New Jersey Medicaid Electronic Visit Verification (EVV) Data Aggregator API Specifications

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

The topic is intended for project management and technical teams at designated providers and/or Electronic Visit Verification (EVV) vendors who are implementing this interface.

Submit a General inquiries ticket for EVV aggregation to 3rd Party Integration Support Desk. Include **'State Abbreviation' EVV General Inquiry** in the subject line. Cases are escalated to the Integration Support queue. An available team member will contact you to assist.

Caregiver Data Structure

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 HHAeXchange application requirement. If you do not wish to send this, 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 HHAeXchange 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

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)
[illegible]	Indemnity Insurance
[illegible]	Health Maintenance Organiztion (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

Duties

Code	Task Name	HHAeXchange 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

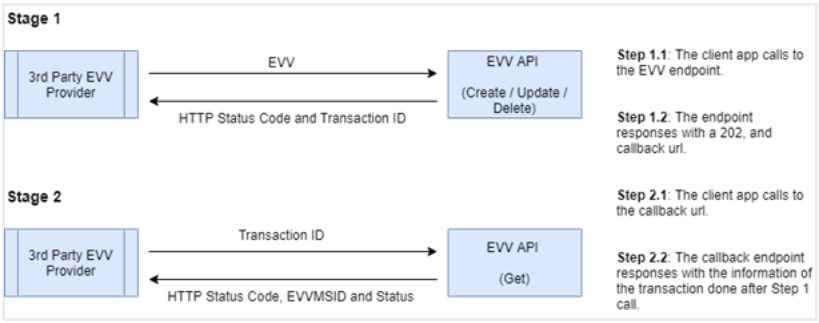
Electronic Visit Verification (EVV) Information

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 (Vendor/Provider) to get status of the EVV records. Upon successful submission of an EVV record, an EVVMSID (unique visit identifier) is returned along with status. The EVVMSID can be used to update or delete that EVV record in the future. All data sent to HHAeXchange 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 HHAeXchange derived EVVMSID
- The EVV submitter is 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 HHAeXchange EVVMSID still returned in the transactions endpoint and can be used interchangeably.



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 Uniform Resource Identifier (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
- The API leverages the HTTP response status codes to inform the consumer

EVV Request Data Structure

POST and PUT Operation

> **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.

Index	Element	Description	Max Length	Type	Required?
1	providerTaxID	Provider Tax ID - Unique Identifier for the Provider. Format: 999999999	9	String	Required
2	Office				
	Qualifier	Value being sent to uniquely identify the member. Possible Values: FederalTaxID, NPI or UMPI If agency operates in a single office location, same tax ID can be submitted as 'providerTaxID' above. If agency has multiple locations, submit office-level NPI, or UMPI. If service code is configured for auto-placement, submit office-level NPI, or UMPI.	50	String	Required
	Identifier	Office identifier identified by Office Qualifier.	64	String	Required
3	Member				
	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 is based on the qualifier (For MedicaidID, it is 50 characters)	*64	String	Required
	admissionId	Secondary Member identifier. If patient has multiple profiles in HHAeXchange, send both Member qualifier and Admission ID.	80	String	Optional
4	Caregiver				
	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 is based on the qualifier (For ExternalID, it is 20 characters)	*64	String	Required
5	payerID	HHAeXchange assigned ID for the payer. Payer ID is determined during the implementation process.	50	String	Required
6	externalVisitID	Unique Visit identifier in the external system.	30	String	Required

7	evvmsId	Unique Visit identifier in the HHAeXchange aggregator system. HHAeXchange EVVMSID: Required for updates to the EVV record. External EVVMSID: 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.	50	String	Required
9	procedureModifierCode	Two characters Modifier for the HCPCS code for the 837. Up to 4 of these are allowed. Consult specific program requirements for exact usage.	2	Array of String	Optional
10	timezone	Time zone visit data is captured in. Required timezone: US/Eastern All time sent to HHAeXchange from third-party provider is 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 changes made by political bodies to time zone boundaries, UTC offsets, and daylight-saving rules.	20	String	Required
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. If visitStartDateTime/visitEndDateTime and EVV Clock In/Out Time do not match, visit is marked as manually confirmed or adjusted and visit edits should be transmitted.		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. If visitStartDateTime/visitEndDateTime and EVV Clock In/Out Time do not match, visit is marked as manually confirmed or adjusted and visit edits should be transmitted.		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 EVV Clock In Time in UTC Time. Format: YYYY-MM-DDThh:mm 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.		DateTime	Situational
2	callType	When Required: if EVV Clock in 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 ignores 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 ignores value in this field.		Decimal (8,6)	Situational
4	callLongitude	When Required: - If EVV Clock In 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 ignores value in this field.		Decimal (9,6)	Situational
5	originatingPhoneNumber	When Required: - If EVV Clock in Time is confirmed by Telephony (i.e. CallType = Telephony) Originating Phone Number (Caller ID) for telephony. Format: 9999999999 If a value is provided in this field, then it is considered as a Telephony confirmation and this phone number is imported into HHAeXchange. If callDateTime is not provided, then API ignores value in this field.	10	String	Situational
6	serviceAddress				
	addressLine1	The physical address where the EVV check-in took place. If callDateTime is not provided, then API ignores value in this field.	100	String	Situational
	addressLine2	The physical address where the EVV check-in took place. S If callDateTime is not provided, then API ignores value in this field.	50	String	Optional
	City	City If callDateTime is not provided, then API ignores value in this field.	50	String	Situational
	State	State abbreviation (2 letter state code). If callDateTime is not provided, then API ignores 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 ignores value in this field.	9	String	Situational
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		DateTime	Situational

		provided.			
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 ignores 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 ignores 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 ignores 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 ignores value in this field.	10	String	Situational
6	performedTasks	List of performed task codes.		Array of String	Optional
7	refusedTasks	List of refused task codes. If callDateTime is not provided, then API ignores value in this field.		Array of String	Optional
8	serviceAddress				
	addressLine1	IThe physical address where the EVV check-out took place. If callDateTime is not provided, then API ignores value in this field.	100	String	Situational
	addressLine2	The physical address where the EVV check-out took place. If callDateTime is not provided, then API ignores value in this field.	50	String	Optional
	city	City If callDateTime is not provided, then API ignores value in this field.	50	String	Situational
	State	State abbreviation (2 letter state code). If callDateTime is not provided, then API ignores 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 ignores 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 HHAeXchange if Visit was previously marked as missed and schedule reappears (if the Visit is not yet billed in HHAeXchange). If the Visit is already billed in HHAeXchange, 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. If missed flag is not true, then API ignores 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. If missed flag is not true, then API ignores 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 ignores 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. If edited flag is not true, then API ignores value in this field.	4	String	Situational
3	actionCode	When Required: When Edit Visit = True Edit Visit Action Code. If the value is empty, then the existing value of Action Taken in HHAeXchange is not removed. If edited flag is not true, then API ignores 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 edited flag is not true, then API ignores value in this field.	256	String	Optional
Billing					
1	externalInvoiceNumber	Field is required to trigger the submission of claims to the payer. To avoid duplicate billing, this field should not be sent if the provider is billing the payer directly. • If a value is provided in this field, the visit is considered billed in the provider's third-party EVV system. The invoice number is imported, and the visit is processed for billing overnight, maintaining the same batching structure as invoiced in the file submission. • Visits must be invoiced in accordance with Payer specific billing requirements noted in the Payer Companion Guide. • If this field is left empty, visit is not processed for billing.	18	String	Situational

Note: HHAeXchange generates an 837 for visits sent from third-party EVV system to HHAeXchange for Aetna, Fee for Service, United & WellCare to associated payer; HHAeXchange only performs EVV data aggregation for visits sent for Amerigroup & Horizon.

2	totalBilledAmount	When Required: When Visit is billed; this field should be sent along with externalInvoiceNumber. Total billed amount in third-party system.		Decimal (8,2)	Situational
3	totalUnitsBilled	When Required: When visit is billed; this field should be sent along with externalInvoiceNumber. Total units billed in third-party system	5	Integer	Situational
4	contractRate	When Required: When visit is billed; this field should be sent along with externalInvoiceNumber. Hourly contract rate.		Decimal (8,2)	Situational
5	diagnosisCodes	When Required: When visit is billed; this field should be sent along with externalInvoiceNumber. Diagnosis Code Up to 26 of these are allowed. Proper formatting is required for the **diagnosisCodes** field. Format example: "Z483","C187","C787","Z433","I10","M1990"	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	When Required: When Visit has secondary billing info. Possible Values: True or False If the value is True, then the Visit is considered to have secondary billing info. An empty value is considered as False.		Boolean	Optional
2	otherSubscriberId	When Required: When enableSecondaryBilling = true Other Subscriber ID If enableSecondaryBilling flag is not true, then API ignores value in this field.	80	String	Situational
3	primaryPayerId	When Required: When enableSecondaryBilling = true Primary Payer ID If enableSecondaryBilling flag is not true, then API ignores value in this field.	80	String	Situational
4	primaryPayerName	When Required: When enableSecondaryBilling = true Primary Payer Name If enableSecondaryBilling flag is not true, then API ignores value in this field.	60	String	Situational
5	relationshipToInsured	Relationship to Insured If the value is empty, then the existing value of Reason in HHAeXchange is removed. If enableSecondaryBilling flag is not true, then API ignores value in this field.	2	String	Optional
6	primaryPayerPolicyOrGroupNumber	When Required: When enableSecondaryBilling = true Primary payer policy or Group number If enableSecondaryBilling flag is not true, then API ignores value in this field.	3	String	Situational
7	primaryPayerProgramName	When Required: When enableSecondaryBilling = true Primary Payer Program Name If enableSecondaryBilling flag is not true, then API ignores value in this field.	2	String	Situational
8	planType	Plan Type If enableSecondaryBilling flag is not true, then API ignores value in this field.	2	String	Optional
9	totalPaidAmount	When Required: When enableSecondaryBilling = true Total Paid Amount If enableSecondaryBilling flag is not true, then API ignores value in this field.		Decimal (7,2)	Situational
10	paidDate	When Required: When enableSecondaryBilling = true Format: YYYY-MM-DD If enableSecondaryBilling flag is not true, then API ignores value in this field.		Date	Situational
11	Deductible	Deductible If enableSecondaryBilling flag is not true, then API ignores value in this field.		Decimal (7,2)	Optional
12	Coinsurance	Coinsurance. If enableSecondaryBilling flag is not true, then API ignores value in this field.		Decimal (7,2)	Optional
13	Copay	Copay If enableSecondaryBilling flag is not true, then API ignores value in this field.		Decimal (7,2)	Optional
14	contractedAdjustments	Contracted Adjustments If enableSecondaryBilling flag is not true, then API ignores value in this field.		Decimal (7,2)	Optional
15	notMedicallyNecessary	Not Medically Necessary If enableSecondaryBilling flag is not true, then API ignores value in this field.		Decimal (7,2)	Optional
16	nonCoveredCharges	Non-Covered Charges If enableSecondaryBilling flag is not true, then API ignores value in this field.		Decimal (7,2)	Optional
17	maxBenefitExhausted	Max Benefit Exhausted If enableSecondaryBilling flag is not true, then API ignores 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 ignores 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 If enableSecondaryBilling flag is not true, then API ignores value in this field.	String	Situational
20	otherPayerPaidAmount	Other Payer Paid Amount If enableSecondaryBilling flag is not true, then API ignores value in this field. Note: It's applicable only if payerResponsibilitySequence = 2	Decimal (7,2)	Optional

MCO/Payer

MCO/Payer	Initials
Aetna	ANNJ
Amerigroup	AGNJ
Fee for Service	FFNJ
Fidelis Care New Jersey	WCNJ
Horizon	HRNJ
United	UNNJ
CSOC	NJCS

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

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

Plan Type

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

Procedure Codes

Procedure Code	Description	Unit of Service	Payer
96158:HA	Functional behavioral Assessment (BCBA-D)	1 Hour	CSOC

96159:HA	Behavior Consultative Supports (BCS) - Doctor Level IIH habilitation (BCBA -D)	1 Hour	CSOC
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
H0031:HA:22	Functional Behavior Assessment (BCBA)	1 Hour	CSOC
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
S9125:HA:52	Agency Hired Respite	15 Minutes	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
92507:HI:EXEMPT	SPEECH THERAPY,IN HOME	15 min	FFS
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:U1	Speech, Language and Hearing Therapy Individual	Per diem	FFS NJ
92507:59	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
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: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:HI:UN:EXEMPT	SPEECH THERAPY,IN HOME	15 min	FFS
92507:SZ:59	Mod 59 - Distinct procedural service performed by the physician on the day with other procedures and services	Per Diem	Aetna
96156:EP	DIR Health behavior assessment or re-assessment	Per diem, updated per SME	All MCOs & FFS
96158:EP	DIR Health behavior intervention	Initial 30 mins	All MCOs & FFS
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	All MCOs & FFS

		mins	
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 :U1	Physical Therapy, Therapeutic procedure, 1 or more areas; therapeutic exercises to develop strength and endurance, range of motion and flexibility	15 minutes	FFS NJ
97110:59	Mod 59 - Distinct procedural service performed by the physician on the day with other procedures and services	Per hour	Aetna
97110:96:59	Speech, Language and Hearing Therapy Individual	Per hour	Aetna & UHC
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
97110:SZ:59	Mod SZ - Habilitative services	15 Mins	Aetna
97129	Cognitive Therapy, Individual	15 mins	All MCOs & FFS
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	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
97130:95:59	Mod 95 - Synchronous Telemedicine Service Rendered via Real-Time Interactive Audio and Video Telecommunications System	15 Mins	Aetna & UHC
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
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
97535:96:59	OT Individual, 15 minutes unit of service	15 Mins	UHC
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
97535:HI	Occupational Therapy, Individual - Self-care/home management training	15 mins	FFS
97535:HI:EXEMPT	Self-Care/HME HGT Training	15 min	FFS
97535:HI:UN	Occupational Therapy, Individual - Self-care/home management training	15 mins	FFS
97535:HI:UN:EXEMPT	Self-Care/HME HGT Training	15 min	FFS
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
97597:U1	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	FFS NJ
99601	Infusion- Skilled nursing	Up to 2 hours	All MCOs & FFS
99601:U1	Infusion- Skilled nursing	Up to 2 hours	FFS NJ
99602	Infusion- Skilled nursing-additional hour(s)	Each additional hour	All MCOs & FFS

99602:U1	Infusion- Skilled nursing-additional hour(s)	Each additional hour	FFS NJ
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
H0004:HI	Behavioral Health Council	15 Minutes	FFS
H0004:HI:EXEMPT	Behavioral Health Council	15 Minutes	FFS
H0004:HI:22	Behavioral Health Council & Therapy	15 Minutes	FFS
H0004:H1:22:EXEMPT	Behavioral Health Council & Therapy	15 Minutes	FFS
H2016:HI	DDD Individual Supports	15 Minutes	FFS
H2016:HI:EXEMPT	DDD Individual Supports	15 Minutes	FFS
H2016:HI:22	DDD Individual Supports	15 Minutes	FFS
H2016:HI:22:EXEMPT	DDD Individual Supports	15 Minutes	FFS
H2016:HI:U8	DDD Individual Supports	15 Minutes	FFS
H2016:HI:U8:EXEMPT	DDD Individual Supports	15 Minutes	FFS
H2021:HI	DDD Community Based Supports	15 Minutes	FFS
H2021:HI:EXEMPT	DDD Community Based Supports	15 Minutes	FFS
H2021:HI:22	DDD Community Based Supports	15 Minutes	FFS
H2021:HI:22:EXEMPT	DDD Community Based Supports	15 Minutes	FFS
H2021:HI:52	DDD Community Based Supports	15 Minutes	FFS
H2021:HI:52:EXEMPT	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:EXEMPT	Maintenance Physical Therapy	15 Minutes	FFS
S8990:HI:UN	Maintenance Physical Therapy	15 Minutes	FFS
S8990:HI:UN:EXEMPT	Maintenance Physical Therapy	15 Minutes	FFS
S9122	Home Health Aide/Certified Nurse Assistant	Per hour	All MCOs & FFS
S9122:U1	Home Health Aide/Certified Nurse Assistant	Per hour	FFS NJ

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
S9123	RN/HR/PDN/EPSDT	1 Hour	MCO (Wellcare only)
S9123	Nursing care, in the home; by registered nurse	Per hour	All MCOs & FFS
S9123:EP	Nursing care in the home; by registered nurse	Per hour	FFS NJ
S9123:EP_U1	Nursing care, in the home; by registered nurse	Per hour	FFS NJ
S9123:U1	Nursing care, in the home; by registered nurse	Per hour	FFS NJ
S9124	Nursing care, in the home; by licensed practical nurse	Per hour	All MCOs & FFS
S9124:EP	Nursing care, in the home; by licensed practical nurse	Per hour	FFS NJ
S9124:U1	Nursing care, in the home; by licensed practical nurse	Per hour	FFS NJ
S9127	Social work visit, in the home	Per diem	All MCOs & FFS
S9127:U1	Social work visit, in the home	Per diem	FFS NJ
S9128	Speech therapy, in the home	Per diem	All MCOs & FFS
S9128:U1	Speech therapy, in the home	Per diem	FFS NJ
S9129	Occupational therapy, in the home	Per diem	All MCOs & FFS
S9129:U1	Occupational therapy, in the home	Per diem	FFS NJ
S9131	Physical therapy; in the home	Per diem	All MCOs & FFS
S9131:U1	Physical therapy; in the home	Per diem	FFS NJ
S9470	Nutritional Counseling	Per Visit	MCO (Wellcare only)
S91244:EP_U1	Nursing care, in the home; by licensed practical nurse	Per hour	FFS NJ
T1000	Private duty / independent nursing service(s)	15 mins	All MCOs & FFS
T1000:U1	Private duty / independent nursing service(s)	15 minutes	FFS NJ
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:U1	Private duty / independent nursing service(s) / RN	15 minutes	FFS NJ
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:U1	LPN/LVN SERVICES	15 minutes	FFS NJ
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:EXEMPT	DDD In Home Respite	15 Minutes	FFS

T1005:HI:U8	DDD In Home Respite	15 Minutes	FFS
T1005:HI:U8:EXEMPT	DDD In Home Respite	15 Minutes	FFS
T1019	Personal Care Assistance_15M	15 Minutes	All MCOs & FFS
T1019:U1	Personal Care Service	15 minutes	FFS NJ
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
T1030:U1	Nursing care, in the home, by registered nurse	Per diem	FFS NJ
T1031	Nursing care, in the home, by licensed practical nurse	Per diem	All MCOs & FFS
T1031:U1	Nursing care, in the home, by licensed practical nurse	Per diem	FFS NJ
T10200:U1	Personal Care Service	Per diem	FFS NJ

Relationship to Insured

Code	Relationship
01	Spouse
18	Self
19	Child
G8	Other

Status

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

Visit Edit Action Taken

Code	Description	
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

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 or member will not allow use of phone.	All MCOs
202	Member doesn't have a phone in 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 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	Scenario not captured in any other reason code. Provider must specify reason in note field when "other" is the reason selected for manual edit. If a note is not specified, the visit will not be eligible for payment.	All MCOs
223	EPSDT PDN During the School Day	All MCOs
Available 1.1.2026:		
224	Members who require a retro-authorization- provider shall manually enter visit detail until an authorization is received. (Provider must maintain documentation regarding reason for retro-authorization.)	All MCOs
225	Members who require a retro-authorization- providers shall manually enter visit details until an authorization is received. (EMEVS must support gap in eligibility.)	All MCOs
226	Visits that include overlap based on DMAHS policy; however, an error is triggered and the provider must manually edit visit. For example, clock in and clock out results in additional unit and /or error for two staff.	All MCOs
227	Visits that take place overnight. (i.e., Shift begins on Sunday and ends on a Monday).	All MCOs
228	EVV System not accessible/available.	All MCOs