VillageCareMAX EDI Codes

Payer / MCO:	VillageCareMAX
State / Program:	New York
Effective Date:	10/1/26

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.

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
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

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
70213	VillageCareMAX

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)	VillageCareMAX
51	Confirmed with the member or the member's family member/representative and documented (this service cannot be billed)	VillageCareMAX
53	Service(s) cancelled or suspended until further notice (this service cannot be billed)	VillageCareMAX
54	Unverified visit (this service cannot be billed)	VillageCareMAX
55	Visit rescheduled (this service cannot be billed)	VillageCareMAX
56	Other (this service cannot be billed)	VillageCareMAX

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)	VillageCareMAX
501	Attendant failed to report to client's home	VillageCareMAX
502	Client requested to change/cancel scheduled visit; or the scheduled visit has been cancelled due to the client's services being suspended.	VillageCareMAX
610	Member Refused Service	VillageCareMAX
611	Member Refused Service - original aide on vacation	VillageCareMAX
612	Hospitalization unplanned	VillageCareMAX
613	COVID-19: All other cases where the agency could not staff due to COVID-19	VillageCareMAX
614	COVID-19: Member refused, self-isolating, not receiving service	VillageCareMAX
615	COVID-19: Member refused, receiving service through informal supports	VillageCareMAX
616	Other	VillageCareMAX

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	Payer
G0151	PHYSICAL THERAPY - PER DIEM		VillageCareMAX
G0151 MAP	PHYSICAL THERAPY - PER DIEM		VillageCareMAX
G0152	OCCUPATIONAL THERAPY - PER DIEM		VillageCareMAX
G0152 MAP	OCCUPATIONAL THERAPY - PER DIEM		VillageCareMAX
G0153	SPEECH-LANGUAGE PATHOLOGY - PER DIEM		VillageCareMAX
G0153 MAP	SPEECH-LANGUAGE PATHOLOGY - PER DIEM		VillageCareMAX
G0155	MEDICAL SOCIAL SERVICES - PER DIEM		VillageCareMAX
G0155 MAP	MEDICAL SOCIAL SERVICES - PER DIEM		VillageCareMAX
G0156	HOME HEALTH AIDE (15 MIN)		VillageCareMAX
G0156 MAP	HOME HEALTH AIDE (15 MIN)		VillageCareMAX
G0237	RESPITORY THERAPY- PER 15 MINUTES		VillageCareMAX
G0237 MAP	RESPITORY THERAPY- PER 15 MINUTES		VillageCareMAX
G0238	RESPITORY THERAPY - PER 15 MINUTES		VillageCareMAX
G0238 MAP	RESPITORY THERAPY - PER 15 MINUTES		VillageCareMAX
G0299	Skilled Nursing - RN		VillageCareMAX
G0299 MAP	Skilled Nursing - RN		VillageCareMAX
G0300	Skilled Nursing - LPN		VillageCareMAX
G0300 MAP	Skilled Nursing - LPN		VillageCareMAX
G0493	Nursing Assessment/Evaluation - Initial Vist		VillageCareMAX
G0493 MAP	Nursing Assessment/Evaluation - Initial Vist		VillageCareMAX
S5125	HHA - 15 MINUTES		VillageCareMAX
S5125 MAP	HHA - 15 MINUTES		VillageCareMAX
S5125:U2	HHA TWO CLIENT - PER 15 MINUTES		VillageCareMAX
S5125:U2 MAP	HHA TWO CLIENT - PER 15 MINUTES		VillageCareMAX
S5126	HHA LIVE-IN - PER DIEM (13 HOURS)		VillageCareMAX

Service Code	Description	HHAeXchange Service Type	Payer
S5126 MAP	HHA LIVE-IN - PER DIEM (13 HOURS)		VillageCareMAX
S5126:U2	HHA LIVE-IN TWO CLIENT - PER DIEM (13 HOURS)		VillageCareMAX
S5126:U2 MAP	HHA LIVE-IN TWO CLIENT - PER DIEM (13 HOURS)		VillageCareMAX
S9123	RN - PER HOUR		VillageCareMAX
S9123 MAP	RN - PER HOUR		VillageCareMAX
S9124	LPN - PER HOUR		VillageCareMAX
S9124 MAP	LPN - PER HOUR		VillageCareMAX
S9127	MEDICAL SOCIAL SERVICES - PER VISIT		VillageCareMAX
S9127 MAP	MEDICAL SOCIAL SERVICES - PER VISIT		VillageCareMAX
S9128	SPEECH THERAPY - PER VISIT		VillageCareMAX
S9128 MAP	SPEECH THERAPY - PER VISIT		VillageCareMAX
S9129	OCCUPATIONAL THERAPY - PER VISIT		VillageCareMAX
S9129 MAP	OCCUPATIONAL THERAPY - PER VISIT		VillageCareMAX
S9131	PHYSICAL THERAPY - PER VISIT		VillageCareMAX
S9131 MAP	PHYSICAL THERAPY - PER VISIT		VillageCareMAX
S9470	NUTRITIONAL COUNSELING - PER VISIT		VillageCareMAX
S9470 MAP	NUTRITIONAL COUNSELING - PER VISIT		VillageCareMAX
T1001	Nursing Assessment/Evaluation - Initial Vist		VillageCareMAX
T1001 MAP	Nursing Assessment/Evaluation - Initial Vist		VillageCareMAX
T1003	LPN - 15 MINUTES		VillageCareMAX
T1003 MAP	LPN - 15 MINUTES		VillageCareMAX
T1019:U1	PCS LEVEL II BASIC - 15 MINUTES		VillageCareMAX
T1019:U1 MAP	PCS LEVEL II BASIC - 15 MINUTES		VillageCareMAX
T1019:U1:TV	PCS LEVEL II BASIC - 15 MINUTES		VillageCareMAX
T1019:U1:TV MAP	PCS LEVEL II BASIC - 15 MINUTES		VillageCareMAX
T1019:U2	PCS LEVEL II BASIC TWO CLIENT		VillageCareMAX
T1019:U2 MAP	PCS LEVEL II BASIC TWO CLIENT		VillageCareMAX
T1019:U2:TV	PCS LEVEL II BASIC TWO CLIENT		VillageCareMAX
T1019:U2:TV MAP	PCS LEVEL II BASIC TWO CLIENT		VillageCareMAX
T1019:U3	PCS LEVEL II MULTIPLE CLIENT		VillageCareMAX

Service Code	Description	HHAeXchange Service Type	Payer
T1019:U3 MAP	PCS LEVEL II MULTIPLE CLIENT		VillageCareMAX
T1019:U3:TV	PCS LEVEL II MULTIPLE CLIENT		VillageCareMAX
T1019:U3:TV MAP	PCS LEVEL II MULTIPLE CLIENT		VillageCareMAX
T1019:U6	CDPA Basic 15 Minutes		VillageCareMAX
T1019:U6 MAP	CDPA Basic 15 Minutes		VillageCareMAX
T1019:U6:TV	CDPA Basic 15 Minutes		VillageCareMAX
T1019:U6:TV MAP	CDPA Basic 15 Minutes		VillageCareMAX
T1019:U7	CDPA Two Consumer		VillageCareMAX
T1019:U7 MAP	CDPA Two Consumer		VillageCareMAX
T1019:U7:TV	CDPA Two Consumer		VillageCareMAX
T1019:U7:TV MAP	CDPA Two Consumer		VillageCareMAX
T1019:U8	CDPA Enhanced		VillageCareMAX
T1019:U8 MAP	CDPA Enhanced		VillageCareMAX
T1019:U8:TV	CDPA Enhanced		VillageCareMAX
T1019:U8:TV MAP	CDPA Enhanced		VillageCareMAX
T1019:U9	CDPA Two Consumer Enhanced		VillageCareMAX
T1019:U9 MAP	CDPA Two Consumer Enhanced		VillageCareMAX
T1019:U9:TV	CDPA Two Consumer Enhanced		VillageCareMAX
T1019:U9:TV MAP	CDPA Two Consumer Enhanced		VillageCareMAX
T1020	PCS LEVEL II LIVE-IN		VillageCareMAX
T1020 MAP	PCS LEVEL II LIVE-IN		VillageCareMAX
T1020:U2	PCS LEVEL II LIVE-IN TWO CLIENT		VillageCareMAX
T1020:U2 MAP	PCS LEVEL II LIVE-IN TWO CLIENT		VillageCareMAX
T1020:U6	CDPA Live in		VillageCareMAX
T1020:U7	CDPA Live in Two Consumer		VillageCareMAX
T1030	NURSING CARE IN HOME (RN) PER DIEM (13 HOURS)		VillageCareMAX
T1030 MAP	NURSING CARE IN HOME (RN) PER DIEM (13 HOURS)		VillageCareMAX

Service Code	Description	HHAeXchange Service Type	Payer
T1031	NURSING CARE IN HOME (LPN) - PER DIEM (13 HOURS)		VillageCareMAX
T1031 MAP	NURSING CARE IN HOME (LPN) - PER DIEM (13 HOURS)		VillageCareMAX

Required Fields by Import File Type

There are required fields per file document which must be in a specific format. The following table provides the applicable required fields per EDI Import File Type. This EDI Import Interface supports the following import operations into HHAeXchange.

If record needs to be imported as a…	Then, the following fields must be provided:
Billed Visit	• Agency Tax ID • Caregiver Code • Caregiver First Name • Caregiver Last Name • Caregiver SSN • Clock-In Service Location Address • Clock-Out Service Location Address • Invoice Number • Medicaid Number • Payer ID • Procedure Code • Schedule End Time • Schedule ID • Diagnosis Code • Schedule Start Time • Visit End Time • Visit Start Time *The EVV fields are required if the visit was confirmed via EVV or IVR. Visit Edit and Action Taken codes are required if the visit was manually edited.*
Confirmed Visit	• Agency Tax ID • Caregiver Code • Caregiver First Name • Caregiver Last Name • Caregiver SSN • Clock-In Service Location Address • Clock-Out Service Location Address • Medicaid Number • Payer ID • Procedure Code • Schedule End Time • Schedule ID • Diagnosis Code • Schedule Start Time • Visit End Time • Visit Start Time *The EVV fields are required if the visit was confirmed via EVV or IVR. Visit Edit and Action Taken codes are required if the visit was manually edited.*
Delete a Schedule	• Agency Tax ID • Caregiver Code • Caregiver First Name

If record needs to be imported as a…	Then, the following fields must be provided:
	• Caregiver Last Name • Caregiver SSN • Is Deletion (value should be “Y”) • Medicaid Number • Payer ID • Procedure Code • Schedule End Time • Schedule ID • Schedule Start Time
Missed Visit	• Agency Tax ID • Caregiver Code • Medicaid Number • Missed Visit (value should be “Y”) • Missed Visit Action Taken Code • Missed Visit Reason Code • Payer ID • Procedure Code • Schedule ID
Rebilled Visit	• Agency Tax ID • Caregiver Code • Caregiver First Name • Caregiver Last Name • Caregiver SSN • Clock-In Service Location Address • Clock-Out Service Location Address • Invoice Number • Medicaid Number • Payer ID • Procedure Code • Schedule End Time • Schedule ID • Schedule Start Time • Submission Type • TRN Number • Visit End Time • Visit Start Time *The EVV fields are required if the visit was confirmed via EVV or IVR. Visit Edit and Action Taken codes are required if the visit was manually edited.*
Schedule	• Agency Tax ID • Caregiver Code • Medicaid Number • Payer ID • Procedure Code • Schedule End Time • Schedule ID

If record needs to be imported as a…	Then, the following fields must be provided:
	• Schedule Start Time
TPL Billing	• Agency Tax ID • Caregiver Code • Caregiver First Name • Caregiver Last Name • Caregiver SSN • Clock-In Service Location Address • Clock-Out Service Location Address • Enable Secondary Billing • Invoice Number • Medicaid Number • Other Subscriber ID • Paid Date • Payer ID • Primary Payer ID • Primary Payer Name • Primary Payer Policy or Group Number • Plan Type • Procedure Code • Relationship to Insured • Total Paid Amount • Total Paid Units • Schedule ID • Schedule End Time • Schedule Start Time • Visit Start Time • Visit End Time *Totals for the paid-amount columns must add up to the total field amount provided. The EVV fields are required if the visit was confirmed via EVV or IVR. Visit Edit and Action Taken codes are required if the visit was manually edited.*

This EDI Import Interface may support additional import types beyond those listed above (for example, PMPM Billing), and some payers define required fields through a separate reference document rather than an inline field list. Any additional import types, field-level exceptions, or reference documents for this payer are noted below.

Import Type / Reference	Required Fields or Document Link

State/Program-Specific Requirements

Some states or payers apply additional business rules beyond the standard EDI specifications above — for example, splitting overnight visits at midnight, requiring notes on certain missed-visit codes, or requiring an NPI on specific procedure codes. The table below documents any such requirements for this payer.

Topic	Requirement Details

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

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