Humana Florida EDI Codes

Payer / MCO:	Humana
State / Program:	Florida
Effective Date:	Billing (12/1/2018)

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
20135	Humana

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)

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
29799	Unlisted Procedure casting or strapping	PT
29799HA	Application of Casting or Strapping	PT
92507	Speech Therapy Visit	ST
92507HM	Speech Therapy Visit Provided by a Speech Therapy Assistant	ST
92508	Treatment of speech language voice communication and/or auditory processing disorder group 2 or more individuals	ST
92508HA	Group Speech Therapy per child in the group per 15 minutes	ST
92521	Evaluation/ Re-evaluation of speech fluency (e.g., stuttering, cluttering)	ST
92522	Evaluation/ Re-evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria)	ST
92523	Evaluation/ Re-evaluation of speech sound production (e.g., articulation, phonological process, apraxia, dysarthria); with evaluation of language comprehension and expression (e.g., receptive and expressive language)	ST
92524	Evaluation/ Re-evaluation Behavioral and qualitative analysis of voice and resonance	ST
92597	AAC Initial Evaluation Provided by a Speech-Language Pathologist	ST
92597GN	AAC Re-Evaluation Provided by a Speech-Language Pathologist	ST
92597GO	AAC Initial Evaluation Provided by an Occupational Therapist	OT
92597GP	AAC Initial Evaluation Provided by a Physical Therapist	PT
92609	AAC Fitting, Adjustment, and Training Visit	ST

Service Code	Description	HHAeXchange Service Type
92610	Evaluation of oral and pharyngeal swallowing function	ST
97003	Occupational Therapy Visit (enrollee over 21)	OT
97110	Physical Therapy Treatment Visit	PT
97110HM	Physical Therapy Visit Provided by a Physical Therapy Assistant	PT
97161	Physical Therapy Evaluation, Low Complexity	PT
97162	Physical Therapy Evaluation, Moderate Complexity	PT
97163	Physical Therapy Evaluation, High Complexity	PT
97164	Physical Therapy Re-Evaluation	PT
97165	Occupational Therapy Evaluation, Low Complexity	OT
97166	Occupational Therapy Evaluation, Moderate Complexity	OT
97167	Occupational Therapy Evaluation, High Complexity	OT
97168	Occupational Therapy Re- Evaluation	OT
97530	Occupational Therapy Treatment Visit	OT
97530HM	Occupational Therapy Visit Provided by an Occupational Therapy Assistant	OT
97542	Wheelchair Evaluation	PT
97542GO	Wheelchair Evaluation and Fitting by an Occupational Therapist	OT
97542GP	Wheelchair Evaluation and fitting by a physical therapist	PT
97802	Nutritional Assessment/Risk Reduction Services	NT
99503	Respiratory Therapy, Treatment Regular (enrollee over 21)	RT
99504	Respiratory Therapy, Treatment Mechanical Vent Care	RT
H2010	Medication Management, Comprehensive	Other (Skilled)
H2010HN	Medication Management, Comprehensive (BSN)	Other (Skilled)
H2010T2	Medication Management, Comprehensive	Other (Skilled)
H2010TD	Medication Management, Comprehensive (RN)	Other (Skilled)
H2010TE	Medication Management, Comprehensive (LPN)	Other (Skilled)

Service Code	Description	HHAeXchange Service Type
H2014	Life Skills Training	Other (Non Skilled)
S5110	Caregiver Training (Group)	Other (Skilled)
S5125	Attendant Care	Other (Skilled)
S5125CG	Attendant Care PDO	Other (Skilled)
S5125U2	Attendant Care	Other (Skilled)
S5125UA	Attendant Care	Other (Skilled)
S5130	Homemaker Services	HMK
S5130CG	Homemaker Services PDO	HMK
S5130HM	Homemaker Services	HMK
S5130U1	Homemaker Services	HMK
S5130U2	Homemaker Services	HMK
S5130UC	Homemaker Services	HMK
S5130US	Homemaker Services	HMK
S5135	Adult Companion	COMP
S513576	Adult Companion	COMP
S5135CG	Adult Companion Care PDO	COMP
S5135U2	Adult Companion	COMP
S5135U5	Adult Companion	COMP
S5135UA	Adult Companion	COMP
S5135UC	Adult Companion	COMP
S5150	Unskilled respite care, not hospice; per 15 minutes	RESP
S515012	Unskilled respite care, not hospice; per 15 minutes	RESP
S5150U2	Unskilled respite care, not hospice; per 15 minutes	RESP
S5180	Initial Evaluation/Reevaluation - Rendered by a Registered Respiratory Care Practitioner	RT
S9122	Personal care rendered by a home health service provider (1 to 24 hours per day)*	PC
S9122SKTTUF	Family Home Health Aide Visit (up to 8 hours per day) provided to more than one recipient by more than one provider in the same setting	HC
S9122SKUF	Family Home Health Aide Visit (up to 8 hours per day) provided by more than one provider in the same setting	HC

Service Code	Description	HHAeXchange Service Type
S9122SKTT	Family Home Health Aide Visit (up to 8 hours per day) provided to more than one recipient in the same setting	HC
S9122SK	Family Home Health Aide Visit (up to 8 hours per day)	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.	PC
S9122TTUF	Personal care rendered by a home health service provider (1 to 24 hours per day)* provided to more than one recipient by more than one provider in the same setting.	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	Private duty nursing rendered by a RN (2 to 24 hours per day)*	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)* provided to more than one recipient by more than one provider in the same setting.**,***	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	Private duty nursing rendered by a LPN (2 to 24 hours per day)*	LPN
S9124TT	Private duty nursing rendered by a LPN (2 to 24 hours per day)* provided to more than one recipient in the same setting.	LPN
S9124TTUF	Private duty nursing rendered by a LPN (2 to 24 hours per day)* provided to more than one recipient in the same setting.	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	Registered Nurse/RN visit	RN
T1002CG	RN PDO visit	RN
T1002TD	Registered Nurse/RN visit	RN

Service Code	Description	HHAeXchange Service Type
T1003	LPN/LVN visit	LPN
T1003CG	LPN/LVN PDO visit	LPN
T1004	Services of a qualified nursing aide, up to 15 minutes	PCA
T1005	Respite care services, up to 15 minutes	RESP
T1019	Personal Care Services	PCA
T101912	Personal Care Services	PCA
T101976	Personal Care Services	PCA
T1019CG	Personal Care Services PDO	PCA
T1019TT	Personal Care Services	PCA
T1019U2	Personal Care Services	PCA
T1019U5	Personal Care Services	PCA
T1019UA	Personal Care Services	PCA
T1019UC	Personal Care Services	PCA
T1020	ACS for Non-ALE Waiver recipients	Other (Skilled)
T1020U3	ACS for ALE Waiver Recipients	Other (Skilled)
T1021	Bath Visit	Other (Non Skilled)
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 provided to more than one recipient in the same setting.	HHA
T1021TT	Home Health Aide (HHA) Visit-unassociated with skilled nursing services provided to more than one recipient in the same setting.	HHA
T1021TTGY	Home Health Aide (HHA) Visit-unassociated with skilled nursing services to a Dually Eligible Recipient provided to more than one recipient in the same setting.	HHA
T1022	Live in Daily	HHA
T1030	Registered Nurse (RN) Visit	RN
T1030TT	Registered Nurse (RN) Visit provided to more than one recipient in the same setting	RN

Service Code	Description	HHAeXchange Service Type
T1031	Licensed Practical Nurse (LPN) Visit	LPN
T1031TT	Licensed Practical Nurse (LPN) Visit provided to more than one recipient in the same setting.	LPN
T1502	Medicaid Administration, administration of oral, intramuscular, and/or subcutaneous medication	Other (Skilled)
T1502HN	Medicaid Administration, administration of oral, intramuscular, and/or subcutaneous medication (BSN)	Other (Skilled)
T1502TD	Medicaid Administration, administration of oral, intramuscular, and/or subcutaneous medication (RN)	Other (Skilled)
T1502TE	Medicaid Administration, administration of oral, intramuscular, and/or subcutaneous medication (LPN)	Other (Skilled)
T1503HN	Medication Administration, administration of medication, other than oral and/or injectable (BSN)	Other (Skilled)
T1503TD	Medication Administration, administration of medication, other than oral and/or injectable (RN)	Other (Skilled)
T1503TE	Medication Administration, administration of medication, other than oral and/or injectable (LPN)	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
EOB Filename	See Userfield 9 on specs https://knowledge.hhaexchange.com/edi/Content/Documentation/EDI/EDI-Homecare-Import-P.htm

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)
917	HHAeXchange EVV IVR Down (Note required: Support ticket number) (Warning: May result in audit)

Code	Description
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)