CAREBRIDGE

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Electronic Visit Verification (EVV)
New Jersey Integration Guide and Technical Specifications

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SUMMARY OF CHANGES

- SFTP Configuration Requirements
  - Login Credentials: SSH Key *(V2)*
- File Format Specifications
  - ApptID clarification *(V2)*
- Testing Instructions
  - Connection Testing *(V2)*
  - File Validation Testing *(V2), (V4)*
  - Data Validation Testing *(V2)*
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  - Claim Submitted via CareBridge *(V4)*
  - Integration "Go-Live" *(V4)*
- CareBridge Response File Format
  - Additional details provided *(V2)*
- Appointments / Visits Data File Format
  - Field Requirements updates
    - 13 - CaregiverLicenseNumber: Appts [Y] *(V4)*
    - 26 - CheckInStreetAddress2 [N] *(V4)*
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    - 51 - DiagnosisCode: Appts [N] *(V4)*
    - 53 - Rate: Appts & Visits [Y] *(V4)*
    - 59 - CarePlanTasksCompleted [N] *(V4)*
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  - Field Numbers updates *(V2)*
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    - 101 - Claim Invoice Number 1 *(V3)*
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    - 103 - Line Item Invoice Number 1 *(V3)*
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  - New Field(s) added:
    - 8 - ProviderMedicaidID *(V2)*
    - 14 - CaregiverDateOfBirth *(V2)*
    - 19 - MemberDateOfBirth *(V2)*
    - 45 - Modifier 3 *(V5)*
    - 46 - Modifier 4 *(V5)*
    - 59 - CarePlanTasksCompleted *(V2)*
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    - 65 - CaregiverSSN *(V3)*
    - 66 - CaregiverGender *(V3)*

        - 67 - CaregiverType *(V3)*
        - 68 - CaregiverHireDate *(V3)*
        - 101 - Invoice Number 1 *(V2)*
        - 102 - Invoice Number 2 *(V2)*
        - 103 - Invoice Line Item ID 1 *(V2)*
        - 104 - Invoice Line Item ID 2 *(V2)*
    - Field(s) removed
        - 57 - ICN *(V2)*
    - Field Description update
        - 53 - Rate: changed from Alphanumeric to Decimal *(V2)*
        - 4 - ProviderID: Unique identifier for the provider *(V4)*
        - 7 - ProviderEIN: Max Length 9 *(V4)*
        - 17 - MemberMedicaidID: 11 digits, Numeric, Max Length 11 *(V4)*
        - 63 - ClaimAction: Claims Billed Externally-Not Via CareBridge (E) *(V4)*
        - 41 - Changed AuthRefNumber to Situational for specific Home Health Procedure Codes for Horizon (V5)
- Procedure Codes
    - Added procedure codes, unit types and unit quantities for PCS and Home Health (V5)
    - Updated footnotes for Home Health Service Codes (V5.1)
    - G0300, G0153, G0155 added ***(V6.0)***
- Manual Reason Codes
    - New Reason Code(s) Added
        - MR1050 - Member Initiated *(V2)*
        - MR2200 - Phone number did not link to the Member *(V3)*
        - MR2201 - Member won't let attendant use phone *(V3)*
        - MR2202 - Member doesn't have a phone in home *(V3)*
        - MR2203 - Phone in use by Member or individual in Member's home *(V3)*
        - MR2204 - Member received services outside of the home *(V3)*
        - MR2205 - Member's phone line not working (technical issue or natural disaster) *(V3)*
        - MR2206 - Member requested to change/cancel scheduled visit; or the scheduled visit has been cancelled due to the Member's services being suspended *(V3)*
        - MR2207 - Address did not link to the Member (GPS) *(V3)*
        - MR2208 - Attendant failed to call in *(V3)*
        - MR2209 - Attendant failed to call out *(V3)*
        - MR2210 - Attendant failed to call in and out *(V3)*
        - MR2211 - Attendant called in to or out of the EVV system early or late *(V3)*
        - MR2212 - Attendant's identification number (s) does not match the scheduled shift or task discrepancy/task does not match plan of care *(V3)*
        - MR2213 - Attendant entered invalid fixed location device code(s) *(V3)*
        - MR2214 - Attendant failed to report to Member's home *(V3)*
        - MR2215 - Fixed location device on order or pending placement in the home *(V3)*
        - MR2216 - Fixed location device malfunctioned *(V3)*
        - MR2217 - Attendant unable to use mobile device *(V3)*
        - MR2218 - Attendant unable to connect to internet or EVV system down *(V3)*

        - MR2219 - Data Entry Error *(V3)*
        - MR2220 - Agency unable to provide replacement coverage (no show, no replacement) *(V3)*
        - MR2221 - Timesheet Received *(V3)*
        - MR2222 - Other *(V3)*
        - MR2223 - EPSDT PDN During the School Day **(V6.1)**
    - Reason Code(s) Removed
        - MR1000 - Caregiver error *(V3)*
        - MR1005 - No access to application or IVR *(V3)*
        - MR1010 - Technical error *(V3)*
        - MR1015 - Duplicates/overlapping *(V3)*
        - MR1020 - Forgot to clock in *(V3)*
        - MR1025 - Missing/waiting for authorization *(V3)*
        - MR1050 - Member Initiated *(V3)*
- Missed Reason Codes
    - New Reason Code(s) Added
        - MVR2600 - Agency unable to provide replacement coverage (no show, no replacement) *(V3)*
        - MVR2601 - Attendant failed to report to Member's home *(V3)*
        - MVR2602 - Member requested to change/cancel scheduled visit; or the scheduled visit has been cancelled due to the Member's services being suspended *(V3)*
        - MVR2603 - Member Refused Service *(V3)*
        - MVR2604 - Member Refused Service - original aide on vacation *(V3)*
        - MVR2605 - COVID-19: All other cases where the agency could not staff due to COVID-19 *(V3)*
        - MVR2606 - COVID-19: Member refused, receiving service through informal supports *(V3)*
        - MVR2607 - COVID-19: Member refused, self-isolating, not receiving service *(V3)*
        - MVR2608 - Hospitalization unplanned *(V3)*
        - MVR2609 - Other *(V3)*
    - Reason Code(s) Removed
        - MVR1000 - Caregiver did not show up *(V3)*
        - MVR1005 - Caregiver forgot to check in / out *(V3)*
        - MVR1010 - Technical issue *(V3)*
        - MVR1015 - Unplanned hospitalization *(V3)*
        - MVR1020 - Authorization not in place at time of visit *(V3)*
        - MVR1025 - Member or family refused service *(V3)*
        - MVR1030 - Provider agency unable to staff *(V3)*
        - MVR1035 - Member rescheduled *(V3)*
- Missed Visit Actions Taken Codes
    - New Missed Visit Actions Taken Code(s) Added
        - MVA1051 - Confirmed with the Member or the Member's family member/representative and documented *(V3)*
        - MVA1052 - New attendant assigned to Member *(V3)*

        - MVA1053 - Other *(V3)*
        - MVA1054 - Service(s) cancelled or suspended until further notice *(V3)*
        - MVA1055 - Unverified visit *(V3)*
        - MVA1056 - Visit rescheduled *(V3)*
    - Missed Visit Actions Taken Code(s) Removed
        - MVA1000 - Rescheduled *(V3)*
        - MVA1005 - Back-up plan initiated *(V3)*
        - MVA1010 - Contacted service coordinator *(V3)*
        - MVA1015 - Contacted MCO member services *(V3)*
        - MVA1020 - Service provided as scheduled *(V3)*
- Primary/Add-on Service Codes section added *(V5.1)*
- Pre-Billing Validation
    - This is a comprehensive list of CareBridge Pre-Billing validation responses – some may not be applicable to your specific integration. *(V2, V3, V4)*

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 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 MCOs.

All EVV Visit and Claims data must ultimately be reflected in the CareBridge Platform for MCO 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
    a. Provider takes action on response errors and resubmits
4. CareBridge utilizes visits data to generate claims and submits to clearinghouse / MCOs
5. Providers can continue to receive claim remittances through previously established mechanisms (Availity)

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

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 load 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 UTC with zero offset
- 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

The general naming convention is as follows:
VISITS_NJ_ProviderTaxID_YYYYMMDDHHMMSS.CSV

For Test Files, "TEST" will prepend the file name as follows:
TEST_VISITS_NJ_ProviderTaxID_YYYYMMDDHHMMSS.CSV
Note: The state initials are required for files to be processed.

CAREBRIDGE RESPONSE FILE

VISITS_NJ_ProviderTaxID_ERROR_YYYYMMDDHHMMSS.txt

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

TESTING INSTRUCTIONS

Testing Overview

Vendors are required to complete testing scenarios in order to begin sending production data to CareBridge. If a vendor has already completed the integration process in NJ and is sending production data, additional testing is not required for Home Health.

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: ***New Jersey - Third-Party EVV Vendor Integration Testing Process Guide***, available on the CareBridge EVV Data Integration web page: http://evvintegration.carebridgehealth.com, under ***Additional Documents for Third-Party Vendors*** > ***New Jersey - 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 successfully 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. A full list of CareBridge Pre-Billing Validations can be found under **Technical Specifications for Third-Party Vendors** > **Pre-Billing Validation Errors.**

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 send 1-5 rows of data initially.
   b. Send visit data with the *ClaimAction* field as null.
   c. At least one row of data should 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. **Note: for Horizon members, claims will not be submitted via CareBridge. ClaimAction "E" can be used for Horizon visits.**

- 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	File is not an expected file type.
F1002	File contains invalid delimiters.
F1003	File cannot be parsed, it may be incomplete or invalid.
F1004	File is a duplicate.
F1005	File exceeds max allowed file size.
VCR1056	MCO ID is missing *(HHAeXchange Only).*

Appointments / Visits Data File Format

Field No	Field Name	Description	Data Type	Required for Scheduled Appointment	Required for Completed Visit	Example	Max Length
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	
3	TransactionDateTime	Time stamp associated with the visit data being sent to CareBridge	Datetime	Y	Y	YYYY-MM-DD HH:MM "2020-01-01 14:00"	
4	ProviderID	Unique identifier for the provider	Alphanumeric	Y	Y	43134	100
5	ProviderName	Name of provider	Alphanumeric	Y	Y	Home Health, LLC	255
6	ProviderNPI	NPI of provider	Numeric	Y *(required unless the provider is atypical)*	Y *(required unless the provider is atypical)*	1609927608	10
7	ProviderEIN	Tax ID or EIN of provider	Alphanumeric	Y	Y	208076837	9
8	ProviderMedicaidID	MedicaidID number for Provider	Alphanumeric	Y	Y	982123567	
9	ApptID	Unique identifier for the visit, used to identify an appointment and should be consistent for every appointment update	Alphanumeric	Y	Y	1231248391	100
10	CaregiverFName	First name of caregiver who completed the visit	Alphanumeric	Y	Y	John	
11	CaregiverLName	Last name of caregiver who completed the visit	Alphanumeric	Y	Y	Smith	
12	CaregiverID	Unique ID Assigned to caregiver (Employee ID)	Alphanumeric	Y	Y	982123	

13	CaregiverLicenseNumber	License number for caregiver	Alphanumeric	Y	Y	22AA88888888	12
14	CaregiverDateOfBirth	Date of birth of caregiver	Alphanumeric	Y	Y	YYYY-MM-DD	
15	MemberFName	First name of member	Alphanumeric	Y	Y	Jane	
16	MemberLName	Last name of member	Alphanumeric	Y	Y	Johnson	
17	MemberMedicaidID	Medicaid ID for member - 12 digits	Numeric	Y	Y	336271424521	12
18	MemberID	If not using Medicaid ID	Alphanumeric	N	N	47138493	
19	MemberDateOfBirth	Date of birth of member	Alphanumeric	N	N	YYYY-MM-DD	
20	ApptStartDateTime	Date / Time that the appointment was scheduled to begin	DateTime	Y	Y	YYYY-MM-DD HH:MM “2020-01-01 14:00”	
21	ApptEndDateTime	Date / Time that the appointment was scheduled to end	DateTime	Y	Y	YYYY-MM-DD HH:MM “2020-01-01 14:00”	
22	ApptCancelled	(C) if appointment was cancelled	Alphanumeric	N	N	C	
23	CheckInDateTime	Date / Time that the visit was checked into	Datetime	N	Y	YYYY-MM-DD HH:MM “2020-01-01 14:00”	
24	CheckInMethod	EVV (E), Manual (M), IVR (I)	Alphanumeric	N	Y	E	
25	CheckInStreetAddress	Street address where check in occurred	Alphanumeric	N	Y	926 Main St	
26	CheckInStreetAddress2	Additional street address info where check in occurred	Alphanumeric	N	N	Suite B	
27	CheckInCity	City where check in occurred	Alphanumeric	N	Y	Nashville	
28	CheckInState	State where check in occurred	Alphanumeric	N	Y	TN	
29	CheckInZip	Zip code where check in occurred	Alphanumeric	N	Y	37206	

30	CheckInLat	Latitude of coordinates where check in occurred	Alphanumeric	N	Y if CheckInMethod = E	##.######	
31	CheckInLong	Longitude of coordinates where check in occurred	Alphanumeric	N	Y if CheckInMethod = E	###.######	
32	CheckOutDateTime	Date / Time that the visit was checked out of	Datetime	N	Y	YYYY-MM-DD HH:MM “2020-01-01 14:00”	
33	CheckOutMethod	EVV (E), Manual (M), IVR (I)	Alphanumeric	N	Y	E	
34	CheckOutStreetAddress	Address where check out occurred	Alphanumeric	N	Y	926 Main St	
35	CheckOutStreetAddress2	Additional address info where check out occurred	Alphanumeric	N	N	Suite B	
36	CheckOutCity	City where check out occurred	Alphanumeric	N	Y	Nashville	
37	CheckOutState	State where check out occurred	Alphanumeric	N	Y	TN	
38	CheckOutZip	Zip code where check out occurred	Alphanumeric	N	Y	37206	
39	CheckOutLat	Latitude of coordinates where check out occurred	Alphanumeric	N	Y if CheckOutMethod=E	##.######	
40	CheckOutLong	Longitude of coordinates where check out occurred	Alphanumeric	N	Y if CheckOutMethod=E	###.######	
41	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	
42	ServiceCode	Service code for services rendered during visit (HCPCS Procedure Code)	Alphanumeric	Y	Y	S5125	
43	Modifier 1	Modifier code for services rendered during visit	Alphanumeric	N	N	U5	
44	Modifier 2	Second modifier code for services rendered during visit	Alphanumeric	N	N	UA	

45	Modifier 3	Third modifier code for services rendered during visit	Alphanumeric	N	N	96	
46	Modifier 4	Fourth modifier code for services rendered during visit	Alphanumeric	N	N	59	
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	Alphanumeric	Y	Y	I50.9	
52	ApptAttestation	Member attestation associated with the visit	Alphanumeric	N	Y	See Member Attestation Codes table below	
53	Rate	Billed rate associated with the visit	Decimal	Y *(required if ClaimAction = N or C)*	Y *(required if ClaimAction = N or C)*	3.85	
54	ManualReason	Reason for manual entry associated with the visit	Alphanumeric	N	Y if CheckInMethod or CheckOutMethod= M	See Manual Reason 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 Reason Codes table below	
56	LateAction	Action taken due to visit being late	Alphanumeric	N	Y if check in occurred between one and three hours after the scheduled start time	See Late Action Codes table below	

57	MissedReason	Reason the visit was missed	Alphanumeric	N	Y if check in occurred greater than three hours after the scheduled start time	See Missed Reason Codes table below	
58	MissedAction	Action taken due to the visit being missed	Alphanumeric	N	Y if check in occurred greater than three hours after the scheduled start time	See Missed Action Codes table below	
59	CarePlanTasksCompleted	Tilda delimited list of tasks completed during the visit	Alphanumeric	N	N	Toileting~Bathing	
60	CarePlanTasksNotCompleted	Tilda delimited list of tasks not completed during the visit	Alphanumeric	N	N	Laundry~ Trash Removal	
61	CaregiverSurveyQuestions	Tilda delimited list of survey questions presented to the caregiver	Alphanumeric	N	N	Has the member fallen since the last visit?~Is the member looking or acting different than they usually do?	
62	CaregiverSurveyResponses	Tilda delimited list of survey responses to questions presented to the caregiver in the same order as the questions listed in CaregiverSurveyQuestions field	Alphanumeric	N	N	Yes~No	
63	ClaimAction	New Claim (N), Corrected Claim (C), Void (V), Claims Billed Externally-Not Via CareBridge (E)	Alphanumeric	N	Y	N	
64	MCOID	Identifies health plan the member is associated with	Alphanumeric	Y	Y	See MCOID table below	

65	CaregiverSSN	Social Security Number of the Caregiver - HHAX application requirement; this is not required by the State of NJ for 1/1/2021 go-live. If you do not wish to send this, please default to sending all nines, ex. '999999999'	Alphanumeric	N	Y	999999999	9
66	CaregiverGender	Male (M), Female (F), or Other (O). This is an HHAX application requirement. If you do not wish to send this, please default to Other (O)	Alphanumeric	Y	Y	M	
67	CaregiverType	Caregiver's Type. This is an HHAX application requirement. Possible Value: 'skilled', 'non_skilled', 'both'	Alphanumeric	Y	Y	non_skilled	
68	CaregiverHireDate	Date on which caregiver hired by Provider. This is an HHAX application requirement	Alphanumeric	Y	Y	YYYY-MM-DD	
101	Claim Invoice Number 1	Claim level invoice number in 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				
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					
104	Line Item Invoice Number 2	Unique identifier of the invoice line item in the third-party system					

PCS Service Codes and Unit Definitions

Service Code	Modifier 1	Modifier 2	Unit Type	Unit Quantity	Payers
S5125	SE	HQ	minutes	15	NJ_AGP, NJ_HZ
S5125	SE	U3	minutes	15	NJ_AGP, NJ_HZ
S5130	HQ		minutes	15	NJ_AGP, NJ_HZ
S5130			minutes	15	NJ_AGP, NJ_HZ
T1005			minutes	15	NJ_AGP, NJ_HZ
T1019	HQ		minutes	15	NJ_AGP, NJ_HZ
T1019	SE	UI	minutes	15	NJ_AGP, NJ_HZ
T1019	SE		minutes	15	NJ_AGP, NJ_HZ
T1019	TN		minutes	15	NJ_AGP
T1019			minutes	15	NJ_AGP, NJ_HZ
T1020			visit	1	NJ_AGP, NJ_HZ

Home Health Service Codes*

Procedure Code	Modifier 1[3]	Modifier 2	Unit Type	Unit Quantity	Horizon AuthRefNumber Required[4]
97597			Visit	1	N
99601[1]			Visit	1	Y
99602[1]			Hour	1	Y
G0299			Minutes	15	N
S9122			Hours	1	Y
S9123			Hours	1	N
S9124			Hours	1	N
S9127			Per Diem[2]	1	Y
T1000			Minutes	15	Y
T1000	UA		Minutes	15	Y
T1002			Minutes	15	Y
T1002	UA		Minutes	15	Y
T1003			Minutes	15	Y
T1003	UA		Minutes	15	Y
T1030			Per Diem[2]	1	Y
T1031			Per Diem[2]	1	Y
92507			Per Diem[2]	1	Y
92507	96		Per Diem[2]	1	Y
92507	96	59	Per Diem[2]	1	Y
97110			Minutes	15	Y
97110	96		Minutes	15	Y
97110	96	59	Minutes	15	Y
97129[1]			Minutes	15	Y

97129[1]	96		Minutes	15	Y
97130[1]			Minutes	15	Y
97130[1]	96		Minutes	15	Y
97130[1]	96	59	Minutes	15	Y
97535			Minutes	15	Y
97535	96		Minutes	15	Y
97535	96	59	Minutes	15	Y
G0151			Minutes	15	N
G0152			Minutes	15	N
S9128			Visit	1	Y
S9129			Visit	1	Y
S9131			Visit	1	Y
G0300			Minutes	15	N
G0153			Minutes	15	N
G0155			Minutes	15	N

1 Please see section for Primary and Add-On Service Codes

2 Per Diem Units are always billed as a single unit with a maximum of 1 unit per day.

3 For Horizon and Amerigroup, there are no validations on Modifiers, up to 4 modifiers are allowed for Amerigroup. Up to 2 modifiers will be passed to Horizon. For Horizon, providers should ensure that Modifiers match what has been claimed to Horizon. For Amerigroup, even if no modifiers are listed in the table above, all modifiers are allowable to be included on visit data.

4 AuthRefNumbers are required for all Procedure Codes for Amerigroup New Jersey.

Member Attestation Codes

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

Manual Reasons Codes

Code	Description
MR2200	Phone number did not link to the Member
MR2201	Member won't let attendant use phone
MR2202	Member doesn't have a phone in home
MR2203	Phone in use by Member or individual in Member's home
MR2204	Member received services outside of the home
MR2205	Member's phone line not working (technical issue or natural disaster)
MR2206	Member requested to change/cancel scheduled visit; or the scheduled visit has been cancelled due to the Member's services being suspended
MR2207	Address did not link to the Member (GPS)

MR2208	Attendant failed to call in
MR2209	Attendant failed to call out
MR2210	Attendant failed to call in and out
MR2211	Attendant called in to or out of the EVV system early or late
MR2212	Attendant's identification number(s) does not match the scheduled shift or task discrepancy/task does not match plan of care
MR2213	Attendant entered invalid fixed location device code(s)
MR2214	Attendant failed to report to Member's home
MR2215	Fixed location device on order or pending placement in the home
MR2216	Fixed location device malfunctioned
MR2217	Attendant unable to use mobile device
MR2218	Attendant unable to connect to internet or EVV system down
MR2219	Data Entry Error
MR2220	Agency unable to provide replacement coverage (no show, no replacement)
MR2221	Timesheet Received
MR2222	Other
MR2223	EPSDT PDN During the School Day

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 Reason Actions Taken Codes

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

Missed Reasons Codes

Code	Description
MVR2600	Agency unable to provide replacement coverage (no show, no replacement)

MVR2601	Attendant failed to report to Member's home
MVR2602	Member requested to change/cancel scheduled visit; or the scheduled visit has been cancelled due to the Member's services being suspended
MVR2603	Member Refused Service
MVR2604	Member Refused Service - original aide on vacation
MVR2605	COVID-19: All other cases where the agency could not staff due to COVID-19
MVR2606	COVID-19: Member refused, receiving service through informal supports
MVR2607	COVID-19: Member refused, self-isolating, not receiving service
MVR2608	Hospitalization unplanned
MVR2609	Other

Missed Visit Actions Taken Codes

Code	Description
MVA1051	Confirmed with the Member or the Member's family member/representative and documented
MVA1052	New attendant assigned to Member
MVA1053	Other
MVA1054	Service(s) cancelled or suspended until further notice
MVA1055	Unverified visit
MVA1056	Visit rescheduled

MCOID Codes*

Code	Description
NJ_AGP	Amerigroup New Jersey
NJ_HZ	Horizon New Jersey Health

***Only NJ_AGP and NJ_HZ can be utilized for Home Health Service Codes**

Primary and Add-On Service Codes

- Primary/Add On Service Codes (99601/99602 and 97129/97130) are service codes that have explicit divisions required for billing purposes. These services do not need to be divided from an EVV perspective. For example, if three hours of infusion services are provided, then first two hours are billed under 99601 and the last hour should be billed under 99602.

Amerigroup New Jersey

- The examples and rules below utilize 99601/99602, but identical logic applies for 97129/97130 (with the relevant unit type being per 15 mins rather than hourly).
- Providers must have both primary and add-on service codes authorized in order for billing to function correctly in all cases. If only one of the primary or add-on service code is authorized, the provider should reach out to Amerigroup New Jersey.
- From an EVV data perspective, it would be acceptable to send the entire visit using 99601. If the visit is longer than two hours, when the claim is generated, CareBridge will automatically apply the following rules:

    - Claims for 99601/99602 for each billing provider/member/authorization, will be billed as separate claim lines on the same claim (see Example 1).
    - If only one visit is received for a calendar day (for each billing provider/member/authorization), the first two hours will be billed under 99601 and any additional hours will be billed as 99602 (see Example 2).
    - If multiple visits are received for a calendar day, and the first visit is less than two hours, then that visit will be billed under 99601 and the additional visits will be billed under 99602 with units rounding up for each hour (see Example 3).
    - If multiple visits are received for a calendar day, and the first visit is longer than two hours, then the first two hours of that visit will be billed under 99601 and the remaining duration of that visit will be combined with any additional visits and the total additional duration will be billed under 99602 with units rounding up for each hour (see Example 4).
    - If a visit spans midnight, then the logic above will be applied, but all of the units will be billed on the initial date of service. This ensures that 99602 is not billed separately from 99601 (see Example 5).

Example 1 - Single Visit, More than 2 Hours - Visit Data

ApptID	Checkout Date	Checkout Time	Checkout Date	Checkout Time	Procedure Code in Visit File
1000	8/1/2022	9:00 AM	8/1/2022	1:00 PM	99601

Example 1 - Claim Data

Claim #	Claim DOS	Claim Line Procedure Code	Units	Claim Line #
100	8/1/2022	99601	1	100
		99602	2	200

Example 2 - Single Visit, Less than 2 hours - Visit Data

ApptID	Checkout Date	Checkout Time	Checkout Date	Checkout Time	Procedure Code in Visit File
1001	8/2/2022	9:00 AM	8/2/2022	10:00 AM	99601

Example 2 - Claim Data

Claim #	Claim DOS	Claim Line Procedure Code	Units	Claim Line #
102	8/2/2022	99601	1	101

Example 3 - Multiple Visits, Initial Visit Less than 2 hours - Visit Data

ApptID	Checkout Date	Checkout Time	Checkout Date	Checkout Time	Procedure Code in Visit File
1002	8/3/2022	9:00 AM	8/3/2022	10:00 AM	99601
1003	8/3/2022	1:00 PM	8/3/2022	2:00 PM	99601

Example 3 - Claim Data

Claim #	Claim DOS	Claim Line Procedure Code	Units	Claim Line #
103	8/3/2022	99601	1	102
		99602	1	201

Example 4 - Multiple Visits, Initial Visit more than 2 Hours - Visit Data

ApptID	Checkout Date	Checkout Time	Checkout Date	Checkout Time	Procedure Code in Visit File
1004	8/4/2022	9:00 AM	8/4/2022	1:30 PM	99601
1005	8/4/2022	2:30 PM	8/4/2022	3:30 PM	99601

Example 4 - Claim Data

Claim #	Claim DOS	Claim Line Procedure Code	Units	Claim Line #
104	8/4/2022	99601	1	103
		99602	4	202

Example 5 - Single Visit, Overnight - Visit Data

ApptID	Checkout Date	Checkout Time	Checkout Date	Checkout Time	Procedure Code in Visit File
1006	8/5/2022	9:00 PM	8/6/2022	1:00 AM	99601

Example 5 - Claim Data

Claim #	Claim DOS	Claim Line Procedure Code	Units	Claim Line #
105	8/5/2022	99601	1	100
		99602	2	200

Horizon

- Visits for Primary and Add-On service codes for Horizon members should be sent to CareBridge in accordance with the way that they are claimed to Horizon.

Pre-Billing Validation

Pre-billing checks are performed in the CareBridge system to ensure that clean claims are generated. 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 Validation Errors**