# Little Havana (LHANC) EDI Codes

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|---|---|
| **Payer / MCO:** | Little Havana (LHANC) |
| **State / Program:** | Florida |
| **Effective Date:** | 10/1/2018 |

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 |
|---|---|
| 24141 | Little Havana (LHANC) |

# 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 |
|---|---|---|
| G0238 | Respiratory Therapist (Skilled) Treatment | RT |
| H2010 | Medication Management | Other (Skilled) |
| S5108 | Caregiver/Family Training | Other (Non Skilled) |
| S5125 | Other (Non-Skilled) Attendant Care | Other (Non Skilled) |
| S5125CG | Other (Non-Skilled) | Other (Non Skilled) |
| S5125U2 | Other (Non-Skilled) | Other (Non Skilled) |
| S5130 | Homemaker (Non-Skilled) | HMK |
| S5130CG | Homemaker (Non-Skilled) | HMK |
| S5130U2 | Homemaker (Non-Skilled) | HMK |
| S5135 | Companion (Non-Skilled) | COMP |
| S5135CG | Companion (Non-Skilled) | COMP |
| S5135U2 | Companion (Non-Skilled) | COMP |
| S5180 | Respiratory Therapist (Skilled) Initial Eval | RT |
| S9123 | Registered Nurse (Skilled) | RN |
| S9123TT | Registered Nurse (Skilled) | RN |
| S9123TTUF | Registered Nurse (Skilled) | RN |
| S9123UF | Registered Nurse (Skilled) | RN |
| S9124 | Licensed Practical Nurse (Skilled) | LPN |
| S9124TT | Licensed Practical Nurse (Skilled) | LPN |
| S9124TTUF | Licensed Practical Nurse (Skilled) | LPN |
| S9124UF | Licensed Practical Nurse (Skilled) | LPN |
| S9128 | Speech Therapist (Skilled) | ST |
| S9129 | Occupational Therapist (Skilled) | OT |

| Service Code | Description | HHAeXchange Service Type |
|---|---|---|
| S9131 | Physical Therapist (Skilled) | PT |
| S9470 | Nutritionist (Skilled) | NT |
| T1002 | Registered Nurse (Skilled) | RN |
| T1003 | Licensed Practical Nurse (Skilled) | LPN |
| T1004 | Personal Care Assistant (Non-Skilled) | PCA |
| T1005 | Respite (Non-Skilled) | RESP |
| T1030 | Nursing care in home by RN (Skilled Nursing-RN) | RN |
| T1031 | Nursing care in home by LPN (Skilled Nursing- LPN) | LPN |
| T1502 | Medication Administration | 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<br>• Caregiver Code<br>• Caregiver First Name<br>• Caregiver Last Name<br>• Caregiver SSN<br>• Clock-In Service Location Address<br>• Clock-Out Service Location Address<br>• Invoice Number<br>• Medicaid Number<br>• Payer ID<br>• Procedure Code<br>• Schedule End Time<br>• Schedule ID<br>• Diagnosis Code<br>• Schedule Start Time<br>• Visit End Time<br>• Visit Start Time<br>*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<br>• Caregiver Code<br>• Caregiver First Name<br>• Caregiver Last Name<br>• Caregiver SSN<br>• Clock-In Service Location Address<br>• Clock-Out Service Location Address<br>• Medicaid Number<br>• Payer ID<br>• Procedure Code<br>• Schedule End Time<br>• Schedule ID<br>• Diagnosis Code<br>• Schedule Start Time<br>• Visit End Time<br>• Visit Start Time<br>*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<br>• Caregiver Code<br>• Caregiver First Name |

| If record needs to be imported as a… | Then, the following fields must be provided: |
|---|---|
| | • Caregiver Last Name<br>• Caregiver SSN<br>• Is Deletion (value should be “Y”)<br>• Medicaid Number<br>• Payer ID<br>• Procedure Code<br>• Schedule End Time<br>• Schedule ID<br>• Schedule Start Time |
| **Missed Visit** | • Agency Tax ID<br>• Caregiver Code<br>• Medicaid Number<br>• Missed Visit (value should be “Y”)<br>• Missed Visit Action Taken Code<br>• Missed Visit Reason Code<br>• Payer ID<br>• Procedure Code<br>• Schedule ID |
| **Rebilled Visit** | • Agency Tax ID<br>• Caregiver Code<br>• Caregiver First Name<br>• Caregiver Last Name<br>• Caregiver SSN<br>• Clock-In Service Location Address<br>• Clock-Out Service Location Address<br>• Invoice Number<br>• Medicaid Number<br>• Payer ID<br>• Procedure Code<br>• Schedule End Time<br>• Schedule ID<br>• Schedule Start Time<br>• Submission Type<br>• TRN Number<br>• Visit End Time<br>• Visit Start Time<br>*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<br>• Caregiver Code<br>• Medicaid Number<br>• Payer ID<br>• Procedure Code<br>• Schedule End Time<br>• 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<br>• Caregiver Code<br>• Caregiver First Name<br>• Caregiver Last Name<br>• Caregiver SSN<br>• Clock-In Service Location Address<br>• Clock-Out Service Location Address<br>• Enable Secondary Billing<br>• Invoice Number<br>• Medicaid Number<br>• Other Subscriber ID<br>• Paid Date<br>• Payer ID<br>• Primary Payer ID<br>• Primary Payer Name<br>• Primary Payer Policy or Group Number<br>• Plan Type<br>• Procedure Code<br>• Relationship to Insured<br>• Total Paid Amount<br>• Total Paid Units<br>• Schedule ID<br>• Schedule End Time<br>• Schedule Start Time<br>• Visit Start Time<br>• Visit End Time<br>*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 |
|---|---|
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## 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.<br>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.<br>Sample overnight shift from 1/1/21 11pm to 1/2/21 7am:<br>• Visit 1: 1/1/2021; 11pm – 11:59PM<br>▪ Schedule Start: 23:01<br>▪ Schedule End: 23:59<br>▪ Visit Start: 23:01<br>▪ Visit End: 23:59<br>▪ EVV Start: 23:01<br>▪ EVV End: 23:59<br>• Visit 2: 1/2/2021; 12:00am – 7am<br>▪ Schedule Start: 00:00<br>▪ Schedule End: 06:58<br>▪ Visit Start: 00:00<br>▪ Visit End: 06:58<br>▪ EVV Start: 00:00<br>▪ 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) |