Florida Community Care EDI Codes

Payer / MCO:	Florida Community Care
State / Program:	Florida
Effective Date:	Billing (2/1/2018)

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
62527	Florida Community Care

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)
41	Enrollee Hospitalized

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 service /15m	Other (Skilled)
S5125U2	Attendant care service /15m	Other (Skilled)
S5125CG	Attendant Care PDO	Other (Skilled)
S5125UA	Attendant Care	Other (Skilled)
S5130	Homaker service nos per 15m	HMK
S5130U2	Homemaker Services	HMK
S5130CG	Homemaker Services PDO	HMK
S5130HM	Homemaker Services	HMK
S5130U1	Homemaker Services	HMK
S5130UC	Homemaker Services	HMK
S5130UCS1	Personal Support-Quarter Hour 18-20 1:1	SPC
S5130UCS2	Personal Support-Quarter Hour 18-20 1:2	SPC
S5130UCS3	Personal Support-Quarter Hour 18-20 1:3	SPC
S5130UCSCS1	Personal Support-Day 1:1	SPC
S5130UCSCS2	Personal Support-Day 1:2	SPC
S5130UCSCS3	Personal Support-Day 1:3	SPC
S5130US	Homemaker Services	HMK
S5131	Homemaker service nos /diem	HMK
S5135	Adult companioncare per 15m	COMP
S5135U2	Adult Companion	COMP
S513576	Adult Companion	COMP
S5135CG	Adult Companion Care PDO	COMP
S5135U5	Adult Companion	COMP
S5135UA	Adult Companion	COMP
S5135UC	Adult Companion	COMP

Service Code	Description	HHAeXchange Service Type
S5135UCS2	Life Skills Development - Level 1 Companion 1:2	COMP
S5135UCS3	Life Skills Development - Level 1 Companion 1:3	COMP
S5136	Adult companioncare per diem	COMP
S5150	Unskilled respite care /15m	RESP
S515012	Unskilled respite care, not hospice; per 15 minutes	RESP
S5150U2	Unskilled respite care, not hospice; per 15 minutes	RESP
S5151	Unskilled respitecare /diem	RESP
S5151UCSCS1	Respite Day (under 21 only) 1:1	RESP
S5151UCSCS2	Respite Day (under 21 only) 1:2	RESP
S5151UCSCS3	Respite Day (under 21 only) 1:3	RESP
S5151UCS1	Respite - Quarter Hour (under 21 years of age only) 1:1	RESP
S5151UCS2	Respite - Quarter Hour (under 21 years of age only) 1:2	RESP
S5151UCS3	Respite - Quarter Hour (under 21 years of age only) 1:3	RESP
S9122	Home health aide or certifie	PC
S9122SK	Family Home Health Aide Visit-(under 21 only) (up to 8 hours per day)1 unit = 1 hour 1:1	PC
S9122SKS2	Family Home Health Aide Visit-(under 21 only) (up to 8 hours per day)1 unit = 1 hour 1:2	PC
S9122SKS3	Family Home Health Aide Visit-(under 21 only) (up to 8 hours per day)1 unit = 1 hour 1:3	PC
S9122SKUF	Family Home Health Aide Visit-(under 21 only) (up to 8 hours per day)provided by more than one provider in the same setting 1 unit = 1 hour 1:1	PC
S9122SKS2UF	Family Home Health Aide Visit-(under 21 only) (up to 8 hours per day)provided by more than one provider in the same setting 1 unit = 1 hour 1:2	PC
S9122SKS3UF	Family Home Health Aide Visit-(under 21 only) (up to 8 hours per day)provided by more than one provider in the same setting 1 unit = 1 hour 1:3	PC
S9122TT	Personal care rendered by a home health service provider (1 to 24 hours per day)* (mutual 1st member 100% rate)	PC

Service Code	Description	HHAeXchange Service Type
S9122TT	Personal care rendered by a home health service provider (1 to 24 hours per day)* (mutual 2nd member 50% rate)	PC
S9122TT	Personal care rendered by a home health service provider (1 to 24 hours per day)* (mutual member #3+ 25% rate)	PC
S9122TTUF	Personal care rendered by a home health service provider (1 to 24 hours per day)* (mutual 1st member 100% rate)	PC
S9122TTUF	Personal care rendered by a home health service provider (1 to 24 hours per day)* (mutual 2nd member 50% rate)	PC
S9122TTUF	Personal care rendered by a home health service provider (1 to 24 hours per day)* (mutual member #3+ 25% rate)	PC
S9122UF	Personal care rendered by a home health service provider (1 to 24 hours per day)* provided by more than one provider in the same setting	PC
S9123	Nursing care in home rn	RN
S9123TT	Private duty nursing rendered by a RN (2 to 24 hours per day)* (mutual 1st member 100% rate)	RN
S9123TT	Private duty nursing rendered by a RN (2 to 24 hours per day)* (mutual 2nd member 50% rate)	RN
S9123TT	Private duty nursing rendered by a RN (2 to 24 hours per day)* provided to more than one recipient in the same setting.**	RN
S9123TTUF	Private duty nursing rendered by a RN (2 to 24 hours per day)* (mutual 1st member 100% rate)	RN
S9123TTUF	Private duty nursing rendered by a RN (2 to 24 hours per day)* (mutual 2nd member 50% rate)	RN
S9123TTUF	Private duty nursing rendered by a RN (2 to 24 hours per day)*(mutual member #3+ 25% rate)	RN
S9123UF	Private duty nursing rendered by a RN (2 to 24 hours per day)* provided by more than one provider in the same setting***	RN
S9124	Nursing care, in the home; b	LPN
S9124TT	Private duty nursing rendered by a LPN (2 to 24 hours per day)* (mutual 1st member 100% rate)	LPN
S9124TT	Private duty nursing rendered by a LPN (2 to 24 hours per day)* (mutual 2nd member 50% rate)	LPN

Service Code	Description	HHAeXchange Service Type
S9124TT	Private duty nursing rendered by a LPN (2 to 24 hours per day)* (mutual member #3+ 25% rate)	LPN
S9124TTUF	Private duty nursing rendered by a LPN (2 to 24 hours per day)*(mutual 1st member 100% rate)	LPN
S9124TTUF	Private duty nursing rendered by a LPN (2 to 24 hours per day)*(mutual 2nd member 50% rate)	LPN
S9124TTUF	Private duty nursing rendered by a LPN (2 to 24 hours per day)* (mutual member #3+ 25% rate)	LPN
S9124UF	Private duty nursing rendered by a LPN (2 to 24 hours per day)* provided by more than one provider in the same setting	LPN
T1002	Rn services up to 15 minutes	RN
T1002CG	RN PDO visit	RN
T1002HN	Intermittent and skilled nursing. BSN HN modifier is for bachelor's degree level	RN
T1002TD	Registered Nurse/RN visit	RN
T1003	Lpn/lvn services up to 15min	LPN
T1003CG	LPN/LVN PDO visit	LPN
T1005	Respite care service 15 min	RESP
T1005UCTES1	Skilled Respite - LPN - Quarter Hour 1:1	LPN
T1005UCTES2	Skilled Respite - LPN - Quarter Hour 1:2	LPN
T1019	Personal care ser per 15 min	PCA
T1019TT	Personal Care Services (mutual 1st member 100% rate)	PCA
T1019TT	Personal Care Services (mutual 2nd member 50% rate)	PCA
T1019TT	Personal Care Services (mutual member #3+ 25% rate)	PCA
T101912	Personal Care Services	PCA
T101976	Personal Care Services	PCA
T1019CG	Personal Care Services PDO	PCA
T1019U2	Personal Care Services	PCA
T1019U5	Personal Care Services	PCA
T1019UA	Personal Care Services	PCA
T1019UC	Personal Care Services	PCA

Service Code	Description	HHAeXchange Service Type
T1021	HH aide or cn aide per visit	HHA
T1021TT	Home Health Aide (HHA) Visit-unassociated with skilled nursing services (mutual 1st member 100% rate)	HHA
T1021TT	Home Health Aide (HHA) Visit-unassociated with skilled nursing services (mutual 2nd member 50% rate)	HHA
T1021TT	Home Health Aide (HHA) Visit-unassociated with skilled nursing services (mutual member #3+ 25% rate)	HHA
T1021GY	Home Health Aide (HHA) Visit-unassociated with skilled nursing services to a Dually Eligible Recipient	HHA
T1021TD	Home Health Aide (HHA) Visit-associated with skilled nursing services	HHA
T1021TDTT	Home Health Aide (HHA) Visit-associated with skilled nursing services (mutual 1st member 100% rate)	HHA
T1021TDTT	Home Health Aide (HHA) Visit-associated with skilled nursing services (mutual 2nd member 50% rate)	HHA
T1021TDTT	Home Health Aide (HHA) Visit-associated with skilled nursing services (mutual member #3+ 25% rate)	HHA
T1021TTGY	Home Health Aide (HHA) Visit-unassociated with skilled nursing services (mutual 1st member 100% rate)	HHA
T1021TTGY	Home Health Aide (HHA) Visit-unassociated with skilled nursing services (mutual 2nd member 50% rate)	HHA
T1021TTGY	Home Health Aide (HHA) Visit-unassociated with skilled nursing services(mutual member #3+ 25% rate)	HHA
T1030	Rn home care per diem	RN
T1030TT	Rn home care per diem (mutual 1st member 100% rate)	RN
T1030TT	Rn home care per diem (mutual 2nd member 50% rate)	RN
T1030TT	Rn home care per diem (mutual member #3+ 25% rate)	RN
T1031	Lpn home care per diem	LPN

Service Code	Description	HHAeXchange Service Type
T1031TT	Lpn home care per diem (mutual 1st member 100% rate)	LPN
T1031TT	Lpn home care per diem (mutual 2nd member 50% rate)	LPN
T1031TT	Lpn home care per diem (mutual member #3+ 25% rate)	LPN

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)