



CAREBRIDGE

Electronic Visit Verification (EVV) North Carolina Integration Guide and Technical Specifications



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SUMMARY OF CHANGES

- Appointments / Visits Data File Format
 - Field Requirements updates
 - 14 - CaregiverAtypicalID [N] (V1.1)
 - 42 -VisitLocationType added as required field **(V3.0)**
 - 43 -AuthRefNumber no longer required for specific Home Health Service Codes **(V3.0)**
 - 47 -RevenueCode Added for Home Health Service Codes **(V3.0)**
 - 58 -Early Visit Reason Code Removed **(V3.0)**
 - 59 -Early Visit Action Codes Removed **(V3.0)**
 - 58 -LateReason Required for Late Visits **(V3.0)**
 - 59 -LateAction Required for Late Visits **(V3.0)**
 - 60 -MissedReason Required for Missed Visits **(V3.0)**
 - 61 -MissedAction Required for Missed Visits **(V3.0)**
 - Home Health Service Codes and Unit Definitions added **(V3.0)**
 - Service Code to Revenue Code Mapping added
 - Visit Location Type Codes added **(V3.0)**



INTRODUCTION TO CAREBRIDGE INTEGRATION

OVERVIEW

Welcome! This Integration Guide is intended to help providers and EVV Vendors throughout the process of integrating with CareBridge to provide EVV data for the purposes of data aggregation. If at any point you have questions, our team here is here to help: evvintegration@carebridgehealth.com.

WHAT IS CAREBRIDGE?

CareBridge is a company formed to support care for people who receive Long-Term Services and Supports (LTSS). We offer LTSS solutions including an Electronic Visit Verification Platform that can be utilized via a mobile phone, GPS-enabled tablet, landline and web-based portal to record service delivery and facilitate day-to-day management of members' appointments. CareBridge also supports a wide array of EVV data aggregation solutions in which CareBridge builds an integration with a provider's EVV system, allowing provider agencies to keep their current EVV solution while still providing required data back to the health plan or state.

INTEGRATION OVERVIEW

CareBridge will engage providers that choose to integrate CareBridge's Platform with a 21st Century Cures Act compliant EVV solution. CareBridge's Platform supports data aggregation by way of accepting EVV Visit Data from Third-party vendors and subsequently generating claims to be submitted to the clearinghouse and PHPs. All EVV Visit and Claims data must ultimately be reflected in the CareBridge Platform for PHP receipt, payment, and monitoring.

The following is a description of the steps in the data aggregation process:

1. Appointments / Visits data file is placed in SFTP folder by provider and/or Third-party vendor.
2. CareBridge imports and processes Appointments / Visits file.
3. CareBridge places response file in SFTP for review by provider and/or Third-party vendor.
 - Provider takes action on response errors and resubmits visits.
 - It is the responsibility of the Third-party EVV Vendor to ensure providers can correct errors within their EVV system and are able to resubmit the corrected visits to CareBridge.
 - CareBridge provides daily reports on outstanding pre-billing errors via the supplemental [*Pre-Billing Validation Report*](#).
4. CareBridge utilizes visits data to generate claims and submits to clearinghouse / PHPs.
5. CareBridge provides daily updates on visit status via the supplemental [*Appointment Status Report*](#).



6. Providers can continue to receive claim remittances through previously established mechanisms (Availity).

*The supplemental report specifications can be found on the CareBridge EVV Data Integration web page: <http://evvintegration.carebridgehealth.com>, under **Additional Documents for Third-Party Vendors.***

Appointments / visits data should be submitted to CareBridge at least once daily for all appointments / visits that have had incremental changes since last submission.

Do not continue to re-send appointments / visits that have not changed unless instructed by CareBridge. If a visit has been sent with *ClaimAction* 'N', do not re-submit until it reaches a terminal status (Rejected, Paid, Denied), or an error was included for that visit in the CareBridge Response File.

SFTP CONFIGURATION REQUIREMENTS

- CareBridge test environment: sftp.dev.carebridgehealth.com
- CareBridge production environment: sftp.prd.carebridgehealth.com
- Port: 22
- Login Credential: Vendor's public SSH key
- When transferring files via SFTP, select BINARY mode

SFTP FOLDER STRUCTURE

/input – Used to send files to CareBridge for import into the CareBridge system

/output – Used to retrieve Response Files from CareBridge

SFTP RETENTION POLICY

- Once files have been downloaded from /output, they should be deleted. If they are not deleted, they will be retained for 30 days.
- Files will be deleted from /input upon loading and processing by CareBridge.

FILE FORMAT SPECIFICATIONS

- File type: CSV (pipe-delimited).
- Values can be enclosed with double quotes (and should be when a pipe could exist in the data).
- Headers should be included.
- One row per appointment / visit.
- **All DateTime fields should be in UTC.**
- Visit data will be rejected if there is already an existing *ApptID* that has been claimed but has not yet reached a terminal status (Rejected, Paid, Denied).



NAMING CONVENTION

Visit Files from Third Party EVV Vendors

The general naming convention is as follows:

VISITS_NC_ProviderTaxID_YYYYMMDDHHMMSS.CSV

For Test Files, "TEST" will prepend the file name as follows:

TEST_VISITS_NC_ProviderTaxID_YYYYMMDDHHMMSS.CSV

Note: The state initials are required for files to be processed.

CareBridge Response File

VISITS_NC_ProviderTaxID_ERROR_YYYYMMDDHHMMSS.txt

For Test Files, "TEST" will prepend the file name as follows:

TEST_VISITS_NC_ProviderTaxID_ERROR_YYYYMMDDHHMMSS.txt

TESTING INSTRUCTIONS

Testing Overview

Vendors are required to complete testing scenarios in order to begin sending production data to CareBridge.

The goal of the testing process is to ensure that data is able to be successfully transmitted from Third-party vendors to CareBridge. CareBridge has created several test cases designed to ensure specific scenarios are understood and passed by vendors prior to production go-live.

The test cases are outlined in a separate document: [North Carolina - Third-Party EVV Vendor Integration Testing Process Guide](http://evvintegration.carebridgehealth.com), available on the CareBridge EVV Data Integration web page: <http://evvintegration.carebridgehealth.com>, under **Additional Documents for Third-Party Vendors > North Carolina - Third-Party EVV Vendor Integration Testing Process Guide**.

Additionally, there are 3 different testing milestones summarized below:

- Connection Testing – Vendors credentials are working properly and they are able to successful connect to the SFTP site.
- File Validation Testing – Vendors are able to successfully send files in accordance with our file specifications.
- Data Validation Testing– Vendors are able to send records in accordance with our data specifications.

Initial Production Data Go-Live

Once a vendor has successfully completed the required test cases and is approved to send data to production, they can begin sending production appointment/visit data to the production environment.

CareBridge highly recommends that EVV Vendors follow the process outlined below:

- (1) Send a file in the production environment with actual visit/appointment data.



- a. Only sending 1-5 rows of data initially.
 - b. Sending visit data with the *ClaimAction* field as null.
 - c. At least one row of data be visit data rather than appointment data.
- (2) Download the response file in the /output folder and review the pre-billing errors.
 - (3) Update data to remedy those errors; email evvintegration@carebridgehealth.com with questions about specific errors.
 - (4) Repeat steps 1-3 until you receive a response file with headers only. This means that there were no row level errors and the data was processed successfully.
 - (5) Repeat steps 1-4 for each unique provider agency TIN for whom you provide EVV services.

Claim Submitted via CareBridge

Once a vendor is able to successfully send a file of appointment/visit data without errors on behalf of a provider, they can coordinate with the provider to submit their first claim.

- Re-send the visit data previously sent in Initial Production Data Go-Live with the *ClaimAction* field as 'N'. This will generate a claim for those visits.

Note: If visits sent in *Data Validation Testing – Production* included the *ClaimAction* field as 'N' rather than null, *Data Validation in Production* and *Claim Submitted via CareBridge* would be completed simultaneously.

Integration “Go-Live”

Once a vendor is able to successfully submit a claim via CareBridge, they can begin implementation of *Integration Go-Live* – submitting all claims via CareBridge.

This will require coordination between the vendor, the agency(ies) they support and CareBridge.

The process is as follows:

- (1) Direct providers using your system to the [CareBridge Integration Document for Providers](#) site. It contains instructions for their expectations and next steps.
- (2) Identify a go-live date with each agency to begin sending all data and communicate that date to CareBridge.
- (3) Develop a process with your agency for resolving response file errors on an ongoing basis.
 - It is up to vendors and their agencies whether response files will be passed to their agencies directly or incorporated into the Third-party EVV system’s UI.
 - It is required that vendors leverage both the:
 1. The [Pre-Billing Validation Report](#) in addition to response files to ensure providers have the most up-to-date information regarding outstanding visit errors.



2. The ***Appointment Status Report*** to ensure providers have accurate information regarding visit or claim status over time.

*The supplemental report specifications can be found on the CareBridge EVV Data Integration web page: <http://evvintegration.carebridgehealth.com>, under **Additional Documents for Third-Party Vendors**.*

- Integrating agencies will not be able to make updates to their data in the CareBridge EVV portal. Updated data should be sent via integration process.

DATA FIELD SPECIFICATIONS

CareBridge Response File Format

Field	Value	Description
ERROR_CODE	See sections below	The error code indicating the type of issue
ERROR_DESCRIPTION	See sections below	The description of the error code, this is dynamic based on the error
IS_FILE_ERROR	True or False	Indicates if the error is a file level error or row / field level error
ERROR_SEVERITY	ERROR or WARNING	Indicates the severity of the error
FILE_NAME	Name of the inbound file	Name of the file that was received by CareBridge

In addition to these 5 fields, the CareBridge response file will also contain each field included in the inbound data file for Third-party EVV Vendor reference.

File Level Validation

Error Number	Description
F1001	Unknown file
F1002	Incorrect delimiter
F1003	Data cannot be parsed, it may be incomplete or invalid
F1004	File is a duplicate
F1005	File exceeds max allowed file size. (5 GB)

Appointments / Visits Data File Format

Field No	Field Name	Description	Data Type	Required for		Example	Max Length
				Scheduled Appointment	Completed Visit		
1	VendorName	Name of EVV vendor sending data	Alphanumeric	Y	Y	EVV Vendor	
2	TransactionID	Unique identifier for the transaction and should be unique in every file. It is only used for tracking and troubleshooting purposes	Alphanumeric	Y	Y	71256731	

Field No	Field Name	Description	Data Type	Required for		Example	Max Length
				Scheduled Appointment	Completed Visit		
3	TransactionDateTime	Time stamp associated with the visit data being sent to CareBridge in UTC	Datetime	Y	Y	YYYY-MM-DDTHH:MM:SSZ "2020-01-01T14:00:00Z"	
4	ProviderID	Unique identifier for the provider <i>(in Third-party EVV system)</i>	Alphanumeric	Y	Y	43134	35
5	ProviderName	Name of provider	Alphanumeric	Y	Y	Home Health, LLC	255
6	ProviderEIN	Tax ID or EIN of provider	Alphanumeric	Y	Y	208076837	9
7	ProviderNPI	NPI of provider	Numeric	Y <i>(required unless the provider is atypical)</i>	Y <i>(required unless the provider is atypical)</i>	1609927680	10
8	ProviderAtypicalID	Atypical ID if provider does not have NPI	Alphanumeric <i>(required format 8 digits)</i>	Y <i>(required if the provider is atypical)</i>	Y <i>(required if the provider is atypical)</i>	98212356	8
9	ProviderMedicaidID	MedicaidID number for Provider	Alphanumeric	N	N	2548369715	10
10	ApptID	Unique identifier for the visit, used to identify an appointment and should be consistent for every appointment update	Alphanumeric	Y	Y	1231248391	100
11	CaregiverFName	First name of caregiver who completed the visit	Alphanumeric	Y	Y	John	
12	CaregiverLName	Last name of caregiver who completed the visit	Alphanumeric	Y	Y	Smith	
13	CaregiverID	Unique ID Assigned to caregiver (Employee ID)	Alphanumeric	Y	Y	982123	
14	CaregiverAtypicalID	Caregiver ID assigned by state	Alphanumeric	N	N	54862978	8
15	CaregiverSSN	Employee Social Security Number (Four zeros + Last 5 digits of SSN)	Alphanumeric	Y	Y	0000#####	9

Field No	Field Name	Description	Data Type	Required for		Example	Max Length
				Scheduled Appointment	Completed Visit		
16	MemberFName	First name of member	Alphanumeric	Y	Y	Jane	
17	MemberLName	Last name of member	Alphanumeric	Y	Y	Johnson	
18	MemberDateOfBirth	Date of birth of member	Alphanumeric	Y	Y	YYYY-MM-DD	
19	MemberMedicaidID	Medicaid ID for member	Alphanumeric	Y	Y	128459972B	10
20	MemberID	Member ID in Vendor System	Alphanumeric	N	N	47138493	
21	ApptStartDateTime	Date / Time that the appointment was scheduled to begin in UTC	DateTime	Y	Y	YYYY-MM-DDTHH:MM:SSZ "2020-01-01T14:00:00Z"	
22	ApptEndDateTime	Date / Time that the appointment was scheduled to end in UTC	DateTime	Y	Y	YYYY-MM-DDTHH:MM:SSZ "2020-01-01T14:00:00Z"	
23	ApptCancelled	(C) if appointment was cancelled	Alphanumeric	N	N	C	
24	CheckInDateTime	Date / Time that the visit was checked into in UTC	Datetime	N	Y	YYYY-MM-DDTHH:MM:SSZ "2020-01-01T14:00:00Z"	
25	CheckInMethod	EVV (E), FOB (F), IVR (I), Manual (M)	Alphanumeric	N	Y (if 'M' CheckOutMethod must be 'M')	E	
26	CheckInStreetAddress	Street address where check in occurred	Alphanumeric	N	Y	926 Main St	
27	CheckInStreetAddress2	Additional street address info where check in occurred	Alphanumeric	N	N	Suite B	
28	CheckInCity	City where check in occurred	Alphanumeric	N	Y	Nashville	
29	CheckInState	State where check in occurred	Alphanumeric	N	Y	TN	
30	CheckInZip	Zip code where check in occurred	Alphanumeric	N	Y	37206	5
31	CheckInLat	Latitude of coordinates where check in occurred	Alphanumeric	N	Y if CheckInMethod = E	##.#####	

Field No	Field Name	Description	Data Type	Required for		Example	Max Length
				Scheduled Appointment	Completed Visit		
32	CheckInLong	Longitude of coordinates where check in occurred	Alphanumeric	N	Y if CheckInMethod = E	###.#####	
33	CheckOutDateTime	Date / Time that the visit was checked out of in UTC	Datetime	N	Y	YYYY-MM-DDTHH:MM:SSZ "2020-01-01T14:00:00Z"	
34	CheckOutMethod	EVV (E), FOB (F), IVR (I), Manual (M)	Alphanumeric	N	Y (if 'M' CheckInMethod must be 'M')	E	
35	CheckOutStreetAddress	Address where check out occurred	Alphanumeric	N	Y	926 Main St	
36	CheckOutStreetAddress2	Additional address info where check out occurred	Alphanumeric	N	N	Suite B	
37	CheckOutCity	City where check out occurred	Alphanumeric	N	Y	Nashville	
38	CheckOutState	State where check out occurred	Alphanumeric	N	Y	TN	
39	CheckOutZip	Zip code where check out occurred	Alphanumeric	N	Y	37206	5
40	CheckOutLat	Latitude of coordinates where check out occurred	Alphanumeric	N	Y if CheckOutMethod = E	##.#####	
41	CheckOutLong	Longitude of coordinates where check out occurred	Alphanumeric	N	Y if CheckOutMethod = E	###.#####	
42	VisitLocationType	Self-Reported visit location.	Alphanumeric	N	Y	(see Location Type Codes Table below)	
43	AuthRefNumber	Authorization Number as indicated by health plan	Alphanumeric	Y	Y unless not required for Service Code (see Home Health Service Codes section below)	1080421390	
44	ServiceCode	Service code for services rendered during visit (HCPCS Procedure Code)	Alphanumeric	Y	Y	99509	
45	Modifier 1	Modifier code for services rendered during visit	Alphanumeric	N	N	HA	

Field No	Field Name	Description	Data Type	Required for		Example	Max Length
				Scheduled Appointment	Completed Visit		
46	Modifier 2	Second modifier code for services rendered during visit	Alphanumeric	N	N	UA	
46	RevenueCode	Revenue Code that should be used for billing. (See table below for additional details)	Alphanumeric	N	Y if Home Health Service Code	See Home Health Service and Revenue Code Definitions below	
47	TimeZone	Time zone that the visit took place in	Alphanumeric	Y	Y	US/Eastern	
48	CheckInIVRPhoneNumber	Phone Number used to check in	Alphanumeric	N	Y if CheckInMethod = I	+14156665555	
49	CheckOutIVRPhoneNumber	Phone Number used to check out	Alphanumeric	N	Y if CheckOutMethod = I	+14156665555	
50	ApptNote	Free text note related to the visit	Alphanumeric	N	N	Scheduling related note	
51	DiagnosisCode	ICD-10 Diagnosis code attributed to the visit. Must be a valid ICD-10 code if included	Alphanumeric	N	N	150.9	
52	ApptAttestation	Member attestation associated with the visit	Alphanumeric	N	N	See Member Attestation Codes table below	
53	Rate	Billed unit rate associated with the visit (see Unit Definitions Table below)	Decimal	N	Y if ClaimAction = N	3.85	
54	ManualReason	Reason for manual entry associated with the visit	Alphanumeric	N	Y if CheckInMethod or CheckOutMethod = M	See Manual Reasons Codes table below	
55	LateReason	Reason the visit was late	Alphanumeric	N	Y if check in occurred between one and three hours after the scheduled start time	See Late Reasons Codes table below	

Field No	Field Name	Description	Data Type	Required for		Example	Max Length
				Scheduled Appointment	Completed Visit		
56	LateAction	Action taken due to visit being late	Alphanumeric	N	Y <i>if check in occurred between one and three hours after the scheduled start time</i>	See Late Actions Codes table below	
57	MissedReason	Reason the visit was missed	Alphanumeric	N	Y <i>if check in occurred greater than three hours after the scheduled start time</i>	See Missed Reasons Codes table below	
58	MissedAction	Action taken due to the visit being missed	Alphanumeric	N	Y <i>if check in occurred greater than three hours after the scheduled start time</i>	See Missed Actions Codes table below	
59	CarePlanTasksCompleted	Tilda delimited list of task codes completed during the visit	Alphanumeric	N	N	200~270 See Care Plan Tasks Codes table below	
60	CarePlanTasksNotCompleted	Tilda delimited list of task codes not completed during the visit	Alphanumeric	N	N	280~290 See Care Plan Tasks Codes table below	
61	CaregiverSurveyQuestions	Tilda delimited list of survey question codes presented to the caregiver	Alphanumeric	N	N	SQ1000~SQ1005 See Survey Questions Codes table below	
63	CaregiverSurveyResponses	Tilda delimited list of survey response codes to questions presented to the caregiver in the same order as the questions listed in field	Alphanumeric	N	N	Yes~No	
64	ClaimAction	New Claim (N), Void (V), Externally Billed (E)	Alphanumeric	N	Y	N	
65	MCOID	Identifies health plan the member is associated with	Alphanumeric	Y	Y	See MCOID table below	

Field No	Field Name	Description	Data Type	Required for		Example	Max Length
				Scheduled Appointment	Completed Visit		
101	Claim Invoice Number 1	Claim level invoice number in Third-party system					
102	Claim Invoice Number 2	Claim level invoice number in Third-party system					
103	Line Item Invoice Number 1	Unique identifier of the invoice line item in the Third-party system					
104	Line Item Invoice Number 2	Unique identifier of the invoice line item in the Third-party system					

These fields can be used for reconciliation of the data sent to CareBridge.
 If you would like to use these fields, please contact the CareBridge Integration team at evvintegration@carebridgehealth.com
 To enable these fields, additional testing is required.



PCS Service Codes and Unit Definitions

ServiceCode	Modifier1	Unit Type	Unit Quantity
99509	HA	minutes	15
99509	HB	minutes	15

Home Health Service and Revenue Code Definitions

ServiceCode	Rev Code	Rev Code Description	Auth Required	Unit Type	Unit Quantity
92521	444	Speech Therapy - Evaluation	Sometimes	Visit Per Day*	1
92522	444	Speech Therapy - Evaluation	Sometimes	Visit Per Day	1
92523	444	Speech Therapy - Evaluation	Sometimes	Visit Per Day	1
97161	424	Physical Therapy - Evaluation	Sometimes	Visit Per Day	1
97162	424	Physical Therapy - Evaluation	Sometimes	Visit Per Day	1
97163	424	Physical Therapy - Evaluation	Sometimes	Visit Per Day	1
97164	424	Physical Therapy - Evaluation	Yes	Visit Per Day	1
97165	434	Occupational Therapy - Evaluation	Sometimes	Visit Per Day	1
97166	434	Occupational Therapy - Evaluation	Sometimes	Visit Per Day	1
97167	434	Occupational Therapy - Evaluation	Sometimes	Visit Per Day	1
97168	434	Occupational Therapy - Evaluation	Yes	Visit Per Day	1
G0151	420	Physical Therapy	Yes	Visit Per Day	1
G0152	430	Occupational Therapy	Yes	Visit Per Day	1
G0153	440	Speech Therapy	Yes	Visit Per Day	1
G0156	570	Home Health Aide Visit	Sometimes	Visit Per Day	1
G0157	420	Physical Therapy	Yes	Visit Per Day	1
G0158	434	Occupational Therapy - Evaluation	Yes	Visit Per Day	1
G0159	420	Physical Therapy	Yes	Visit Per Day	1
	424	Physical Therapy - Evaluation		Visit Per Day	1
G0160	430	Occupational Therapy	Yes	Visit Per Day	1
	434	Occupational Therapy - Evaluation		Visit Per Day	1
G0161	440	Speech Therapy	Yes	Visit Per Day	1
G0162	550	Skilled nursing: Initial assessment/re- assessment	Yes	Visit Per Day	1
G0283	420	Physical Therapy	Yes	Visit Per Day	1
G0299	551	Skilled nursing: Treatment, teaching/training, observation/evaluation	Yes	Visit Per Day	1
	559	Skilled nursing: For a dually eligible beneficiary when the visit does not meet Medicare criteria		Visit Per Day	1
	580	Skilled nursing: venipuncture		Visit Per Day	1
	581	Skilled nursing: Pre- filling insulin syringes/Medi- Planners		Visit Per Day	1
G0300	551	Skilled nursing: Treatment, teaching/training, observation/evaluation	Yes	Visit Per Day	1
	559	Skilled nursing: For a dually eligible beneficiary when the visit does not meet Medicare criteria		Visit Per Day	1
	580	Skilled nursing: venipuncture		Visit Per Day	1
	581	Skilled nursing: Pre- filling insulin syringes/Medi- Planners		Visit Per Day	1
G0493	550	Skilled nursing: Initial assessment/re- assessment	Sometimes	Visit Per Day	1
G0494	550	Skilled nursing: Initial assessment/re- assessment	Sometimes	Visit Per Day	1
G0495	551	Skilled nursing: Treatment, teaching/training, observation/evaluation	Sometimes	Visit Per Day	1
	559	Skilled nursing: For a dually eligible beneficiary when the visit does not meet Medicare criteria		Visit Per Day	1



G2168	420	Physical Therapy	Yes	Visit Per Day	1
G2169	430	Occupational Therapy	Yes	Visit Per Day	1
S9122	570	Home Health Aide Visit	Yes	Visit Per Day	1
S9123	551	Skilled nursing: Treatment, teaching/training, observation/evaluation	Yes	Visit Per Day	1
	559	Skilled nursing: For a dually eligible beneficiary when the visit does not meet Medicare criteria		Visit Per Day	1
S9124	551	Skilled nursing: Treatment, teaching/training, observation/evaluation	Yes	Visit Per Day	1
	559	Skilled nursing: For a dually eligible beneficiary when the visit does not meet Medicare criteria		Visit Per Day	1
	580	Skilled nursing: venipuncture		Visit Per Day	1
	581	Skilled nursing: Pre- filling insulin syringes/Medi- Planners		Visit Per Day	1
S9128	440	Speech Therapy	Yes	Visit Per Day	1
S9129	430	Occupational Therapy	Yes	Visit Per Day	1
S9131	420	Physical Therapy	Yes	Visit Per Day	1
T1002	551	Skilled nursing: Treatment, teaching/training, observation/evaluation	Yes	Visit Per Day	1
	559	Skilled nursing: For a dually eligible beneficiary when the visit does not meet Medicare criteria		Visit Per Day	1
T1021	570	Home Health Aide Visit	Sometimes	Visit Per Day	1
T1030	551	Nursing Care, In The Home, By Registered Nurse	Yes	Visit Per Day	1

* Visit Per Day - defined as 1 visit corresponds to 1 billed unit for each date of service within which the visit occurs

Member Attestation Codes

Code	Description
MA1000	Complete
MA1005	Member Refused
MA1010	Member Unable
MA1015	No Signature (Other)

Manual Reasons Codes

Code	Description
MR1000	Caregiver error
MR1005	No access to application or IVR
MR1010	Technical error
MR1015	Duplicates/overlapping
MR1020	Forgot to clock in/out
MR1025	Missing/waiting for authorization
MR1055	New agency using EVV

Late Reasons Codes

Code	Description
LR1000	Caregiver forgot to check in
LR1005	Technical issue
LR1010	Member would not allow staff to use device
LR1015	Member rescheduled



Late Visit Actions Taken Codes

Code	Description
LA1000	Rescheduled
LA1005	Back-up plan initiated
LA1010	Contacted service coordinator
LA1015	Contacted PHP member services
LA1020	Caregiver checked in late

Missed Reasons Codes

Code	Description
MVR1000	Caregiver did not show up
MVR1005	Caregiver forgot to check in / out
MVR1010	Technical issue
MVR1015	Unplanned hospitalization
MVR1020	Authorization not in place at time of visit
MVR1025	Member or family refused service
MVR1030	Provider agency unable to staff
MVR1035	Member rescheduled
MVR1040	Scheduling Error

Missed Visit Actions Taken Codes

Code	Description
MVA1000	Rescheduled
MVA1005	Back-up plan initiated
MVA1010	Contacted service coordinator
MVA1015	Contacted PHP member services
MVA1020	Service provided as scheduled

Visit Location Type Codes

Code	Description
1	Home
2	Community

MCOID Codes

Code	Description
NC_BCBS	Healthy Blue of North Carolina

Care Plan Tasks



Code	Category	Task Description
10	Bathing / Personal Hygiene	Tub bath or shower
20	Bathing / Personal Hygiene	Upper body
30	Bathing / Personal Hygiene	Lower body
40	Bathing / Personal Hygiene	Tub/shower transfer/position
50	Bathing / Personal Hygiene	Bed bath
60	Bathing / Personal Hygiene	Sponge bath
70	Bathing / Personal Hygiene	Additional transfer (reposition in bed change occupied bed)
80	Bathing / Personal Hygiene	Shampoo/hair care
90	Bathing / Personal Hygiene	Skin care (includes wash face/hands foot care)
100	Bathing / Personal Hygiene	Nail care
110	Bathing / Personal Hygiene	Mouth/oral/denture care
120	Bathing / Personal Hygiene	Shave
130	Dressing	Don clothing/shoes/socks
140	Dressing	Remove clothing/shoes/socks
150	Dressing	Clothing and shoe fasteners
160	Dressing	Assist with TEDS
170	Dressing	Assist with braces/splints
180	Dressing	Assist with binders
190	Dressing	Assist with prosthetics
200	Mobility	Transfer to/from bedroom
210	Mobility	Ambulation room to room
220	Mobility	Assist with stairs
230	Mobility	Passive/active ROM
240	Mobility	Turn/reposition
250	Toileting	Remove/pull up/fasten garments
260	Toileting	Hygiene after toileting
270	Toileting	Transfer to/from BSC or toilet
280	Eating	Assist with cutting food
290	Eating	Assist with feeding
300	Eating	Assist with utensil usage
310	Eating	Lift limb to mouth
320	Eating	Tube feeding
330	Eating	Clean meal service area
340	Eating	Clean utensils/dishes
350	Eating	Open packages
360	Eating	Equipment set up and clean up
370	Eating	Heat/assemble food
380	Mobility	Transfer to/from chair
390	Transfer	To/from bed
400	Transfer	To/from chair
410	Transfer	To/from toilet
420	Transfer	To/from scooter
430	Transfer	To/from stroller
440	Transfer	To/from wheelchair
450	Transfer	to/from vehicle



460	Personal Hygiene	Shampoo/hair care
470	Personal Hygiene	Skin care (includes wash face/hands
480	Personal Hygiene	Make up
490	Personal Hygiene	Nail care/trimming
500	Personal Hygiene	Mouth/oral/denture care
510	Personal Hygiene	Shaving
520	Additional Tasks	Errands to assist with ADLs (CAP only)
530	Additional Tasks	BP monitoring
540	Additional Tasks	Blood glucose monitoring
550	Additional Tasks	Medication self-administration reminders
560	Additional Tasks	Break up and remove fecal impaction
570	Additional Tasks	IV fluid assistive activities
580	Additional Tasks	O2 therapy
590	Additional Tasks	Ostomy care/irrigation
600	Additional Tasks	Sterile dressing change (wound over 48 hours old)
610	Additional Tasks	Suctioning
620	Additional Tasks	Suctioning
630	Additional Tasks	Tracheostomy care
640	Additional Tasks	Urinary catheterization/irrigation
650	Additional Tasks	Wound irrigation
660	Additional Tasks	Tube feeding and G-tube management

Survey/Observed Changes Question

Code	Task Description
SQ1000	Did the member's health or illness worsen since your last visit?
SQ1005	Did you notice or were you told about any safety risks in the home today?
SQ1010	Does the member have any problems taking their medication?
SQ1015	Has the member been admitted to the hospital or emergency room since the last visit?
SQ1020	Has the member fallen since the last visit?
SQ1025	Is the member looking or acting different than they usually do?



Pre-Billing Validation

Pre-billing checks are performed in the CareBridge system to ensure that clean claims are generated and that EVV Data is valid. If validation errors are present in response files or appointment error files, they must be resolved by the agency or vendor prior to claim generation.

A full list of CareBridge Pre-Billing Validations can be found under **Technical Specifications for Third-Party Vendors** > [Pre-Billing Validations](#)