

# CAREBRIDGE ELECTRONIC VISIT VERIFICATION BILLING GUIDE



The CareBridge Provider Portal is a web-based tool that enables providers to manage home and community-based service provision in compliance with the *21st Century Cures Act*. In addition, CareBridge has built-in features to help create billing efficiencies for providers, reducing the number of rejected or denied claims. We do this through pre-billing edits that check your visits to verify they are ready to be submitted in a claim.

## PRE-BILLING CHECKS AND PREPARING VISITS FOR CLAIMS:

Once visits have been completed, they should be ready to be exported to claims, allowing you to bill for services rendered. If a visit has an issue that might prevent it from being accepted for claims, CareBridge won't let you export it and will flag it. If you see a warning icon marked by a **red dot with an exclamation point**, that indicates that there is an error and the visit cannot be exported to claims.

There are different reasons why a visit may not be ready to export to claims. The following is a full list of pre-billing checks performed in the CareBridge Platform and potential opportunities to resolve the pre-billing check in order to be able to submit the visit for a claim.

PRE-BILLING CHECK	WHO RESOLVES	RESOLUTION
No authorization available during the appointment	MCO/ PASSE	MCO/PASSE issues a new auth or clarifies
Member is ineligible during the appointment	MCO/ PASSE	MCO/PASSE changes eligibility or clarifies
Manual entry reason is missing on the appointment	Provider	Provider updates the visit with a manual reason
Late reason is missing on the appointment	Provider	Provider updates the visit with a late reason
Missed reason is missing on the appointment	Provider	Provider updates the visit with a missed reason
The appointment occurred outside of an authorization	MCO/ PASSE	MCO/PASSE updates auth or clarifies
The visit has a claim in progress and is locked	Provider	Provider views claim status and takes appropriate action
The Payer has marked the provider as inactive during appointment	MCO/ PASSE	MCO/PASSE re-activates the provider or clarifies
A Payer data issue is currently blocking this appointment from claiming		
The claim has been denied by the Payer	Provider	Provider views claim status and takes appropriate action

PRE-BILLING CHECK	WHO RESOLVES	RESOLUTION
Caregiver is ineligible during the appointment	Provider	Provider ensures caregiver is eligible to deliver services
There is a pre-billing issue		
The claim has been rejected	Provider	Provider views claim status and takes appropriate action
Appointment has 0 units to bill	Provider	Provider updates the visit via manual entry with units in order to bill
Appointment service code has no rate or unit definition	Provider	Provider completes a manual entry in order to bill
Appointment has a terminated authorization	MCO/ PASSE	MCO/PASSE updates the authorization or clarifies
Appointment exceeds the authorization/segments max units	Provider	Provider completes a manual entry that reduces units to allow billing or requests additional units from the MCO/PASSE
Caregiver has no birth date set	Provider	Provider updates caregiver birth date
Appointment has no attestation	Member	Member to attest through the member portal
Appointment has a caregiver without license number	Provider	Provider adds a caregiver license ID in employee details
User has no Medicaid ID set	Provider	Provider adds a worker Medicaid ID in employee details
Appointment has no duration	Provider	Provider completes a manual entry to update the visit duration
Early reason is missing on the appointment	Provider	Provider updates the visit with an early reason
Appointment has no service modifier	Provider	Provider updates the visit in appointment visit details to include a service modifier

**BILLING AND CLAIMING ERRORS:**

When you have exported visits to claims, you will see a confirmation message in the portal. This message will indicate how many visits successfully exported for claims. Despite the pre-billing checks, there may still be instances when you experience billing or claiming errors. If visits have failed, the reason why will be indicated in that message, which in turn may prompt you to take action so that you may export that claim for billing.

Some of these instances and trouble-shooting suggestions are below:

BILLING OR CLAIM ERROR	TROUBLE-SHOOTING SUGGESTION
A claim was over paid	Contact PASSE to resolve.
A claim was under paid	Contact MCO/PASSE to resolve.
You realize there was an error with the visit and need to adjust	Contact MCO/PASSE to resolve.
You do not have or do not understand the claim rejection reason	Basic claim rejection errors happen when data is invalid or missing and occurs prior to claim processing. A few common examples are incorrect or missing member data, billing provider, payer, or diagnosis codes in service lines. You can refer to the rejection/response reports or contact MCO/PASSE for resolution to correct and resubmit for claim processing.
You do not have or understand the denial reason	A claim has been processed by payer and determined un-payable. Common denial reasons are duplicate claims/services, member eligibility, benefit coverage, and data discrepancies. This information will be stated on the electronic remittance advice (ERA) if available to you. If not, please contact MCO/PASSE.

**BILLING STATUS**

The following billing statuses are available in the CareBridge Platform and can be seen associated with Claim Requests:

BILLING STATUS	DESCRIPTION
Pending	This visit has not yet been exported for claims.
Queued	This visit has been queued for claim generation.
Generated	This visit has a claim that has been generated.
Submitted	This visit has a claim that has been submitted to MCO/PASSE.

BILLING STATUS	DESCRIPTION
Acknowledged	This visit has a claim that has been received by MCO/PASSE.
Confirmed	This visit has a claim that was accepted by MCO/PASSE.
Pre-billing Rejection	This visit was rejected due to insufficient or invalid data prior to claim creation.
Rejected	This visit was rejected by MCO/PASSE due to insufficient or invalid data upon initial review of the claim.
Paid	This visit was paid by MCO/PASSE.
Denied	This visit was denied by PASSE due to insufficient or invalid data upon review of the claim.
Voided	This visit claim was voided.

For additional resources, you can access the [CareBridge Resource Library](#) through your Provider Portal by clicking on the **profile icon** next to your name at the top right of any screen.