Children's Medical Services EDI Codes

Payer / MCO:	Children's Medical Services
State / Program:	Florida
Effective Date:	Billing (10/1/2021-9/30/2026)

The EDI Codes topic defines specific codes used in the import interface process.

Refer to Homecare EDI Import for import details and interface instructions.

If additional assistance is needed, submit a ticket to the 3rd Party Integration Support Desk. Cases are escalated to the EDI Production Support queue.

Note: *Not every code table below applies to every state or payer (for example, some payers do not use Duties Codes). Remove any section that does not apply to this implementation, and add rows or columns anywhere additional detail is needed.*

Duties Code

The table below provides the assigned codes for services/tasks completed during a Patient's Visit according to their Plan of Care (Duties).

Code	Task Name	HHAeXchange Category
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 – General	Personal Care
134	Bathing	Personal Care
135	Other	Personal Care
201	In Person	Patient Support Activities
202	Via Telephone	Patient Support Activities
203	Other	Patient Support Activities
401	Shopping (Grocery, Supplies, Personal Items, Etc.)	Home Management
402	Travel Accompaniment of Appointments	Home Management
403	Housekeeping/Cleaning	Home Management
405	Take Blood Pressure	Treatment / Special Needs
406	Weigh Patient	Treatment / Special Needs
407	Record Output (Urine/BM)	Treatment / Special Needs
408	Assist with Catheter care	Treatment / Special Needs
409	Empty foley bag Daily or when 1/2 Full	Treatment / Special Needs
410	Assist with Ostomy care	Treatment / Special Needs
411	Remind to take medication	Treatment / Special Needs

Code	Task Name	HHAeXchange Category
412	Assist with Treatment	Treatment / Special Needs
499	Other	Home Management
500	Change bed linen	Patient Support Activities
501	Patient Laundry	Patient Support Activities
502	Light Housekeeping	Patient Support Activities
505	Clean Patient Care Equipment	Patient Support Activities
506	Do Patient shopping and errands	Patient Support Activities
508	Accompany Patient to medical appointment	Patient Support Activities
509	Diversional Activities-Speak/Read	Patient Support Activities
511	Monitor Patient Safety	Patient Support Activities
599	PDN-LPN Other	Nursing Care
601	PDN-RN Monitoring Vitals	Nursing Care
602	PDN-RN Nursing Care	Nursing Care
603	PDN-RN Managing Medications	Nursing Care
604	PDN-LPN Monitoring Vitals	Nursing Care
605	PDN-LPN Nursing Care	Nursing Care
606	PDN-LPN Managing Medications	Nursing Care
699	PDN-RN Other	Nursing Care
799	Other	Respite Care

MCO/Payer ID

The Payer ID is the unique identifier for the MCO, sent as a required field in the V5 Flat File. The following table provides the MCO/Payer ID Code for the Payer.

Code	MCO/Payer
41185	Children's Medical Services

Missed Visit Action Taken

The following table provides the codes and descriptions for the Missed Visit Action Taken field for the Additional Visits Info EDI Import Interface file.

If a Missed Visit is canceled (unchecked), the codes revert to the Visit Edit Code Tables (Reason and Action Taken).

Where a code's meaning or availability differs by plan, the Payer column identifies which plan(s) it applies to. Enter “All” where a code applies uniformly across every plan under this payer.

Code	Description
1	Contingency Plan Put in Place
2	Rescheduled Service for Same Day
3	Rescheduled Service for Different Day
4	Service Authorization Renewed and Services Resumed
5	Services Resumed at Next Scheduled Visit
6	Other (must include description in Comments section)

Missed Visit Reason Codes

The following table provides the codes and descriptions for the Missed Visit Reason Code field for the Additional Visits Info EDI Import Interface file.

If a Missed Visit is canceled (unchecked), the codes revert to the Visit Edit Code Tables (Reason and Action Taken).

Some payers require additional detail (for example, a mandatory note) for specific reason codes. Flag any such codes here and record the underlying requirement in the State/Program-Specific Requirements section below.

Code	Description
1	Provider Cancellation
2	Provider No-Show
3	Enrollee Cancellation
4	Enrollee No-Show
5	Scheduling Error due to Enrollee
6	Scheduling Error due to Provider
7	Service Authorization Issue
8	Other (must include description in Comments section)
20	COVID-19: Provider Cancellation
21	COVID-19: Provider No-Show
22	COVID-19: Caregiver unable to staff due to COVID-related symptoms/quarantine
23	COVID-19: Caregiver unable to staff because of childcare issues
24	COVID-19: Enrollee Cancellation
25	COVID-19: Enrollee refused, receiving service through informal supports
26	COVID-19: Enrollee No-Show
27	COVID-19: Other (If selecting COVID-19: Other, please provide additional details in the Note section)
28	PDN Hours Refused by parent/guardian
29	PDN Hours Not Delivered Due to Hospitalization (or Inpatient)
30	PDN Hours Not Delivered Due to PPEC (Prescribed Pediatric Extended Care)
31	PDN Hours Not Delivered as Child's Condition Improved
32	PDN Hours Not Delivered as Child Moved Out of State

Code	Description
33	PDN Hours Not Delivered due to Duplicate Authorizations
34	PDN Hours Not Delivered as Child Lives in Rural or Remote Location
35	PDN Hours Not Delivered as Nurses Feel Mistreated
36	PDN Hours Not Delivered as Nurses Have Safety Concerns
37	PDN Hours not Delivered as Nurse Did Not Appear as Scheduled
38	PDN Hours Not Delivered as Preferred Provider was Not Available and Parent Declined Alternate Provider
39	PDN Hours Not Delivered as Child Passed Away
40	PDN Hours Not Delivered - Other

Procedure Codes

The following table provides the procedure/service codes, their descriptions, and the corresponding HHAeXchange Service Type. Where a code is only offered under specific plans, the Payer column identifies which plan(s) it applies to; enter “All” where a code applies uniformly across every plan under this payer.

Where specific codes carry additional requirements (for example, authorization exceptions or an NPI requirement), record those details in the State/Program-Specific Requirements section below.

Service Code	Description	HHAeXchange Service Type
S5125	Attendant Care	Other (Skilled)
S5125U2	Attendant Care (PDO)	Other (Skilled)
S5130	Homemaker (Non-Skilled)	HMK
S5130U2	Homemaker (Non-Skilled)	HMK
S5135	Companion (Non-Skilled)	COMP
S5135U2	Companion (Non-Skilled)	COMP
S5150	Unskilled Respite Care	RESP
S9122	Personal care rendered by a home health service provider	PCA
S9122SK	Personal care rendered by a home health service provider	HC
S9122SKTT	Personal care rendered by a home health service provider	HC
S9122TT	Personal Care rendered by a home health service provider (1 to 24 hours per day) provided to more than one recipient in the same setting	Other (Non Skilled)
S9123	Registered Nurse (Skilled)	RN
S9123TT	Private Duty Nursing (RN services) provided to more than one recipient in the same setting	Other (Skilled)
S9124	Licensed Practical Nurse (Skilled)	LPN
S9124TT	Licensed Practical Nurse (Skilled)	LPN
T1002	Registered Nurse (Skilled)	RN
T1003	Licensed Practical Nurse (Skilled)	LPN
T1004	Personal Care Assistant (Non-Skilled)	PCA
T1005	Respite (Non-Skilled)	RESP
T1019	Personal Care Services, PDO	PCA
T1021	HHA or CNA, providing personal care in home, bath visit	PCA

Service Code	Description	HHAeXchange Service Type
T1021TT	Home Health Aide (HHA) Visit unassociated with skilled nursing to more than one recipient in the same setting	Other (Non Skilled)
T1030	Nursing care in home by RN (Skilled Nursing-RN)	RN
T1030TT	Registered Nurse (RN) visit provider to more than one recipient in the same setting	Other (Skilled)
T1031	Licensed Practical Nurse (LPN) Visit	Other (Skilled)
T1031TT	Licensed Practical Nurse (LPN) Visit provide to more than one recipient in the same setting	Other (Skilled)

Required Fields by Import File Type

There are required fields per file document which must be in a specific format. The following table provides the applicable required fields per EDI Import File Type. This EDI Import Interface supports the following import operations into HHAeXchange.

If record needs to be imported as a…	Then, the following fields must be provided:
Billed Visit	• Agency Tax ID • Caregiver Code • Caregiver First Name • Caregiver Last Name • Caregiver SSN • Clock-In Service Location Address • Clock-Out Service Location Address • Invoice Number • Medicaid Number • Payer ID • Procedure Code • Schedule End Time • Schedule ID • Diagnosis Code • Schedule Start Time • Visit End Time • Visit Start Time *The EVV fields are required if the visit was confirmed via EVV or IVR. Visit Edit and Action Taken codes are required if the visit was manually edited.*
Confirmed Visit	• Agency Tax ID • Caregiver Code • Caregiver First Name • Caregiver Last Name • Caregiver SSN • Clock-In Service Location Address • Clock-Out Service Location Address • Medicaid Number • Payer ID • Procedure Code • Schedule End Time • Schedule ID • Diagnosis Code • Schedule Start Time • Visit End Time • Visit Start Time *The EVV fields are required if the visit was confirmed via EVV or IVR. Visit Edit and Action Taken codes are required if the visit was manually edited.*
Delete a Schedule	• Agency Tax ID • Caregiver Code • Caregiver First Name

If record needs to be imported as a…	Then, the following fields must be provided:
	• Caregiver Last Name • Caregiver SSN • Is Deletion (value should be “Y”) • Medicaid Number • Payer ID • Procedure Code • Schedule End Time • Schedule ID • Schedule Start Time
Missed Visit	• Agency Tax ID • Caregiver Code • Medicaid Number • Missed Visit (value should be “Y”) • Missed Visit Action Taken Code • Missed Visit Reason Code • Payer ID • Procedure Code • Schedule ID
Rebilled Visit	• Agency Tax ID • Caregiver Code • Caregiver First Name • Caregiver Last Name • Caregiver SSN • Clock-In Service Location Address • Clock-Out Service Location Address • Invoice Number • Medicaid Number • Payer ID • Procedure Code • Schedule End Time • Schedule ID • Schedule Start Time • Submission Type • TRN Number • Visit End Time • Visit Start Time *The EVV fields are required if the visit was confirmed via EVV or IVR. Visit Edit and Action Taken codes are required if the visit was manually edited.*
Schedule	• Agency Tax ID • Caregiver Code • Medicaid Number • Payer ID • Procedure Code • Schedule End Time • Schedule ID

If record needs to be imported as a…	Then, the following fields must be provided:
	• Schedule Start Time
TPL Billing	• Agency Tax ID • Caregiver Code • Caregiver First Name • Caregiver Last Name • Caregiver SSN • Clock-In Service Location Address • Clock-Out Service Location Address • Enable Secondary Billing • Invoice Number • Medicaid Number • Other Subscriber ID • Paid Date • Payer ID • Primary Payer ID • Primary Payer Name • Primary Payer Policy or Group Number • Plan Type • Procedure Code • Relationship to Insured • Total Paid Amount • Total Paid Units • Schedule ID • Schedule End Time • Schedule Start Time • Visit Start Time • Visit End Time *Totals for the paid-amount columns must add up to the total field amount provided. The EVV fields are required if the visit was confirmed via EVV or IVR. Visit Edit and Action Taken codes are required if the visit was manually edited.*

This EDI Import Interface may support additional import types beyond those listed above (for example, PMPM Billing), and some payers define required fields through a separate reference document rather than an inline field list. Any additional import types, field-level exceptions, or reference documents for this payer are noted below.

Import Type / Reference	Required Fields or Document Link

State/Program-Specific Requirements

Some states or payers apply additional business rules beyond the standard EDI specifications above — for example, splitting overnight visits at midnight, requiring notes on certain missed-visit codes, or requiring an NPI on specific procedure codes. The table below documents any such requirements for this payer.

Topic	Requirement Details
Overnight Visit split	Visits are required to split at midnight if the visit crosses multiple calendar days. Overnight visits that do not meet the requirements specified below fails to process successfully into the HHAeXchange system. The following fields need to be split at midnight if the visit crosses multiple calendar days: Schedule Start/End Time, Visit Start/End Time, and EVV Start/End Time. Sample overnight shift from 1/1/21 11pm to 1/2/21 7am: • Visit 1: 1/1/2021; 11pm – 11:59PM ▪ Schedule Start: 23:01 ▪ Schedule End: 23:59 ▪ Visit Start: 23:01 ▪ Visit End: 23:59 ▪ EVV Start: 23:01 ▪ EVV End: 23:59 • Visit 2: 1/2/2021; 12:00am – 7am ▪ Schedule Start: 00:00 ▪ Schedule End: 06:58 ▪ Visit Start: 00:00 ▪ Visit End: 06:58 ▪ EVV Start: 00:00 ▪ EVV End: 06:58

Visit Edit Action Taken Codes

The following table provides the codes and descriptions for the Visit Edit Action Taken field for the following EDI Import Interface files: Confirmed Visits and Billed Visits.

Where a code's meaning or availability differs by plan, the Payer column identifies which plan(s) it applies to. Enter “All” where a code applies uniformly across every plan under this payer.

Code	Description
10	Confirmed visit with the client or the client's family member/representative and documented
11	Supervisor approved change
12	Updated client's phone number and documented
13	Changed verification collection method and documented
14	Timesheet received and signed by supervisor
15	Visit rescheduled
16	Updated client's address and documented
17	Unverified visit; this service cannot be billed
18	Service(s) cancelled or suspended until further notice
19	Change in schedule
20	Unspecified Action
21	Other

Visit Edit Reason Codes

The following table provides the codes and descriptions for the Visit Edit Reason field for the following EDI Import Interface files: Confirmed Visits and Billed Visits.

Where a code's meaning or availability differs by plan, the Payer column identifies which plan(s) it applies to. Enter “All” where a code applies uniformly across every plan under this payer.

Code	Description
105	Services Provided Outside the Home – Supported by Service Plan
110	Fill-in for Regular Attendant or Assigned Staff
115	Client requested to change/cancel scheduled visit Scheduled visit has been cancelled due to the client's services being suspended
120	Attendant's identification number (s) does not match the scheduled shift
121	Attendant failed to report to client's home
125	Multiple Calls for One Visit
130	Disaster or Emergency
135	Confirm Visits with no Schedule (Warning: May result in audit)
200	Fixed location device on order or pending placement in the home
205	Small Alternative Device Pending Installation (Warning: May result in audit)
210	Missing Small Alternative Device (Warning: May result in audit)
215	Reversal of Call In/Out Times (Warning: May result in audit)
300	Client's phone line not working (technical issue or natural disaster)
305	Attendant unable to connect to internet
310	Attendant unable to use mobile device
400	Individual/Member Does Not Have Home Phone
405	Phone in use by client or individual in client's home
410	Client won't let attendant use phone
800	Address did not link to the client (GPS)
900	Attendant failed to call in
905	Attendant failed to call out
910	Attendant failed to call in and out
915	Wrong Phone Number – Verified Services Were Delivered
916	HHAeXchange EVV Mobile App Down (Note required: Support ticket number) (Warning: May result in audit)

Code	Description
917	HHAeXchange EVV IVR Down (Note required: Support ticket number) (Warning: May result in audit)
918	HHAeXchange Scheduled EVV System Downtime (Warning: May result in audit)
919	EDI EVV Mobile App Down (Note required: Vendor support ticket number) (Warning: May result in audit)
920	EDI EVV IVR Down (Note required: Vendor support ticket number) (Warning: May result in audit)
921	EDI Vendor Scheduled EVV System Downtime (Note required: Vendor support ticket number) (Warning: May result in audit)
922	Member not active in HHAeXchange - member not placed or member discharged at time of service (Warning: May result in audit)
998	PDO Only: Live-in caregiver, EVV not required. (*Self-Direction only).
999	Other (Warning: May result in audit)