



# EDI Code Table Guide (VNSNY)

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## Document Revision History

Date	Description of Revision
05/09/2018	Initial version of the document
03/20/2020	Update Missed Visit Reason Codes for COVID-19
02/23/2022	Added Required Fields by Import File Type Table.
02/16/2023	Update to Required Fields by Import File Type.
02/24/2023	Update to MCO/Payer ID table.
04/03/2023	Added Condition Code Table.
07/19/2023	Update to Missed Visit Reason and Action Taken Codes table.
08/04/2023	Update to EDI Support contact information.

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## Introduction

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

- MCO/Payer ID Code
- 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 [3rd Party Integration Support Desk](#). Cases are escalated to the EDI Production Support queue. An available Support Team Members will contact you directly to assist.

## MCO/Payer ID

The PAYER ID is the unique identifier for each MCO, sent as a required field in the EDI Import file. The following table provides the MCO/Payer ID Code for each Payer.

MCO/Payer ID Codes	
Code	MCO/Payer
<b>18119</b>	VNS Health Home Care
<b>18121</b>	Visiting Nurse Service of New York - CHOICE
<b>16994</b>	VNS Health Hospice

## 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*.

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

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 Reason Codes	
Code	Description
<b>513</b>	COVID -19: Worker unable to staff because they are sick.
<b>514</b>	COVID -19: Worker unable to staff because of childcare issues.
<b>515</b>	COVID -19: Worker switched to cover another case.
<b>517</b>	Patient requested No Coverage (MD appointment, visit with family or due to HHA Covid related illness).
<b>518</b>	Assigned HHA scheduled off, patient refused replacement.
<b>519</b>	Patient refusing all HHA services.
<b>520</b>	HHA No show, replacement needed but not provided.
<b>521</b>	COVID -19- Patient requesting no coverage, self-isolating (receiving services through informal support).
<b>522</b>	Emergency no coverage codes (Patient requested no coverage - with a family member).
<b>523</b>	Emergency no coverage codes (Patient requested no coverage -No family member)
<b>524</b>	Emergency no coverage codes (Patient requested coverage- Unable to provide service)
<b>525</b>	Assigned HHA called off, patient refused replacement.

**Note:** Missed Visit Reason **Codes** and **Descriptions** appearing in **red** apply only for VNSNY-CHOICE. Missed Visit Reason **Codes** and **Descriptions** appearing in **bold** apply only for VNS Health Home Care and VNS Health Hospice.

Missed Visit Action Taken	
Code	Description
<b>50</b>	Confirmed with the client or the client’s family member/representative and documented
<b>51</b>	Confirmed with the client or the client’s family member/representative and documented (this service cannot be billed)
<b>52</b>	New attendant assigned to client
<b>53</b>	Service(s) cancelled or suspended until further notice
<b>54</b>	Unverified visit; this service cannot be billed
<b>55</b>	Visit rescheduled
<b>56</b>	Missed Visit Action Step – Updated patient schedule, identified missed visit reason type, documented patient request, and billed for travel time if necessary (nurse to be notified by CHHA/Hospice contact center via <b>Missed Visit</b> note type in HHAX).

**Note:** Missed Visit Reason **Codes** and **Descriptions** appearing in **red** apply only for VNS Health Home Care and VNS Health Hospice.

## Condition Code Table

The following table provides the codes and descriptions for the **Condition Code** field for the EDI Import Interface file.

Condition Codes	
Code	Description
10	D0: Change to service dates
11	D1: Change in charges
12	D2: Change in revenue codes/HCPCS – HIPPS
13	D3: Second or subsequent interim PPS bill – PPS inpatient hospital only
14	D4: Change in GROUPER input (diagnoses or procedures) – PPS inpatient hospital
15	D5: Cancel - only to correct a Medicare beneficiary identifier or provider identification number
16	D6: Cancel - only to repay a duplicate payment or OIG overpayment (includes cancellation of an outpatient bill containing services required to be included on the inpatient bill).
17	D7: Change to make Medicare the secondary payer
18	D8: Change to make Medicare the primary payer
19	D9: Any other change
20	E0: Change in patient status



## Required Fields by Import File Type

There are required fields per file document which must be in 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 HHAX.

If record needs to be imported as a...	Then, the following fields must be provided:	
<b>Schedule</b>	<ul style="list-style-type: none"> <li>• Agency Tax ID</li> <li>• Payer ID</li> <li>• Medicaid Number</li> <li>• Caregiver Code</li> </ul>	<ul style="list-style-type: none"> <li>• Schedule ID</li> <li>• Procedure Code</li> <li>• Schedule Start Time</li> <li>• Schedule End Time</li> </ul>
<b>Confirmed Visit</b>	<ul style="list-style-type: none"> <li>• Agency Tax ID</li> <li>• Payer ID</li> <li>• Medicaid Number</li> <li>• Caregiver Code</li> <li>• Caregiver First Name</li> <li>• Caregiver Last Name</li> <li>• Schedule ID</li> <li>• Procedure Code</li> <li>• Schedule Start Time</li> </ul>	<ul style="list-style-type: none"> <li>• Schedule End Time</li> <li>• Visit Start Time</li> <li>• Visit End Time</li> <li>• Clock-In Service Location Type</li> <li>• Clock-Out Service Location Type</li> <li>• Duties</li> </ul> <p>*The <b>EVV</b> fields are required if visit was confirmed via EVV or IVR. Visit Edit and Action Taken codes are required if visit was manually edited.</p>
<b>Billed Visit</b>	<ul style="list-style-type: none"> <li>• Agency Tax ID</li> <li>• Payer ID</li> <li>• Medicaid Number</li> <li>• Caregiver Code</li> <li>• Caregiver First Name</li> <li>• Caregiver Last Name</li> <li>• Schedule ID</li> <li>• Procedure Code</li> <li>• Schedule Start Time</li> <li>• Schedule End Time</li> </ul>	<ul style="list-style-type: none"> <li>• Visit Start Time</li> <li>• Visit End Time</li> <li>• Clock-In Service Location Type</li> <li>• Clock-Out Service Location Type</li> <li>• Duties</li> <li>• Invoice Number</li> </ul> <p>*The <b>EVV</b> fields are required if visit was confirmed via EVV or IVR. Visit Edit and Action Taken codes are required if visit was manually edited.</p>
<b>Rebilled Visit</b>	<ul style="list-style-type: none"> <li>• Agency Tax ID</li> <li>• Payer ID</li> <li>• Medicaid Number</li> <li>• Caregiver Code</li> <li>• Caregiver First Name</li> <li>• Caregiver Last Name</li> <li>• Schedule ID</li> <li>• Procedure Code</li> <li>• Schedule Start Time</li> <li>• Schedule End Time</li> <li>• Visit Start Time</li> </ul>	<ul style="list-style-type: none"> <li>• Visit End Time</li> <li>• Clock-In Service Location Type</li> <li>• Clock-Out Service Location Type</li> <li>• Duties</li> <li>• Invoice Number</li> <li>• Submission Type</li> <li>• TRN Number</li> </ul> <p>*The <b>EVV</b> fields are required if visit was confirmed via EVV or IVR. Visit Edit and Action Taken codes are required if visit was manually edited.</p>
<b>Missed Visit</b>	<ul style="list-style-type: none"> <li>• Agency Tax ID</li> <li>• Payer ID</li> <li>• Medicaid Number</li> <li>• Caregiver Code</li> </ul>	<ul style="list-style-type: none"> <li>• Schedule ID</li> <li>• Procedure Code</li> <li>• Missed Visit Reason Code</li> <li>• Missed Visit Action Taken Code</li> </ul>

If record needs to be imported as a...	Then, the following fields must be provided:	
Delete a Schedule	<ul style="list-style-type: none"> <li>• Agency Tax ID</li> <li>• Payer ID</li> <li>• Medicaid Number</li> <li>• Caregiver Code</li> <li>• Caregiver First Name</li> <li>• Caregiver Last Name</li> </ul>	<ul style="list-style-type: none"> <li>• Caregiver SSN</li> <li>• Schedule ID</li> <li>• Procedure Code</li> <li>• Schedule Start Time</li> <li>• Schedule End Time</li> <li>• Is Deletion (Value should be "Y")</li> </ul>