Metroplus Health Plan, Inc. EDI Codes

Payer / MCO:	**Metroplus Health Plan, Inc.**
State / Program:	New York
Effective Date:	11/1/26

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.

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
70372	Metroplus Health Plan, Inc.

Program Codes

The program codes are provided by the Payer in the member's Authorization. These program codes indicate which service program rates should be used for the member authorized.

Program Code	Program	Service Code Configuration
MLTC	MLTC	Base service code (Ex: T1019:U1)
MAP	MAP	Base service code (Ex: T1019:U1)
TBD	MMC	Base service code + "MMC HAR PIC" (Ex: T1019:U1 MMC HAR PIC)
HARP	HARP	Base service code + "MMC HAR PIC" (Ex: T1019:U1 MMC HAR PIC)
TBD	HIV SNP (PIC)	Base service code + "MMC HAR PIC" (Ex: T1019:U1 MMC HAR PIC)

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
G0237	RESPITORY THERAPY- PER 15 MINUTES	RT
G0238	RESPITORY THERAPY - PER 15 MINUTES	RT
H2014:HA	Community Home and Community Based Services (HCBS) Habilitation	HHA
H2014:HA:UN	Community Home and Community Based Services (HCBS) Habilitation - Group of 2	HHA
H2014:HA:UP	Community Home and Community Based Services (HCBS) Habilitation - Group of 3 or more	HHA
S5125	HHA - 15 MINUTES	HHA
S5125:U2	HHA TWO CLIENT - PER 15 MINUTES	HHA
S5126	HHA LIVE-IN - PER DIEM (13 HOURS)	HHA
S5126:U2	HHA LIVE-IN TWO CLIENT - PER DIEM (13 HOURS)	HHA
S5130:TV	PCS LEVEL I WEEKEND/HOLIDAY	PCA
S5130:U1	PCS LEVEL I - 15 MINUTES	PCA
S5130:U2	PCS LEVEL I TWO CLIENT	PCA
S5130:U3	PCS LEVEL I MULTIPLE CLIENT	PCA
S5150:HA	Planned Respite - Individual (up to 6 hours)	RESP
S5150:HA:ET	Crisis Respite - (up to 6 hours)	RESP
S5150:HA:HQ	Planned Respite - Group of 3 (up to 6 hours)	RESP
S5151:HA	Planned Respite - Individual (over 6 up to 12 hours)	RESP
S5151:HA:ET	Crisis Respite - (over 6 up to 12 hours)	RESP
S5151:HA:ET:HK	Crisis Respite - Individual (over 12 up to 24 hours)	RESP
S5151:HA:HK	Planned Respite - Individual (over 12 up to 24 hours)	RESP
S9122	HHA - PER HOUR	HHA
S9122:U1	ADVANCED HOME HEALTH AIDE PER HOUR	HHA
S9123	RN - PER HOUR	RN
S9124	LPN - PER HOUR	LPN

Service Code	Description	HHAeXchange Service Type
S9127	MEDICAL SOCIAL SERVICES - PER VISIT	MSW
S9128	SPEECH THERAPY - PER VISIT	ST
S9129	OCCUPATIONAL THERAPY - PER VISIT	OT
S9131	PHYSICAL THERAPY - PER VISIT	PT
S9470	NUTRITIONAL COUNSELING - PER VISIT	NT
T1002	RN - 15 MINUTES	RN
T1003	LPN - 15 MINUTES	LPN
T1013	SIGN LANGUAGE/ORAL INTERPRETER - PER 15 MINUTES	Other (Skilled)
T1019	Personal Care Services (Non-Skilled)	HHA
T1019 MMC HAR PIC	Personal Care Services (Non-Skilled)	HHA
T1019:TV	PCS LEVEL II WEEKEND/HOLIDAY	PCA
T1019:TV MMC HAR PIC	PCS LEVEL II WEEKEND/HOLIDAY	PCA
T1019:U1	PCS LEVEL II BASIC - 15 MINUTES	PCA
T1019:U1 MMC HAR PIC	PCS LEVEL II BASIC - 15 MINUTES	PCA
T1019:U2	PCS LEVEL II BASIC TWO CLIENT	PCA
T1019:U2 MMC HAR PIC	PCS LEVEL II BASIC TWO CLIENT	PCA
T1019:U3	PCS LEVEL II MULTIPLE CLIENT	PCA
T1019:U3 MMC HAR PIC	PCS LEVEL II MULTIPLE CLIENT	PCA
T1019:U4	PCS LEVEL II HARD TO SERVE	PCA
T1019:U4 MMC HAR PIC	PCS LEVEL II HARD TO SERVE	PCA
T1019:U5	PCS LEVEL II TWO CLIENT HARD TO SERVE	PCA
T1019:U5 MMC HAR PIC	PCS LEVEL II TWO CLIENT HARD TO SERVE	PCA
T1019:U6	CDPA Basic 15 Minutes	PA
T1019:U6 MMC HAR PIC	CDPA Basic 15 Minutes	PA
T1019:U7	CDPA Two Consumer	PA
T1019:U7 MMC HAR PIC	CDPA Two Consumer	PA
T1019:U8	CDPA Enhanced	PA
T1019:U8 MMC HAR PIC	CDPA Enhanced	PA
T1019:U9	CDPA Two Consumer Enhanced	PA
T1019:U9 MMC HAR PIC	CDPA Two Consumer Enhanced	PA

Service Code	Description	HHAeXchange Service Type
T1020	PCS LEVEL II LIVE-IN	PCA
T1020:TV	PCS LEVEL II LIVE-IN WEEKEND/HOLIDAY	PCA
T1020:TV MMC HAR PIC	PCS LEVEL II LIVE-IN WEEKEND/HOLIDAY	PCA
T1020:U2	PCS LEVEL II LIVE-IN TWO CLIENT	PCA
T1020:U2 MMC HAR PIC	PCS LEVEL II LIVE-IN TWO CLIENT	PCA
T1020:U5	PCS LEVEL II LIVE IN TWO CLIENT HARD TO SERVE	PCA
T1020:U5 MMC HAR PIC	PCS LEVEL II LIVE IN TWO CLIENT HARD TO SERVE	PCA
T1020:U6	CDPA Live in	PA
T1020:U6 MMC HAR PIC	CDPA Live in	PA
T1020:U7	CDPA Live in Two Consumer	PA
T1020:U7 MMC HAR PIC	CDPA Live in Two Consumer	PA
T1020:U8	CDPA Live in Enhanced	PA
T1020:U8 MMC HAR PIC	CDPA Live in Enhanced	PA
T1020:U9	CDPA Live in Two Consumer Enhanced	PA
T1020:U9 MMC HAR PIC	CDPA Live in Two Consumer Enhanced	PA
T1030	NURSING CARE IN HOME (RN) PER DIEM (13 HOURS)	RN
T1031	NURSING CARE IN HOME (LPN) - PER DIEM (13 HOURS)	LPN

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	Payer
100	Phone number did not link to the client	Metroplus Health Plan, Inc.
101	Client won't let attendant use phone	Metroplus Health Plan, Inc.
102	Client doesn't have a phone in home	Metroplus Health Plan, Inc.
103	Phone in use by client or individual in client's home	Metroplus Health Plan, Inc.
104	Client received services outside of the home	Metroplus Health Plan, Inc.
105	Client's phone line not working (technical issue or natural disaster)	Metroplus Health Plan, Inc.
106	Client requested to change/cancel scheduled visit; or the scheduled visit has been cancelled due to the client's services being suspended	Metroplus Health Plan, Inc.
107	Address did not link to the client (GPS)	Metroplus Health Plan, Inc.
108	Attendant failed to call in	Metroplus Health Plan, Inc.
109	Attendant failed to call out	Metroplus Health Plan, Inc.
110	Attendant failed to call in and out	Metroplus Health Plan, Inc.
111	Attendant called in to or out of the EVV system early or late	Metroplus Health Plan, Inc.
112	Attendant's identification number (s) does not match the scheduled shift or task discrepancy/task does not match plan of care	Metroplus Health Plan, Inc.
113	Attendant entered invalid fixed location device code(s)	Metroplus Health Plan, Inc.
114	Attendant failed to report to client's home	Metroplus Health Plan, Inc.
115	Fixed location device on order or pending placement in the home	Metroplus Health Plan, Inc.
116	Fixed location device malfunctioned	Metroplus Health Plan, Inc.
117	Unable to use mobile device	Metroplus Health Plan, Inc.
118	Unable to connect to internet or EVV system down	Metroplus Health Plan, Inc.
119	Data Entry Error	Metroplus Health Plan, Inc.
120	Agency unable to provide replacement coverage (no show, no replacement)	Metroplus Health Plan, Inc.

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	Payer
10	Confirmed visit with the Member or the Member's family member/representative and documented	Metroplus Health Plan, Inc.
11	Supervisor approved change	Metroplus Health Plan, Inc.
12	Updated Member's phone number and documented	Metroplus Health Plan, Inc.
13	Changed verification collection method and documented	Metroplus Health Plan, Inc.
14	Timesheet received and signed by supervisor	Metroplus Health Plan, Inc.
15	Confirmed visit with outside entity and documented	Metroplus Health Plan, Inc.
16	Visit rescheduled	Metroplus Health Plan, Inc.
17	Updated Member's address and documented	Metroplus Health Plan, Inc.
18	New attendant assigned to Member	Metroplus Health Plan, Inc.
19	Unverified visit; this service cannot be billed	Metroplus Health Plan, Inc.
20	Service(s) cancelled or suspended until further notice	Metroplus Health Plan, Inc.
21	Timesheet Verified	Metroplus Health Plan, Inc.
22	Mutual Case/ or Cluster Case/ or Live-in Case	Metroplus Health Plan, Inc.
23	Change in schedule	Metroplus Health Plan, Inc.
26	Other	Metroplus Health Plan, Inc.

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	Payer
500	Agency unable to provide replacement coverage (no show, no replacement)	Metroplus Health Plan, Inc.
501	Attendant failed to report to client's home	Metroplus Health Plan, Inc.
502	Member requested to change/cancel scheduled visit; or the scheduled visit has been cancelled due to the client's services being suspended	Metroplus Health Plan, Inc.
610	Member Refused Service	Metroplus Health Plan, Inc.
611	Member Refused Service - original aide on vacation	Metroplus Health Plan, Inc.
612	Hospitalization unplanned	Metroplus Health Plan, Inc.
613	COVID-19: All other cases where the agency could not staff due to COVID-19	Metroplus Health Plan, Inc.
614	COVID-19: Member refused, self-isolating, not receiving service	Metroplus Health Plan, Inc.
615	COVID-19: Member refused, receiving service through informal supports	Metroplus Health Plan, Inc.
616	Other	Metroplus Health Plan, Inc.

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	Payer
50	New attendant assigned to member (this service cannot be billed)	Metroplus Health Plan, Inc.
51	Confirmed with the member or the member's family member/representative and documented (this service cannot be billed)	Metroplus Health Plan, Inc.
53	Service(s) cancelled or suspended until further notice (this service cannot be billed)	Metroplus Health Plan, Inc.
54	Unverified visit (this service cannot be billed)	Metroplus Health Plan, Inc.
55	Visit rescheduled (this service cannot be billed)	Metroplus Health Plan, Inc.
56	Other (this service cannot be billed)	Metroplus Health Plan, Inc.

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
115	Meal Preparation	Personal Care
116	Housework/Chore	Personal Care
117	Managing Finances	Personal Care
118	Managing Medications	Personal Care
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 T1019	Personal Care
134	Bathing	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

Code	Task Name	HHAeXchange Category
409	Empty foley bag Daily or when ½ Full	Treatment / Special Needs
410	Assist with ostomy care	Treatment / Special Needs
411	Remind to take medication	Treatment / Special Needs
412	Assist with Treatment	Treatment / Special Needs
499	Other	Home Management
500	Change bed linen	Patient Support Activities
501	PDN-LPN Monitoring Vitals	Nursing Care
502	PDN-LPN Nursing Care	Nursing Care
503	PDN-LPN Managing Medications	Nursing Care
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
512	Patient Laundry	Patient Support Activities
513	Light Housekeeping	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
699	PDN-RN Other	Nursing Care
799	Other	Respite Care

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.*