Illinois

Electronic Visit Verification (EVV)

Data Aggregator API Specifications

Version 2026.11.01

Document Revision History

Date	Version Name
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Illinois 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	Full social security number, required by State of Illinois, sent by Provider and EVV vendors 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 First 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
13	professionalLicenseNumber	Unique ID provided to Caregiver once credentialed by state (optional). If the value is empty, then the existing value of Professional License Number in HHAeXchange is removed	50	String	Optional
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

Index	Element	Description	Max Length	Type	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. IL	2	String	Required
	zipcode	Zip Code (5 or 9-digit format i.e., 12345). Format: 99999 OR 999999999	9	String	Required

Duties

Code	Task Name	HHAeXchangeCategory
115	Meal Preparation	Personal Care
117	Managing Money	Personal Care
118	Managing Medications/Routine Health	Personal Care
120	Transportation/Escort	Personal Care
122	Hygiene/Grooming	Personal Care
123	Dressing	Personal Care
126	Transfer	Personal Care
127	Toilet Use/incontinence care	Personal Care
129	Eating	Personal Care
134	Bathing	Personal Care
401	Shopping (Grocery, Supplies, Personal Items, Etc.)	Personal Care
403	Housekeeping/Cleaning	Personal Care
412	Assist with Special Health	Personal Care
501	Laundry	Personal Care
509	Assistance with Communication	Personal Care
511	Being Alone	Personal Care

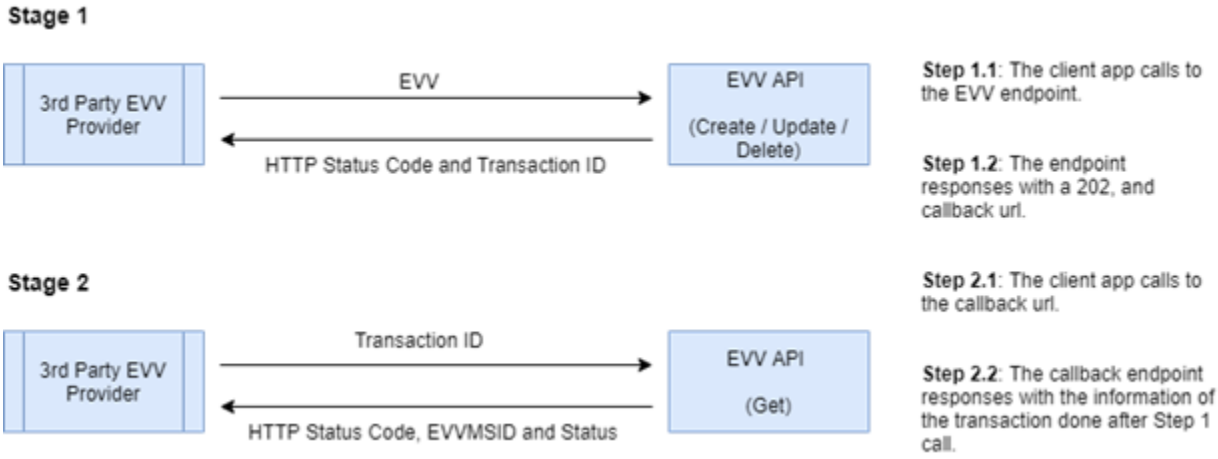
Electronic Visit Verification (EVV) Information

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				

Index	Element	Description	Max Length	Type	Required?
	qualifier	Value being sent to uniquely identify the member. Possible Values: FederalTaxID or NPI. If agency operates in a single office location, same tax ID can be submitted as 'providerTaxID' described in this table. If agency has multiple locations, submit office-level NPI. If service code is configured for auto-placement, submit office-level NPI.	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, Client ID, or Case Number. • For IL Department on Aging (IDOA), send Client ID. • For IL Division of Rehabilitation Services (DRSI), send Case Number. • For all other MCOs, send Medicaid ID.	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. Refer to Appendix B for code information.	3	Array of String	Optional

Index	Element	Description	Max Length	Type	Required?
10	timezone	Time zone visit data is captured in. Required timezone: US/Central 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
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

Index	Element	Description	Max Length	Type	Required?
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. 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 provided.		DateTime	Situational

Index	Element	Description	Max Length	Type	Required?
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	The 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					

Index	Element	Description	Max Length	Type	Required?
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					

Index	Element	Description	Max Length	Type	Required?
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
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					
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	Situational

Index	Element	Description	Max Length	Type	Required?
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	Primary Payer Program Name 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
8	planType	Plan Type 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	Situational
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 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.		Decimal (7,2)	Situational
12	Coinsurance	Coinsurance. 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.		Decimal (7,2)	Situational
13	Copay	Copay 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.		Decimal (7,2)	Situational
14	contractedAdjustments	Contracted Adjustments 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.		Decimal (7,2)	Situational
15	notMedicallyNecessary	Not Medically Necessary 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.		Decimal (7,2)	Situational
16	nonCoveredCharges	Non-Covered Charges 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.		Decimal (7,2)	Situational
17	maxBenefitExhausted	Max Benefit Exhausted 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.		Decimal (7,2)	Situational

Index	Element	Description	Max Length	Type	Required?
18	payerResponsibilitySequence	When Required: When enableSecondaryBilling . true Payer Resporaibility Sequence If enableSecondaryBilling flag is not true, then API ignores value in this feld. Possible Values: 1 or 2 1 = Primary 2 = Secondary		String	Situational
19	claimFilingCode	When Required: When enable5econdaryBilling = true Claim Filing Code If enableSecondaryBilling flag is not true, then API ignores value in this field.		String	Situational
20	atharPayerPaidAmount	Othar Payer Paid Amount If enableSecondaryBiling flag is not true, then API ignores value in this fiald. Note: It's applicable only if payerResponsibilitySequence = 2		Decimal (7,2)	Optional

MCO/Payer

Payer ID	Payer Name
ABHI	Aetna Better Health of Illinois HCI
AEMM	Aetna FIDE-SNP
CCHI	CountyCare Health Plan Illinois HCI
HUIL	Humana Health Plan FIDE-SNP
BCCI	Illinois Blue Cross Blue Shield HCI
MHPI	Meridian IL HCI & FIDE-SNP
MOHI	Molina of IL HCI & FIDE-SNP
IDDD	IL Division of Developmental Disabilities
DRSI	IL Division of Rehabilitation Services
DSCC	IL Division of Specialized Care for Children
IHFS	IL Department of Healthcare & Family Services
IDOA	IL Department on Aging

Missed Visit Edit Action Taken

Code	Description
51	Confirmed with the customer or the customer's family customer/representative and documented (this service cannot be billed)
52	New worker assigned to customer (this service cannot be billed)
53	Other (this service cannot be billed)
54	Service(s) cancelled or suspended until further notice (this service cannot be billed)
56	Visit rescheduled (this service cannot be billed)
57	Back-up plan put in place

Code	Description
58	Service is provided by a non-paid caregiver

Missed Visit Edit Reason Codes

Code	Description
600	Agency unable to provide replacement coverage (no show, no replacement).
601	Worker failed to report to client's home.
602	Customer requested to change/cancel scheduled visit; or the scheduled visit has been cancelled due to the client's services being suspended
603	Customer Refused Service
604	Customer Refused Service - original aide on vacation
605	The environment is unsafe for conducting visit
608	Hospitalization unplanned
609	Other
610	Scheduling Error
611	Customer did not show

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
G0151	Physical therapy visit	Visit	ABHI; AEMM; BCCI; IHFS IDDD; CCHI; MHPI; MOHI; HUIL
G0151:U2	Physical therapy evaluation	Visit	ABHI; AEMM; BCCI; IHFS IDDD; CCHI; MHPI; MOHI; HUIL
G0152	Occupational therapy visit	Visit	ABHI; AEMM; BCCI; IHFS IDDD; CCHI; MHPI; MOHI; HUIL
G0152:U2	Occupational therapy evaluation	Visit	ABHI; AEMM; BCCI; IHFS; IDDD; CCHI; MHPI; MOHI; HUIL
G0153	Speech therapy visit	Visit	ABHI; AEMM; BCCI; IDDD; IHFS; CCHI; MHPI; MOHI; HUIL
G0153:U2	Speech therapy evaluation	Visit	ABHI; AEMM; BCCI; IHFS; IDDD; CCHI; MHPI; MOHI; HUIL

Procedure Code	Description	Unit of Service	Payer
G0156	Home health aide visit not following a hospital stay, or following the initial 60-day period	Visit	ABHI; AEMM; BCCI; IHFS; CCHI; MHPI; MOHI; HUIL
G0162	Nursing RN – Supervisory Visit	Hourly	DSCC *Effective 11/1/2026
G0299	Intermittent skilled nursing visit - RN	Visit	ABHI; AEMM; BCCI; IHFS; IDDD; CCHI; MHPI; MOHI; HUIL; IDRS
G0299:DRS*	RN - Agency (visits < 2hrs)	Visit	ABHI; AEMM; BCCI; CCHI; MHPI; MOHI; HUIL *Effective 3/2/2026
G0299:U2	Intermittent skilled nursing assessment visit - RN	Visit	ABHI; AEMM; BCCI; IHFS; IDDD; CCHI; MHPI; MOHI; HUIL
G0300	Intermittent skilled nursing visit - LPN	Visit	ABHI; AEMM; BCCI; IHFS IDDD; CCHI; MHPI; MOHI; HUIL; IDRS
G0300:DRS*	LPN - Agency (visits < 2hrs)	Visit	ABHI; AEMM; BCCI; CCHI; MHPI; MOHI; HUIL *Effective 3/2/2026
S5130*	Homemaker Services	Hourly	IDOA; IDRS *Effective 3/2/2026
S5130:DOA*	Homemaker Services	Hourly	ABHI; AEMM; BCCI; CCHI; MHPI; MOHI; HUIL *Effective 3/2/2026
S5130:DRS*	Homemaker Services Home Health Care Services	Hourly	ABHI; AEMM; BCCI; CCHI; MHPI; MOHI; HUIL *Effective 3/2/2026
S5130:DOA:TF	Homecare - approved to receive enhanced insurance rate	Hourly	ABHI; AEMM; BCCI; CCHI; MHPI; MOHI; HUIL *Effective 10/1/2026
S5130:DRS:TF	Homecare - approved to receive enhanced insurance rate	Hourly	ABHI; AEMM; BCCI; CCHI; MHPI; MOHI; HUIL *Effective 10/1/2026
S5130:DOA:XE	Homecare - representing a second, third, etc., visit in the same day for the same customer	Hourly	ABHI; AEMM; BCCI; CCHI; MHPI; MOHI; HUIL *Effective 10/1/2026
S5130:DRS:XE	Homecare - representing a second, third, etc., visit in the same day for the same customer	Hourly	ABHI; AEMM; BCCI; CCHI; MHPI; MOHI; HUIL *Effective 10/1/2026
S5130:DOA:XE:TF	Homecare - approved to received enhanced insurance rate and second, third, etc., visit in the same day for the same customer	Hourly	ABHI; AEMM; BCCI; CCHI; MHPI; MOHI; HUIL *Effective 10/1/2026
S5130:DRS:XE:TF	Homecare - approved to received enhanced insurance rate and second, third, etc., visit in the same day for the same customer	Hourly	ABHI; AEMM; BCCI; CCHI; MHPI; MOHI; HUIL *Effective 10/1/2026
S5150	Respite Nursing (MFTD waiver, CNA providing service)	Hourly	DSCC
T1002	In-home shift nursing for Nursing and Personal Care ages 0-20	Hourly	ABHI; AEMM; BCCI; IDDD; CCHI; MHPI; MOHI; HUIL; DSCC; IHFS; IDRS
T1002:DRS*	RN - Agency	Hourly	ABHI; AEMM; BCCI; CCHI; MHPI; MOHI; HUIL *Effective 3/2/2026

Procedure Code	Description	Unit of Service	Payer
T1002:TT	Nursing RN – Agency Provider (Multiple Patients)	Hourly	DSCC
T1002:TU	Nursing RN – Agency Provider (Overtime)	Hourly	DSCC
T1002:U7	Nursing RN – Agency Provider (MFTD Waiver-Family Member)	Hourly	DSCC
T1003	In-home shift nursing for Nursing and Personal Care ages 0-20	Hourly	ABHI; AEMM; BCCI; IHFS CCHI; MHPI; MOHI; HUIL; DSCC; IDDD; IDRS
T1003:DRS*	LPN - Agency	Hourly	ABHI; AEMM; BCCI; CCHI; MHPI; MOHI; HUIL *Effective 3/2/2026
T1003:TT	Nursing LPN – Agency Provider (Multiple Patients)	Hourly	DSCC
T1003:TU	Nursing LPN – Agency Provider (Overtime)	Hourly	DSCC
T1003:U7	Nursing LPN – Agency Provider (MFTD Waiver Family Member)	Hourly	DSCC
T1004	Home Health Aide Services -Agency Provider	Hourly	DSCC; IDRS
T1004:DRS*	CNA - Agency	Hourly	ABHI; AEMM; BCCI; CCHI; MHPI; MOHI; HUIL *Effective 3/2/2026
T1004:TU	Home Health Aide Services - Agency Provider (MFTD waiver)	Hourly	DSCC
T1004:U7	Home Health Aide Services - Agency Provider Parent	Hourly	DSCC
T1004:TU:U7	Home Health Aide Services - Agency Provider Parent (Overtime)	Hourly	DSCC
T1005:TD	Respite Nursing - RN	Hourly	DSCC
T1005:TD:TT	Respite Nursing (MFTD waiver, LPN, RN providing service)	Hourly	DSCC
T1005:TE	Respite Nursing - LPN	Hourly	DSCC
T1005:TE:TT	Respite Nursing (MFTD waiver, LPN, RN providing service)	Hourly	DSCC
T1019	Personal Support	Hourly (4 units per hour)	IDDD
T1019:TU	Personal Support (Overtime)	Hourly (4 units per hour)	IDDD
T1020	Home Health - Occupational Therapy Assist.	Hourly	ABHI; AEMM; BCCI; IHFS; CCHI; MHPI; MOHI; HUIL; IDDD
T2034:TU	Personal Support (Crisis Funding Overtime)	Hourly (4 units per hour)	IDDD
T2034	Personal Support (Crisis Funding)	Hourly (4 united per hour)	IDDD

Relationship to Insured

Code	Relationship
01	Spouse

Code	Relationship
18	Self
19	Child
G8	Other

State Specific Requirements

Effective July 1, 2025, visits are required to split at midnight, for IL Division of Developmental Disabilities (IDDD) and IL Division of Specialized Care for Children (DSCC), if the visit crosses multiple calendar days. Overnight visits that do not meet the requirements specified below fails to process successfully into HHAeXchange.

The following fields need to be split at midnight if the visit crosses multiple calendar days:

- **Schedule Start/End Time**
- **Visit Start/End Time**
- **EVV Start/End Time**

Sample overnight shift from 1/1/26 11pm to 1/2/26 7am:

- Visit 1: 1/1/2026; 11pm – 11:59PM
  - Schedule Start: 23:00
  - Schedule End: 11:59
  - Visit Start: 23:00
  - Visit End: 11:59
  - EVV Start: 23:00
  - EVV End: 11:59
- Visit 2: 1/2/2026; Midnight – 7am
  - Schedule Start: 00:00
  - Schedule End: 07:00
  - Visit Start: 00:00
  - Visit End: 07:00
  - EVV Start: 00:00
  - EVV End: 07:00

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 the customer or the customer's family customer/representative and documented
12	Confirmed visit with outside entity and documented
13	New worker assigned to customer
14	Visit rescheduled
15	Service(s) cancelled or suspended until further notice
16	Updated customer's address and documented
17	Updated customer's phone number and documented
18	Changed verification collection method and documented
19	Timesheet received and signed by supervisor
20	Mutual Case/ or Cluster Case/ or Live-in Case
21	Change in schedule
22	Unverified visit; this service cannot be billed
23	Supervisor approved change
24	Timesheet Verified
25	Other - Flag to require note

Visit Edit Reason Codes

Code	Description
200	Phone number did not link to the customer
201	Customer won't let worker use phone
202	Customer doesn't have a phone in home
203	Phone in use by customer or individual in customer's home
204	Customer received services outside of the home
205	Customer's phone line not working (technical issue or natural disaster)
206	Customer requested to change/cancel scheduled visit; or the scheduled visit has been cancelled due to the customer's services being suspended
207	Address did not link to the customer (GPS)
210	Worker failed to call in and/or out
211	Worker called in to or out of the EVV system early or late
212	Worker's identification number (s) does not match the scheduled shift or task discrepancy/task does not match plan of care
213	Worker entered invalid fixed location device code(s)
214	Worker failed to report to customer's home
215	Fixed location device on order or pending placement in the home
216	Fixed location device malfunctioned
217	Worker unable to use mobile device
218	Worker unable to connect to internet or EVV system down
219	Data Entry Error
220	Agency unable to provide replacement coverage (no show, no replacement)

Code	Description
221	Timesheet Received
222	Other