15 Mins	Aetna & UHC



97535	Occupational Therapy, Individual - Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact	15 mins	All MCOs & FFS
97535:HI	Occupational Therapy, Individual - Self-care/home management training	15 mins	FFS
97535:HI:UN	Occupational Therapy, Individual - Self-care/home management training	15 mins	FFS
97535:GN	Occupational Therapy, Individual - Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact	15 Mins	UHC
97535:GO	Occupational Therapy, Individual - Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact	15 Mins	UHC
97535:GP	Occupational Therapy, Individual - Self-care/home management training (e.g., activities of daily living (ADL) and compensatory training, meal preparation, safety procedures, and instructions in use of assistive technology devices/adaptive equipment) direct one-on-one contact	15 Mins	UHC
97597	Debridement, open wound, wound assessment, use of a whirlpool, when performed and instruction(s) for ongoing care, total wound(s) surface area; first 20 sq cm or less	Per visit	All MCOs & FFS
97535:96:59	OT Individual, 15 minutes unit of service	15 Mins	UHC
99601	Infusion- Skilled nursing	Up to 2 hours	All MCOs & FFS
99602	Infusion- Skilled nursing-additional hour(s)	Each additional hour	All MCOs & FFS



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
201	In Person	Patient Support Activities
202	Via Telephone	Patient Support Activities
203	Other	Patient Support Activities

Relationship to Insured	
Code	Relationship
01	Spouse
18	Self
19	Child
G8	Other



Plan Type	
Code	Plan Type
BL	Blue Cross/Blue Shield
CH	Champus
CI	Commercial Insurance Co.
MB	Medicare Part B
MC	Medicaid"

Claim Filing Code	
Code	Description
11	Other Non-Federal Programs
12	Preferred Provider Organization (PPO)
13	Point of Service (POS)
14	Exclusive Provider Organization (EPO)
15	Indemnity Insurance
16	Health Maintenance Organization (HMO) Medicare Risk
17	Dental Maintenance Organization
AM	Automobile Medical
BL	Blue Cross/Blue Shield
CH	Champus
CI	Commercial Insurance Co.
DS	Disability
FI	Federal Employees Program
HM	Health Maintenance Organization
LM	Liability Medical
MA	Medicare Part A
MB	Medicare Part B
MC	Medicaid
OF	Other Federal Programs
TV	Title V
VA	Veterans Affairs Plan
WC	Workers' Compensation Health Claim
ZZ	Mutually Defined



Status		
Status	Meaning	Description
Pending	Request Pending	Request is received at HHA. Request is yet to be processed
Success	Request Success	Request processed successfully and data is also saved into HHA system
Failed	Request Failed	Request processed successfully and data is not saved into HHA system due to either validation errors or issue at request data.

Note: Above section applies to EVV request only. Caregiver request does not return a status.



Appendix C - HTTP Response Status Codes

The APIs follow REST design principles and return an HTTP response status code. The following series of status codes can be categorized:

- 2xx: Success – This status code class indicates that the client's request was successfully received, understood, and accepted.
- 4xx: Client Error – This status code class indicates that the client seems to have erred. The EVV Providers must take an action to resolve the returned error.
- 5xx: Server Error – This status code class indicates that the server is responsible for the status code errors. HHAeXchange must take an action to resolve the error.

The following are the HTTP Response Status Codes returned by the APIs and their meaning.

HTTP Status Code	Result	Status	Description
200	Success	OK	Standard response for successful HTTP requests.
201		Created	The request has been fulfilled and resulted in a new resource being created.
202		Accepted	The request has been accepted for processing, but the processing has not been completed. The request might or might not eventually be acted upon, as it might be disallowed when processing takes place.
204		No Content	The request has been fulfilled and result has returned nothing based on input values
400	Client Error	Bad Request	The request cannot be fulfilled due to bad syntax. General error when fulfilling the request would cause an invalid state. Domain validation errors, missing data, etc. are some examples.
401		Unauthorized	The request requires user authentication information. The response must include a WWW-Authenticate header field containing a challenge applicable to the requested resource.
403		Forbidden	The client does not have access rights to the content. Unlike 401, the client's identity is known to the server. Contact HHAeXchange at 3rd Party Integration Support Desk to gain permission to access the API.
404		Not Found	The requested resource could not be found but may be available again in the future. Subsequent requests by the client are permissible.
429		Too Many Requests	The user has sent too many requests in a given amount of time. Intended for use with rate limiting schemes.
500	Server Error	Internal Server Error	The server encountered an unexpected condition which prevented it from fulfilling the request. The request can be tried again once the API issues have been resolved.



Appendix D - YAML Specification

YAML

openapi: 3.0.1

info:

title: Electronic Visit Verification Aggregator API

description: This HHAExchange service will enable Providers and Vendors in the HealthCare space to upload their Electronic Visit Verification information to the selected State Aggregator to achieve compliance with the 21st Century Cures Act.

version: v1/v2

paths:

'/api/v{version}/caregivers':

post:

tags:

- Caregivers

parameters:

- name: version

in: path

required: true

schema:

type: string

requestBody:

content:

application/json:

schema:

\$ref: '#/components/schemas/Caregiver'

responses:

'200':

description: Success

'400':



```
description: Bad Request
content:
  application/json:
    schema:
      $ref: '#/components/schemas/ProblemDetails'
'500':
  description: Server Error
'/api/v{version}/visits':
  post:
    tags:
      - Visits
    summary: Create/Update visit in batch.
    parameters:
      - name: version
        in: path
        required: true
        schema:
          type: string
    requestBody:
      description: Visit Information.
      content:
        application/json:
          schema:
            $ref: '#/components/schemas/Visits'
    responses:
      '202':
        description: Success
      '400':
        description: Bad Request
```



```
content:
  application/json:
    schema:
      $ref: '#/components/schemas/ProblemDetails'
'500':
  description: Server Error
'/api/v{version}/visits/{evmsid}':
  put:
    tags:
      - Visits
    summary: Update existing visit.
    parameters:
      - name: version
        in: path
        required: true
        schema:
          type: string
      - name: evmsid
        in: path
        required: true
        schema:
          type: string
    requestBody:
      description: Visit Information.
      content:
        application/json:
          schema:
            $ref: '#/components/schemas/Visit'
    responses:
```



```
'202':
  description: Success

'500':
  description: Server Error

delete:
  tags:
    - Visits
  summary: Delete existing visit.
  parameters:
    - name: evvmsid
      in: path
      description: The Unique Visit identifier in the HHAX Aggregator.
      required: true
      schema:
        maxLength: 64
        type: string
        description: The Unique Visit identifier in the HHAX Aggregator.
        example: BA505E35-B6BD-4895-B93C-A63127A6BB99
    - name: version
      in: path
      required: true
      schema:
        type: string
  responses:
    '202':
      description: Success
    '500':
      description: Server Error

'/api/v{version}/visits/transactions/{transactionId}':
```



```
get:
  tags:
    - Visits
  summary: Get transaction details.
  parameters:
    - name: transactionId
      in: path
      description: Gets or Sets The Unique Visit transactionId in the HHA
X Aggregator.
      required: true
      schema:
        maxLength: 64
        type: string
      description: Gets or Sets The Unique Visit transactionId in the H
HAX Aggregator.
    - name: version
      in: path
      required: true
      schema:
        type: string
  responses:
    '200':
      description: Success
    '204':
      description: Success
    '500':
      description: Server Error
components:
  schemas:
    Address:
```



required:

- state
- zipcode

type: object

properties:

addressLine1:

maxLength: 100

type: string

description: Individual's street address.

nullable: true

example: 0 Airport 200 Riser Rd

addressLine2:

maxLength: 50

type: string

description: Individual's additional street address information if applicable.

nullable: true

example: Little Ferry

city:

maxLength: 50

type: string

description: city.

nullable: true

example: Montclair

state:

maxLength: 2

type: string

description: State abbreviation.

example: NJ



```
zipcode:
  maxLength: 9
  type: string
  description: 'Zip Code (5 or 9-
digit format i.e., 12345). Format: 99999 OR 999999999.'
  example: '07643'
  additionalProperties: false
Caregiver:
  required:
    - dateOfBirth
    - externalID
    - firstName
    - gender
    - hireDate
    - lastName
    - professionalLicenseNumber
    - providerTaxId
    - qualifier
    - ssn
    - type
  type: object
  properties:
    providerTaxId:
      maxLength: 9
      type: string
      description: Provider Tax ID - Unique Identifier for the Provider.
      example: '999999999'
    qualifier:
      maxLength: 50
```



```
    type: string
    description: 'Identifier being sent as the unique identifier for the Caregiver. Values: NPI.'
    example: ExternalID
externalID:
    maxLength: 20
    type: string
    description: Unique Caregiver identifier in the external system.
npi:
    type: string
    description: Unique Caregiver identifier in the external system.
    example: '1234'
ssn:
    maxLength: 9
    type: string
    description: 'Social Security Number of the Caregiver (Format: 9999
99999) '
    example: 999999999
dateOfBirth:
    type: string
    description: 'Caregiver's Date of Birth (Format: YYYY-MM-DD)'
    format: date
lastName:
    maxLength: 30
    type: string
    description: Caregiver's Last Name
firstName:
    maxLength: 30
    type: string
    description: Caregiver's First Name
```



gender:

maxLength: 20

type: string

description: 'Caregiver's Gender Values: Male, Female, Other'

example: Male

email:

maxLength: 100

type: string

description: Caregiver's Email Address

nullable: true

phoneNumber:

maxLength: 10

type: string

description: Caregiver's Phone Number.

nullable: true

type:

maxLength: 15

type: string

description: 'Caregiver's Type. Value: Both'

example: Both

stateRegistrationID:

maxLength: 20

type: string

description: Unique ID provided by State of NJ Caregiver Registration System.

nullable: true

professionalLicenseNumber:

maxLength: 50

type: string



description: Unique ID provided to Caregiver once credentialed by state.

hireDate:

type: string

description: 'Date on which caregiver hired by Provider (Format: YY-MM-DD) '

format: date

address:

\$ref: '#/components/schemas/Address'

additionalProperties: false

ProblemDetails:

type: object

properties:

type:

type: string

nullable: true

title:

type: string

nullable: true

status:

type: integer

format: int32

nullable: true

detail:

type: string

nullable: true

instance:

type: string

nullable: true

additionalProperties: {}



Office:

required:

- identifier
- qualifier

type: object

properties:

qualifier:

maxLength: 50

type: string

description: Value being sent to uniquely identify the Office.

example: NPI

identifier:

maxLength: 64

type: string

description: Office identifier identified by Office Qualifier.

example: '123456789'

additionalProperties: false

description: Unique Identifier for the Provider and Office.

Member:

required:

- identifier
- qualifier

type: object

properties:

qualifier:

maxLength: 50

type: string

description: Value being sent to uniquely identify the member.

example: MedicaidID



```
    identifier:
      maxLength: 64
      type: string
      description: Member identifier identified by Member Qualifier.
      example: 1EG4TE5NL74
    additionalProperties: false
    description: Value being sent to uniquely identify the member.
  CaregiverInfo:
    required:
      - identifier
      - qualifier
    type: object
    properties:
      qualifier:
        maxLength: 50
        type: string
        description: 'Value being sent to unique identify the Caregiver. Values:NPI.'
        example: NPI
      identifier:
        maxLength: 64
        type: string
        description: Caregiver identifier identified by Caregiver Qualifier
        example: '1001'
    admissionId:
      maxLength: 80
      type: string
      description: Patient admissionId and this field required to identify
```



unique patient even if medicaidId are same.

example: AB0001

additionalProperties: false

description: Value being sent to unique identify the Caregiver.

ServiceAddress:

type: object

properties:

addressLine1:

type: string

description: Individual's street address.

nullable: true

example: 0 Airport 200 Riser Rd

addressLine2:

type: string

description: Individual's additional street address information if applicable.

nullable: true

example: Little Ferry

city:

type: string

description: Individual's city.

nullable: true

example: New Jersey

state:

type: string

description: Individual's State abbreviation.

nullable: true

example: NJ

zipcode:



```
type: string
description: 'Individual's Zip Code (5 or 9-
digit format i.e., 12345). Format: 99999 OR 999999999.'
nullable: true
example: '07643'
additionalProperties: false
```

ClockIn:

```
type: object
properties:
  callDateTime:
    type: string
    description: 'EVV Call Time in UTC Time.(Format: YYYY-MM-DDThh:mm) '
    format: date-time
    nullable: true
    example: '2020-09-23T13:16:00.0000000'
  callType:
    maxLength: 20
    type: string
    description: 'The type of device used to create the event. Values:
Telephony, Mobile. Any call with GPS data collected should be identified as
Mobile.'
    nullable: true
    example: Mobile
  callLatitude:
    type: number
    description: GPS Latitude recorded during event. Latitude has a ran
ge of of -90 to 90 with a 6-digit precision.
    format: double
    example: 89.125345
  callLongitude:
```




```
    type: number
    description: GPS Longitude recorded during event. Longitude has a range of -180 to 180 with a 6-digit precision.
    format: double
    example: 90.125345
    originatingPhoneNumber:
      maxLength: 10
      type: string
      description: 'Originating Phone Number (Caller ID) for telephony.(Format: 9999999999).'
      nullable: true
      example: '1234567890'
    serviceAddress:
      $ref: '#/components/schemas/ServiceAddress'
    additionalProperties: false
    description: Contains properties related to Clock In/Clock Out operation.
```

Task:

```
    type: object
    properties:
      code:
        type: string
        description: Gets or Sets task code.
        nullable: true
        example: '101'
    additionalProperties: false
    description: Contains task related properties.
```

ClockOut:

```
    type: object
    properties:
```



```
callDateTime:
  type: string
  description: 'EVV Call Time in UTC Time.(Format: YYYY-MM-DDThh:mm) '
  format: date-time
  example: '2020-09-23T13:16:00.0000000'
callType:
  maxLength: 20
  type: string
  description: 'The type of device used to create the event. Values:
Telephony, Mobile. Any call with GPS data collected should be identified as
Mobile.'
  nullable: true
  example: Mobile
callLatitude:
  type: number
  description: GPS Latitude recorded during event. Latitude has a ran
ge of of -90 to 90 with a 6-digit precision.
  format: double
  example: 89.125345
callLongitude:
  type: number
  description: GPS Longitude recorded during event. Longitude has a r
ange of -180 to 180 with a 6-digit precision.
  format: double
  example: 90.125345
originatingPhoneNumber:
  maxLength: 10
  type: string
  description: 'Originating Phone Number (Caller ID) for telephony.(F
ormat: 9999999999).'
  nullable: true
```



```
example: '1234567890'

serviceAddress:
  $ref: '#/components/schemas/ServiceAddress'

performedTasks:
  type: array
  items:
    $ref: '#/components/schemas/Task'
  description: List of performed task codes.
  nullable: true

refusedTasks:
  type: array
  items:
    $ref: '#/components/schemas/Task'
  description: List of refused task codes.
  nullable: true

additionalProperties: false
description: Contains properties regarding to Clock In operation.

EVV:
  type: object
  properties:
    clockIn:
      $ref: '#/components/schemas/ClockIn'
    clockOut:
      $ref: '#/components/schemas/ClockOut'
  additionalProperties: false
  description: Contains properties related to EVV Clock In/Clock Out.

MissedVisit:
  type: object
  properties:
```



```
reasonCode:
  maxLength: 4
  type: string
  description: Reason Code for the change.
  nullable: true
  example: '1234'

notes:
  maxLength: 256
  type: string
  description: Reason/Description of the change being made if entered
  nullable: true
  example: ''

missed:
  type: boolean
  description: The Visit is marked as a 'Missed' Visit.
  example: true

actionCode:
  maxLength: 4
  type: string
  description: Missed Visit Action Code.
  nullable: true
  example: '1234'

additionalProperties: false
description: Contains properties related to missed visit.

EditVisit:
  type: object
  properties:
    reasonCode:
```



```
maxLength: 4
type: string
description: Reason Code for the change.
nullable: true
example: '1234'
notes:
  maxLength: 256
  type: string
  description: Reason/Description of the change being made if entered
  nullable: true
  example: ''
edited:
  type: boolean
  description: The Visit is considered as manually updated.
  example: true
actionCode:
  maxLength: 4
  type: string
  description: Edit Visit Action Code.
  nullable: true
  example: '1234'
additionalProperties: false
description: Contains properties related to edit visit.
Billing:
  type: object
  properties:
    externalInvoiceNumber:
      maxLength: 18
```



```
type: string
description: Invoice number in Agency's Management System.
nullable: true
example: 12FD34GH67

totalBilledAmount:
  type: number
  description: Total billed amount in third party system.
  format: double
  example: 20.4

totalUnitsBilled:
  type: integer
  description: Total units billed in third party system.
  format: int
  example: 2

contractRate:
  type: number
  description: Hourly contract rate.
  format: double
  example: 10.2

diagnosisCodes:
  type: array
  items:
    type: string
  description: Diagnosis Code.Up to 26 of these are allowed.
  nullable: true

additionalProperties: false
description: Value being sent to uniquely identify the member.
```



BillSecondaryPayer:

type: array

items:

type: object

properties:

enableSecondaryBilling:

type: boolean

description: Enable Secondary Billing. Possible

Value: true/false.

example: true

otherSubscriberId:

maxLength: 100

type: string

description: Other Subscriber ID.

example: 1111

primaryPayerId:

maxLength: 100

type: string

description: Primary Payer ID.

example: 1111

primaryPayerName:

maxLength: 100

type: string

description: Primary Payer Name.

example: Universal

relationshipToInsured:

maxLength: 10

type: string



description: Relation Ship To Insured.

example: 01

primaryPayerPolicyOrGroupNumber:

maxLength: 50

type: string

description: Primary Payer Policy Or Group Number.

example: 2333

primaryPayerProgramName:

maxLength: 80

type: string

description: Primary Payer Program Name.

example: Life Care

planType:

maxLength: 10

type: string

description: Plan Type.

example: BL

totalPaidAmount:

type: number

description: Total Paid Amount.

format: double

example: 776

paidDate:

type: string

description: Paid Date.

format: date

example: 2023-12-01

deductible:

type: number



```
description: Deductible.  
format: double  
example: 444  
coinsurance:  
type: number  
description: Coinsurance.  
format: double  
example: 546  
copay:  
type: number  
description: Copay.  
format: double  
example: 546  
contractedAdjustments:  
type: number  
description: Contracted Adjustments.  
format: double  
example: 789  
notMedicallyNecessary:  
type: number  
description: Not Medically Necessary.  
format: double  
example: 1111  
nonCoveredCharges:  
type: number  
description: Non Covered Charges.  
format: double  
example: 1111  
maxBenefitExhausted:
```



```
    type: number
    description: Max Benefit Exhausted.
    format: double
    example: 1111
  payerResponsibilitySequence:
    maxLength: 4
    type: string
    description: Possible Values 1 or 2. 1 is for
Primary, 2 is for Secondary.
    example: 1
  claimFilingCode:
    maxLength: 2
    type: string
    description: Claim Filing Code.
    format: int
    example: 12
  otherPayerPaidAmount:
    type: number
    description: Other Payer Paid Amount.
    format: double
    example: 11
  additionalProperties: false
```

Visit:

required:

- externalVisitId
- payerId
- procedureCode
- providerTaxId



- scheduleEndTime
- scheduleStartTime
- timezone

type: object

properties:

providerTaxId:

maxLength: 9

type: string

description: 'Provider Tax ID - Unique Identifier for the Provider.
(Format: 999999999)'

example: '999999999'

office:

\$ref: '#/components/schemas/Office'

member:

\$ref: '#/components/schemas/Member'

caregiver:

\$ref: '#/components/schemas/CaregiverInfo'

payerId:

maxLength: 50

type: string

description: HHAX assigned ID for the payer. Payer ID is determined during the implementation process.

example: ACS

externalVisitId:

maxLength: 30

type: string

description: Unique Visit identifier in the external system.

example: '101'

evvmsid:

maxLength: 64



```
type: string
description: Unique Visit identifier in the HHAX aggregator system.
nullable: true
example: ffa4e144-1ba3-49b8-a41f-6ed777412a8d
procedureCode:
  maxLength: 50
  type: string
  description: This is the billable procedure code which would be mapped to the associated service.
  example: T019
procedureModifierCode:
  maxItems: 4
  type: array
  items:
    type: string
  description: Two characters Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. Please consult specific program requirements for exact usage.
  nullable: true
timezone:
  maxLength: 20
  type: string
  description: "Time zone visit data is captured in. Value: US/Eastern."
  example: US/Eastern
scheduleStartTime:
  type: string
  description: 'Schedule Start Time in UTC Time. (Format: YYYY-MM-DDThh:mm) '
  format: date-time
  example: '2020-09-23T12:16:00.0000000'
```



```
scheduleEndTime:
  type: string
  description: 'Schedule End Time in UTC Time. (Format: YYYY-MM-DDThh:mm) '
  format: date-time
  example: '2020-09-23T13:16:00.0000000'

visitStartDateTime:
  type: string
  description: 'Visit Start Time in UTC Time. (Format: YYYY-MM-DDThh:mm) '
  format: date-time
  nullable: true
  example: '2020-09-23T12:16:00.0000000'

visitEndDateTime:
  type: string
  description: 'Visit End Time in UTC Time. (Format: YYYY-MM-DDThh:mm) '
  format: date-time
  nullable: true
  example: '2020-09-23T13:16:00.0000000'

timesheetRequired:
  type: boolean
  description: Timesheet Required.
  example: true

timesheetApproved:
  type: boolean
  description: Timesheet is Approved.
  example: true

evv:
  $ref: '#/components/schemas/EVV'
```



```
missedVisit:
  $ref: '#/components/schemas/MissedVisit'
editVisit:
  $ref: '#/components/schemas/EditVisit'
billing:
  $ref: '#/components/schemas/Billing'
billSecondaryPayer:
  $ref: '#/components/schemas/BillSecondaryPayer'

additionalProperties: false
description: Create new visit command.
Visits:
type: object
properties:
  visits:
    type: array
    items:
      $ref: '#/components/schemas/Visit'
    description: Gets or sets list of visit info.
    nullable: true
  additionalProperties: false
  description: Create new bulk visit command.
securitySchemes:
  oauth2:
    type: oauth2
    flows:
      clientCredentials:
        tokenUrl: 'https://implementation.hhaexchange.com/identity/connect/
token'
```



scopes:

'write:aggregator': Aggregator API Access

security:

- oauth2:

- 'write:aggregator'



Sample Transactions

POST Request - Caregiver Request

Use Case: I want to create a new caregiver record.

<BASE URI>/api/v v{version}/caregivers

Test	https://implementation.hhaexchange.com/api/v2/caregivers
Production	https://cloud.hhaexchange.com/api/v2/caregivers

```
{
  "providerTaxId": "242342342",
  "qualifier": "ExternalID",
  "externalID": "123456",
  "ssn": "123456789",
  "dateOfBirth": "1985-09-19",
  "lastName": "Doe",
  "firstName": "John",
  "gender": "Male",
  "email": "jd@axyz.com",
  "phoneNumber": "9898878776",
  "type": "Both",
  "stateRegistrationID": "1234565",
  "professionalLicenseNumber": "12344321",
  "hireDate": "2019-01-19",
  "address": {
    "addressLine1": "30 Fremont Ave ",
    "addressLine2": "Street Two",
    "city": "Newark",
    "state": "NJ",
    "zipcode": "071011111"
  }
}
```

POST Request – Batch EVV Request

Use Case: I want to submit a batch EVV request (one or more visit records).

<BASE URI>/api/v v{version}/visits

Test	https://implementation.hhaexchange.com/api/v2/visits
Production	https://cloud.hhaexchange.com/api/v2/visits



```
{
  "visits": [
    {
      "providerTaxId": "912347893",
      "office": {
        "qualifier": "NPI",
        "identifier": "1234567890"
      },
      "member": {
        "qualifier": "MedicaidID",
        "identifier": "1EG4TE5NL74"
        "admissionId": "AB0001"
      },
      "caregiver": {
        "qualifier": "ExternalID",
        "identifier": "123456"
      },
      "payerId": "WCNJ",
      "externalVisitId": "101",
      "evmsid": "ffa4e144-1ba3-49b8-a41f-6ed777412a8d",
      "procedureCode": "T019",
      "procedureModifierCode": [
        "HQ"
      ],
      "timezone": "US/Eastern",
      "scheduleStartTime": "2020-09-23T12:16:00.00",
      "scheduleEndTime": "2020-09-23T13:16:00.00",
      "visitStartDateTime": "2020-09-23T12:16:00.00",
      "visitEndDateTime": "2020-09-23T13:16:00.00",
      "timesheetRequired": true,
      "timesheetApproved": true,
      "evv": {
        "clockIn": {
          "callDateTime": "2020-09-23T13:16:00.00",
          "callType": "Mobile",
          "callLatitude": 90.125345,
          "callLongitude": 90.125345,
          "originatingPhoneNumber": "1234567890",
          "serviceAddress": {
            "addressLine1": "O Airport 200 Riser Rd",
            "addressLine2": "Little Ferry",
            "city": "Montclair",
            "state": "NJ",
            "zipcode": "07042"
          }
        },
        "clockOut": {
          "callDateTime": "2020-09-23T13:16:00.0000000",
          "callType": "Mobile",
          "callLatitude": 90.125345,
          "callLongitude": 90.125345,
          "originatingPhoneNumber": "",
          "serviceAddress": {
            "addressLine1": "O Airport 200 Riser Rd",
            "addressLine2": "Little Ferry",
            "city": "Montclair",
            "state": "NJ",
          }
        }
      }
    }
  ]
}
```



```
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  "refusedTasks": [
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}
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  "actionCode": "",
  "notes": ""
},
"editVisit": {
  "edited": true,
  "reasonCode": "200",
  "actionCode": "100",
  "notes": ""
},
"billing": {
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    "relationshipToInsured": "01",
    "primaryPayerPolicyOrGroupNumber": "2333",
    "primaryPayerProgramName": "Life care",
    "planType": "BL",
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    "paidDate": "2023-12-01",
    "deductible": 4444,
    "coinsurance": 54654,
    "copay": 565,
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    "nonCoveredCharges": 1111,
    "maxBenefitExhausted": 1111,
    "payerResponsibilitySequence": "1",
    "claimFilingCode": "11"
  },
  {
```



```
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    "planType": "BL",
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    "deductible": 4444,
    "coinsurance": 54654,
    "copay": 565,
    "contractedAdjustments": 6676,
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    "nonCoveredCharges": 1111,
    "maxBenefitExhausted": 1111,
    "payerResponsibilitySequence": "2",
    "claimFilingCode": "12",
    "otherPayerPaidAmount": "11"
  }
]
},
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  "office": {
    "qualifier": "NPI",
    "identifier": "1234567890"
  },
  "member": {
    "qualifier": "MedicaidID",
    "identifier": "1EG4TE5NL74",
    "admissionId": "AB0001"
  },
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  }
}
```



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  "state": "NJ",
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  "callType": "Mobile",
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  "callLongitude": 90.125345,
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    "addressLine2": "Little Ferry",
    "city": "Montclair",
    "state": "NJ",
    "zipcode": "07042"
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    {
      "code": "116"
    }
  ]
},
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  "missed": false,
  "reasonCode": "",
  "actionCode": "",
  "notes": ""
},
"editVisit": {
  "edited": false,
  "reasonCode": "",
  "actionCode": "",
  "notes": ""
},
"billing": {
  "externalInvoiceNumber": "",
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  "contractRate": 0,
  "diagnosisCodes": []
},
"billSecondaryPayer": [
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    "enableSecondaryBilling": true,
    "otherSubscriberId": "1111",
  }
]
```



```

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    "claimFilingCode": "11"
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    "primaryPayerPolicyOrGroupNumber": "2333",
    "primaryPayerProgramName": "Life care",
    "planType": "BL",
    "totalPaidAmount":776,
    "paidDate": "2023-12-01",
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    "coinsurance": 54654,
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    "claimFilingCode": "12",
    "otherPayerPaidAmount": "11"
  }
]
}

```

PUT Request – Update EVV Request

Use Case: I want to update a single visit record.

<BASE URI>/api/v{version}/visits/{evvmsid}

Test	https://implementation.hhaexchange.com/api/v2/visits/ffa4e144-1ba3-49b8-a41f-6ed777412a8d
Production	https://cloud.hhaexchange.com/api/v2/visits/ffa4e144-1ba3-49b8-a41f-6ed777412a8d



```
{
  "providerTaxId": "912347893",
  "office": {
    "qualifier": "NPI",
    "identifier": "1234567890"
  },
  "member": {
    "qualifier": "MedicaidID",
    "identifier": "1EG4TE5NL74"
    "admissionId": "AB0001"
  },
  "caregiver": {
    "qualifier": "ExternalID",
    "identifier": "123456"
  },
  "payerId": "WCNJ",
  "externalVisitId": "101",
  "evvmsid": "ffa4e144-1ba3-49b8-a41f-6ed777412a8d",
  "procedureCode": "T019",
  "procedureModifierCode": [
    "HQ"
  ],
  "timezone": "US/Eastern",
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  "scheduleEndTime": "2020-09-23T13:16:00.00",
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  "visitEndDateTime": "2020-09-23T13:16:00.00",
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  "timesheetApproved": true,
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      "callType": "Mobile",
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      "callLongitude": 90.125345,
      "originatingPhoneNumber": "1234567890",
      "serviceAddress": {
        "addressLine1": "O Airport 200 Riser Rd",
        "addressLine2": "Little Ferry",
        "city": "Montclair",
        "state": "NJ",
        "zipcode": "07042"
      }
    },
    "clockOut": {
      "callDateTime": "2020-09-23T13:16:00.0000000",
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      "callLatitude": 90.125345,
      "callLongitude": 90.125345,
      "originatingPhoneNumber": "1234567890",
      "serviceAddress": {
        "addressLine1": "O Airport 200 Riser Rd",
        "addressLine2": "Little Ferry",
        "city": "Montclair",
        "state": "NJ",
        "zipcode": "07042"
      }
    }
  }
}
```



```
    },
    "performedTasks": [
      {
        "code": "115"
      }
    ],
    "refusedTasks": [
      {
        "code": "116"
      }
    ]
  }
},
"missedVisit": {
  "missed": false,
  "reasonCode": "",
  "actionCode": "",
  "notes": ""
},
"editVisit": {
  "edited": true,
  "reasonCode": "200",
  "actionCode": "100",
  "notes": ""
},
"billing": {
  "externalInvoiceNumber": "",
  "totalBilledAmount": 0,
  "totalUnitsBilled": 0,
  "contractRate": 0,
  "diagnosisCodes": []
},
"billSecondaryPayer": [
  {
    "enableSecondaryBilling": true,
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    "primaryPayerId": "1111",
    "primaryPayerName": "Universal",
    "relationshipToInsured": "01",
    "primaryPayerPolicyOrGroupNumber": "2333",
    "primaryPayerProgramName": "Life care",
    "planType": "BL",
    "totalPaidAmount": 776,
    "paidDate": "2023-12-01",
    "deductible": 4444,
    "coinsurance": 54654,
    "copay": 565,
    "contractedAdjustments": 6676,
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    "maxBenefitExhausted": 1111,
    "payerResponsibilitySequence": "1",
    "claimFilingCode": "11"
  },
  {
    "enableSecondaryBilling": true,
    "otherSubscriberId": "222222",
```



```

    "primaryPayerId": "1111",
    "primaryPayerName": "Universal",
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    "payerResponsibilitySequence": "2",
    "claimFilingCode": "12",
    "otherPayerPaidAmount": "11"
  }
}
}

```

Appendix E – Caregiver Error Messages

Element	Error Code	Error Message	Action
providerTaxID	102001	Provider Tax ID is required	Include the Provider Federal Tax ID and call API.
providerTaxID	102002	Provider is not found based on Provider Tax ID	The Provider was not found. Provide the correct federal Tax ID and call API.
providerTaxID	102003	Provider is not active	Use a Provider that is active and call API.
providerTaxID	102004	Invalid Provider Tax ID format	Review the EVV Data Aggregator Specification and confirm that your data is in the required format. Make the required changes and call API.
qualifier	102005	Invalid Qualifier value	Correct the Caregiver's Qualifier and call API.
qualifier	102006	Multiple Caregiver records found based on Qualifier value. Please provide unique identifier	Use a Caregiver Qualifier that is unique for this Caregiver and call API.
externalID	102007	Unique Caregiver identifier in the external system is required	Include the External ID and call API.
Ssn	102008	Caregiver's SSN is required	Include the Caregiver's SSN and call API.
Ssn	102009	Invalid Caregiver's SSN format	Review the EVV Data Aggregator Specification and confirm that your data is in the required format. Make the required changes and call API.
dateOfBirth	102010	Caregiver's Date of Birth is required	Include the Caregiver's Date of Birth and call API.



Element	Error Code	Error Message	Action
dateOfBirth	102011	Caregiver's Date of Birth value should be less than current date	The Caregiver's Date of Birth is using a date in the future. Resolve issue and call API.
lastName	102012	Caregiver's Last Name is required	Include the Caregiver's Last Name and call API.
firstName	102013	Caregiver's FirstName is required	Include the Caregiver's First Name and call API.
gender	102014	Caregiver's Gender Is required	Include the Caregiver's Gender and call API.
gender	102015	Invalid Caregiver's Gender value	Correct the Caregiver's Gender and call API.
email	102016	Invalid Caregiver's Email Format	Review the EVV Data Aggregator Specification and confirm that your data is in the required format. Make the required changes and call API.
phoneNumber	102017	Invalid Caregiver's Phone Number Format	Review the EVV Data Aggregator Specification and confirm that your data is in the required format. Make the required changes and call API.
type	102018	Caregiver's Type is required	Include the Caregiver's Type and call API.
type	102019	Invalid Caregiver's Type value	Correct the Caregiver's Type and call API.
type	102020	You cannot change the type of a Caregiver that has been previously assigned to a visit.	Correct the Caregiver's Type and call API.
professionalLicenseNumber	102021	Caregiver's Professional License Number is required	Include the Caregiver's Professional License Number and call API.
hireDate	102022	Caregiver's Hire Date is required	Include the Caregiver's Hire Date and call API.
state	102023	State is required	Include the Caregiver's State and call API.
zipcode	102024	Zip Code is required	Include the Caregiver's Zip Code and call API.
zipcode	102025	Invalid Zip Code format	Review the EVV Data Aggregator Specification and confirm that your data is in the required format. Make the required changes and call API.
client_id	102026	Records that are created with a specific ClientID must be updated using the same ClientID	Call API with correct ClientID.
client_id	102027	ClientID does not have access permission to update the Provider's Caregiver record	Resolve permission issue.



Element	Error Code	Error Message	Action
ssn	102028	Caregiver with same SSN already exists.	Provide unique Caregiver SSN or default SSN value (999999999) and call API.
externalID	102029	Length of the External ID cannot exceed 20 characters	Correct the External ID value and call API.
Unknown	102999	Can occur if there is an interruption in service.	Contact HHAExchange to inquire and to determine the resolution.

If you require assistance with interpreting these error messages or the action that is required to rectify the issue, please contact [Provider EDI Integrations](#) with the subject 'NJ API Technical Support Request'.



Appendix F – EVV Error Messages

Element	Error Code	Error Message	Action
providerTaxID	101001	Provider Tax ID is required	Include the Provider Federal Tax ID and call API.
providerTaxID	101002	Provider is not found based on Provider Tax ID	The Provider was not found. Provide the correct federal Tax ID and call API.
providerTaxID	101003	Provider is not active	Contact HHAExchange to rectify this issue.
providerTaxID	101004	Invalid Provider Tax ID format	Review the EVV Data Aggregator Specification and confirm that your data is in the required format. Make the required changes and call API.
office	101005	Office (qualifier and identifier) is required	Include Office (qualifier and identifier) and call API.
office	101006	Invalid Office's Qualifier value	Correct the Office's Qualifier and call API.
office	101007	Office is not found based on Qualifier value	Office was not found. Provide the correct Qualifier value and call API.
office	101008	Office is not active	Contact HHAExchange to rectify this issue.
office	101009	Multiple Office records found based on Qualifier value. Please provide unique identifier.	Use an Office Qualifier that is unique for this Office and call API.
member	101010	Member (qualifier and identifier) is required	Include Member (qualifier and identifier) and call API.
member	101011	Invalid Member's Qualifier value	Correct the Member's Qualifier and call API.
member	101012	Member is not found based on Qualifier value	Member was not found. Provide the correct Qualifier value and call API.
member	101013	Member is not active	Contact MCO and determine why Member is not active. Once the issue is resolved call API.
member	101014	Multiple Member records found based on Qualifier value. Please provide unique identifier.	Use a Member Qualifier that is unique for this Member and call API.
caregiver	101015	Caregiver (qualifier and identifier) is required	Include Caregiver (qualifier and identifier) and call API.
caregiver	101016	Invalid Caregiver's Qualifier value	Correct the Caregiver's Qualifier and call API.
caregiver	101017	Caregiver is not found based on Qualifier value	Provide the correct Qualifier value and call API.
caregiver	101018	Caregiver is not active	Change the Caregiver status to Active and call API.
caregiver	101019	Caregiver is not linked with Provider	Link the Caregiver to the Provider and call API.



Element	Error Code	Error Message	Action
caregiver	101020	Multiple Caregiver records found based on Qualifier value. Please provide unique identifier.	Use a Caregiver Qualifier that is unique for this Caregiver and call API.
caregiver	101021	Visit cannot be greater than 25 hours	Change the Visit duration to be less than or equal to 25 hours and call API.
caregiver	101022	Caregiver is restricted. No Schedule can be created.	Caregiver cannot provide services until Payer removes Caregiver from the Restriction List. Resolve the issue and call API.
caregiver	101023	Caregiver was previously declined by the patient	Resolve the issue with the Caregiver and call API.
caregiver	101024	Caregiver is marked as absent	Resolve the issue with the Caregiver and call API.
payerID	101025	Payer ID is required	Include the Payer ID and call API.
payerID	101026	Invalid Payer ID value	Correct the Payer ID and call API.
payerID	101027	Payer is not active	Contact HHAExchange to rectify this issue.
payerID	101028	There is no active contract for this visit	If Member is Active for the time period for which you are billing, then contact the MCO and request to Start of Care plan date and/or Discharge date.
externalVisitID	101029	External VisitID is required	Include External Visit ID and call API.
evvmsid	101030	EVVMSID is required when EVV record needs to be updated	Include EVVMSID and call API.
evvmsid	101031	EVVMSID is not found	Confirm that the EVVMSID submitted matches the EVVMSID in the HHAExchange system and call API.
evvmsid	101032	EVVMSID does not belong to this payer	Use a EVVMSID that is linked with this Payer and call API.
evvmsid	101033	EVVMSID does not belong to this provider	Use a EVVMSID that is linked with this Provider and call API.
procedureCode	101034	Procedure Code is required	Include Service/Procedure Code and call API.
procedureCode	101035	Procedure Code is not found	Confirm that the Service/Procedure Code submitted matches the Service/Procedure Code in HHAExchange. Correct the issue and call API.
procedureCode	101036	Procedure Code is not active	Contact HHAExchange to rectify this issue.
procedureCode	101037	The service type was set to either Skilled or Non-Skilled for this visit when created and cannot be changed.	The incorrect Service Type was used for the EVVMSID. Correct the issue and call API.



Element	Error Code	Error Message	Action
procedureCode	101038	Procedure Code is not mapped to Caregiver's Discipline	Contact HHAExchange to rectify this issue.
procedureModifier Code	101039	Maximum 4 Procedure Modifier codes are allowed.	Correct the Procedure Modifier Codes and call API.
timezone	101040	Timezone is required	Include Timezone and call API.
timezone	101041	Invalid Timezone value	Correct the Timezone and call API.
scheduleStartTime	101042	Schedule Start Time is required	Include the Schedule Start Time and call API.
scheduleEndTime	101043	Schedule End Time is required	Include Schedule End Time and call API.
scheduleStartTime/EndTime	101044	Schedule cannot be greater than 24 hours	Change the Schedule duration to be less than or equal to 24 hours and call API.
scheduleStartTime/EndTime	101045	Schedule duration is 0	Schedule Start and End Time should not have the same value. Correct the issue and call API.
visitStartDateTime	101046	Visit Start Time is required when "Visit End Date Time" OR "EVV Clock In Time" is provided	Include Visit Start Time and call API.
visitStartDateTime	101047	Visit Start Time cannot be greater than current date	The Visit Start Time is using a time in the future. Resolve issue and call API.
visitEndDateTime	101048	Visit End Time is required when "EVV Clock Out Time" is provided	Include Visit End Time and call API.
visitEndDateTime	101049	Visit End Time cannot be greater than current date	The Visit End Time is using a time in the future. Resolve issue and call API.
visitEndDateTime	101050	Visit End Time must be greater than Visit Start Date Time	Resolve the issue and call API.
visitStartDateTime/EndDateTime	101051	Visit duration is 0	EVV Start and End Time should not have the same value; this might be an export issue. Consult with your 3rd party provider and advise of the issue. Make the required changes and call API.
evv > clockIn/Out	101052	Once EVV Clock In/Out is completed, then change in EVV Clock In/Out is not allowed in subsequent requests	Delete the visit and resubmit.
evv > clockIn/Out	101053	If the EVV Clock Out is provided, then the EVV Clock In is mandatory	Add the EVV Clock In to the Visit with Clock Out and call API.
evv > clockIn/Out	101054	Once visit is confirmed manually, then EVV Clock In/Out is not allowed in subsequent requests	Delete the visit and resubmit.
evv > clockIn/Out > callType	101055	Call Type is required when EVV Clock In/Out Time is confirmed via EVV	Include Call Type and call API.
evv > clockIn/Out > callType	101056	Invalid Call Type value	Correct the Call Type and call API.



Element	Error Code	Error Message	Action
evv > clockIn/Out > callLatitude	101057	Call Latitude is required when EVV Clock In/Out Time is confirmed by GPS (i.e. CallType = Mobile)	Include Call Latitude and call API.
evv > clockIn/Out > callLatitude	101058	Invalid Call Latitude value	Correct the Call Latitude and call API.
evv > clockIn/Out > callLongitude	101059	Call Longitude is required when EVV Clock In/Out Time is confirmed by GPS (i.e. CallType = Mobile)	Include Call Longitude and call API.
evv > clockIn/Out > callLongitude	101060	Invalid Call Longitude value	Correct the Call Longitude and call API.
evv > clockIn/Out > originatingPhoneNumber	101061	Originating Phone Number is required when EVV Clock In/Out Time is confirmed by Telephony (i.e. CallType = Telephony)	Include Originating Phone Number and call API.
evv > clockIn/Out > originatingPhoneNumber	101062	Invalid Originating Phone Number format	Review the EVV Data Aggregator Specification and confirm that your data is in the required format. Make the required changes and call API.
evv > clockIn/Out > serviceAddress	101063	Service Address is required when EVV Clock In/Out Time is confirmed via EVV	Include Service Address and call API.
evv > clockIn/Out > serviceAddress > addressLine1	101064	AddressLine1 is required when EVV Clock In/Out Time is confirmed via EVV	Include Address Line 1 and call API.
evv > clockIn/Out > serviceAddress > city	101065	City is required when EVV Clock In/Out Time is confirmed via EVV	Include City and call API.
evv > clockIn/Out > serviceAddress > state	101066	State Code is required when EVV Clock In/Out Time is confirmed via EVV	Include State Code and call API.
evv > clockIn/Out > serviceAddress > zipcode	101067	Zip Code is Required when EVV Clock In/Out Time is confirmed via EVV	Include Zip Code and call API.
evv > clockIn/Out > serviceAddress > zipcode	101068	Invalid Zip Code format	Review the EVV Data Aggregator Specification and confirm that your data is in the required format. Make the required changes and call API.
evv > clockOut > performedTasks	101070	Invalid Duties (Performed Task/Refused Task) field value	Correct the value in the Duties field and call API.
missed	101071	A missed visit request must not contain Clock In/Out information	Remove Clock In/Out information and call API.
missedVisit > reasonCode	101072	Missed Visit Reason Code is required when Missed flag is marked as True	Include Missed EVV Reason Code and call API.



Element	Error Code	Error Message	Action
missedVisit > reasonCode	101073	Invalid Missed Visit Reason Code value	Correct the Missed Visit Reason Code and call API.
missedVisit > reasonCode	101074	Missed Visit Reason Code is not active	Contact HHAExchange to rectify this issue.
missedVisit > actionCode	101075	Missed Visit Action Code is required when Missed flag is marked as True	Include Missed EVV Action Code and call API.
missedVisit > actionCode	101076	Invalid Missed Visit Action Code value	Correct the Missed Visit Action Code and call API.
missedVisit > actionCode	101077	Missed Visit Action Code is not active	Contact HHAExchange to rectify this issue.
editVisit > reasonCode	101078	Edit Visit Reason Code is required	Include Edit Visit Reason Code and call API.
editVisit > reasonCode	101079	Invalid Edit Visit Reason Code value	Correct the Edit Visit Reason Code and call API.
editVisit > reasonCode	101080	Edit Visit Reason Code is not active	Contact HHAExchange to rectify this issue.
editVisit > actionCode	101081	Edit Visit Action Code is required	Include Edit Visit Action Code and call API.
editVisit > actionCode	101082	Invalid Edit Visit Action Code value	Correct the Edit Visit Action Code and call API.
editVisit > actionCode	101083	Edit Visit Action Code is not active	Contact HHAExchange to rectify this issue.
billing > externalInvoiceNumber	101084	External Invoice Number, Total Billed Amount, Total Units Billed, Contract Rate and Diagnosis Codes fields are required when visit is billed in the Provider's third party EVV System	Include External Invoice Number, Total Billed Amount, Total Units Billed, Contract Rate and Diagnosis Codes fields and call API.
Shift Overlap	101085	Another Visit is using the same time in full or in part	Overlapped Shift times are not allowed. Correct the times so they are not sharing the same time.
Visit	101086	Visit is already billed	If you are attempting to edit the visit, and the visit has been billed in HHAExchange, this action is not allowed. Adjustments would need to be re-billed to the Payer.
Batch Visits	101087	The number of input records exceed the max limit per submission	Reduce the records being submitted in batch to be less than or equal to 100 and call API.
Visit	101088	Visit date is not in range of Eligibility Start and End date	Call API with correct date.
client_id	101089	Records that are created with a specific ClientID must be updated using the same ClientID	Call API with correct ClientID.



Element	Error Code	Error Message	Action
client_id	101090	ClientID does not have access permission to update the Provider's Visit record	Resolve permission issue.
Visit	101091	Schedule Date should be the visit day or the next day of the visit (inclusive of EVV)	Correct the Schedule, Visit and EVV Start/End date and/or time and call API
member	101092	Length of the Member's Identifier cannot exceed max characters of the Qualifier. Refer to the endpoint description for this field	Correct the Member's Identifier value and call API.
caregiver	101093	Length of the Caregiver's Identifier cannot exceed max characters of the Qualifier. Refer to the endpoint description for this field	Correct the Caregiver's Identifier value and call API.
externalVisitID	101094	Length of the External Visit ID cannot exceed 30 characters	Correct the External Visit ID value and call API.
EVVMSID	101095	Length of the EVVMSID cannot exceed 64 characters	Correct the EVVMSID value and call API.
EVVMSID	101096	The external evvmsid contains invalid characters. Please only use alphanumeric characters in addition to '-' and '_'	Correct the EVVMSID value and call API.
Office	101115	Member already exists in different office	Correct the Office's Qualifier and call API.
billSecondaryPayer	101130	Upto two Bill Secondary Payer are allowed	Maximum 2 objects are allowed in billSecondaryPayer
billSecondaryPayer > payerResponsibilitySequence	101131	PayerResponsibilitySequence number is required and must range between 1 (minimum) and 2 (maximum)	PayerResponsibilitySequence value can be 1 or 2 only.
billSecondaryPayer > claimFilingCode	101132	Claim Filing Code is required	Include ClaimFilingCode and call API
billSecondaryPayer > claimFilingCode	101133	ClaimFilingCodeText not found for the given ClaimFilingCode	Correct the claimFilingCode value and call API.
billSecondaryPayer > otherPayerPaidAmount	101134	Other payer paid amount is required	Include OtherPayerPaidAmount and Call API
billSecondaryPayer > payerResponsibilitySequence	101135	PayerResponsibilitySequence number should be in sequence	Must include billSecondaryPayer with PayerResponsibilitySequence with 1 if you want to create with PayerResponsibilitySequence 2.



Element	Error Code	Error Message	Action
billSecondaryPayer > payerResponsibilitySequence	101136	PayerResponsibilitySequence number should be unique	PayerResponsibilitySequence should not have same value and then Call API
billSecondaryPayer	101137	Secondary billing is not supported in this version (V1) of the EVV Data Aggregator API and therefore the visit is rejected. Please migrate to the second version (V2) of the EVV Data Aggregator API for support of secondary billing through HHAX	Call V2 version API to pass billSecondaryPayer section
billSecondaryPayer > relationshipToInsured	101138	RelationshipToInsuredText not found for the given RelationshipToInsured	Correct the relationshipToInsured value and call API.
billSecondaryPayer > planType	101139	PlanTypeText not found for the given PlanType	Correct the planType value and call API.
billSecondaryPayer > otherPayerPaidAmount	101141	OtherPayerPaidAmount value provided for Primary PayerResponsibilitySequence	Remove otherPayerPaidAmount for PayerResponsibilitySequence 1
billSecondaryPayer > payerResponsibilitySequence	101142	Primary PayerResponsibilitySequence is required, if Secondary PayerResponsibilitySequence is provided	Include PayerResponsibilitySequence 1 and call API.
billSecondaryPayer > primaryPayerProgramName	101143	PrimaryProgramName is required	Include PrimaryProgramName and call API.
Unknown	101999	Can occur if there is an interruption in service	Contact HHAExchange to inquire and to determine the resolution.

If you require assistance with interpreting these error messages or the action that is required to rectify the issue, please contact [Provider EDI Integrations](#) with the subject 'NJ API Technical Support Request'.