



# EDI Code Table Guide (PA CHC)



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# **Document Revision History**

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| 06/05/2018 | Initial version of the document |
|            |                                 |





#### **Table of Contents**

| Introduction             |   |  |  |  |
|--------------------------|---|--|--|--|
| EDI Assistance           |   |  |  |  |
|                          |   |  |  |  |
| Visit Edit Code Tables   | 2 |  |  |  |
| Missed Visit Code Tables |   |  |  |  |



## Introduction

The **EDI Code Table Guide** defines specific codes used in the import interface process, particularly the following fields:

- Visit Edit Reason Code
- Visit Edit Action Taken Code
- Missed Visit Reason Code
- Missed Visit Edit Action Taken Code

Refer to the applicable Homecare EDI Import Interface Process Guide for full details and interface instructions.

This guide is updated on an ongoing basis as system capacities are implemented and additional functionality becomes available.

### **EDI Assistance**

If additional assistance is needed, please submit a ticket to <a href="mailto:PASupport@hhaexchange.com">PASupport@hhaexchange.com</a>. Cases are escalated to the EDI Production Support queue. An available Support Team Members will contact you directly to assist.



# **Visit Edit Code Tables**

The following tables provide the codes and descriptions for the **Visit Edit Reason Code** and the **Visit Edit Action Taken** fields (as well as the **Cancel Missed Visit Reason** and **Cancel Missed Visit Action Taken**) for the following EDI Import Interface files: *Confirmed Visits* and *Billed Visits*.

| Description  ot link to the client.  endant use phone. a phone in home. t or individual in client's home. es outside of the home. ot working (technical issue or natural disaster). |
|---|
| endant use phone. a phone in home. t or individual in client's home. es outside of the home. bt working (technical issue or natural disaster).                                      |
| a phone in home. t or individual in client's home. es outside of the home. ot working (technical issue or natural disaster).  |
| tor individual in client's home. es outside of the home. ot working (technical issue or natural disaster).  |
| es outside of the home.<br>ot working (technical issue or natural disaster).  |
| ot working (technical issue or natural disaster).   |
|   |
|   |
| nange/cancel scheduled visit; or the scheduled visit has been cancelled due to the client's   |
| nded.   |
| o the client (GPS).<br>all in.  |
| ill out.  |
| all in and out.   |
| or out of the EVV system early or late.   |
| ition number(s) does not match the scheduled shift.   |
| valid fixed location device code(s).  |
| eport to client's home.   |
| on order or pending placement in the home.  |
| malfunctioned.  |
| use mobile device.  |
| connect to internet or EVV system down.   |
| connect to internet or LVV system down.   |
| vide replacement coverage (no show, no replacement).  |
| vide replacement coverage (no snow, no replacement).  |
|   |
|   |

| Visit Edit Action Taken |  |  |
|-------------------------|--|--|
| 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                      | Confirmed visit with outside entity and documented.  |  |
| 16                      | Visit rescheduled.   |  |
| 17                      | Updated client's address and documented.   |  |
| 18                      | New attendant assigned to client.  |  |
| 19                      | Unverified visit; this service cannot be billed.   |  |
| 20                      | Service(s) cancelled or suspended until further notice.  |  |
| 21                      | Timesheet Verified.  |  |
| 22                      | Mutual Case/ or Cluster Case/ or Live-in Case.   |  |
| 23                      | Change in schedule.  |  |
| 24                      | Confirmed with the client or the client's family member/representative and documented (this service cannot be billed). |  |
| 25                      | Confirmed with the client or the client's family member/representative and documented.                                 |  |
| 26                      | Other  |  |



# **Missed Visit Code Tables**

The following tables provide the codes and descriptions for the **Missed Visit Reason Code** and the **Missed Visit Action Taken** fields for the *Additional Visits Info* EDI Import Interface file.

**Note:** If a Missed Visit is cancelled (unchecked), the codes revert to the Visit Edit Code Tables (Reason and Action Taken) in the previous section.

| Missed Visit Edit Reason Codes |   |  |
|--------------------------------|---|--|
| Code                           | Description   |  |
| 500                            | AA - Agent arrived, Participant unavailable or not home   |  |
| 501                            | FD – The participant deferred the scheduled hours, so they can be provided at a different time        |  |
| 502                            | FR- The participant refused the services that were offered  |  |
| 503                            | H – Service did not need covered because the participant is in the hospital                           |  |
| 504                            | NA – The assigned staff within the same agency could not cover the service because of illness or some |  |
|                                | other reason  |  |
| 505                            | OA – A different agency provided the services   |  |
| 506                            | PI – Private insurance is covering these hours  |  |
| 507                            | SP - Service Already Provided by Caregiver  |  |
| 508                            | UN – Agency is unable to staff the case   |  |
| 509                            | Other- Please provide details   |  |

| Missed Visit Edit Action Taken |   |  |
|--------------------------------|---|--|
| Code                           | Description   |  |
| 50                             | Confirmed with the client or the client's family member/representative and documented |  |
| 51                             | Contact MCO for Backup Plan initiation  |  |
| 52                             | Replacement Worker Assigned   |  |
| 53                             | Service(s) cancelled by participant   |  |
| 54                             | Service(s) suspended by participant   |  |
| 55                             | Unverified visit; this service cannot be billed                                       |  |
| 56                             | Visit rescheduled by agency   |  |
| 57                             | Visit rescheduled by participant  |  |
| 58                             | Other- Please provide details   |  |