CAREBRIDGE INTEGRATION GUIDE AND TECHNICAL SPECIFICATIONS
– SUPPLEMENTAL DATA FIELDS –

To use the following data fields:

Field No.	Field Name	Description	Data Type	Required for Scheduled Appointment	Required for Completed Visit	Example	Max Length
101	Claim Invoice Number 1	Claim level invoice number in third-party system	Alphanumeric	No	S		20
102	Claim Invoice Number 2	Claim level invoice number in third-party system	Alphanumeric	No	S		20
103	Line Item Invoice Number 1	Unique identifier of the invoice line item in the third-party	Alphanumeric	No	S		30
104	Line Item Invoice Number 2	Unique identifier of the invoice line item in the third-party system	Alphanumeric	No	S		30

Situational: as defined and outline by this document

CareBridge can accept vendor generated invoice numbers, often referred to as internal control numbers (ICNs). CareBridge can include these ICN numbers in the 837s generated and submitted to the payer, which will then be included in the 835 the vendor/provider receives from the payer. This functionality exists at both the claim and claim line level, a vendor should choose to use a single level, depending on the needs of their system. In order for the 835 to be successfully posted into the vendors system, it is imperative that the vendor understands the methodology in which visit data will be submitted to the payer for claims and is able to generate invoice numbers in their outbound files accordingly. Below you will find details relating to CareBridge's visit "Rollup" and "Splits".
Vendors should only opt to use either 101/102 for invoice level reconciliation or 103/104 for invoice line item reconciliation.

Vendors must follow the logic below when submitting visits.

Rollup:

- Visits that occur with the same member, provider, payer, date of service, procedure code, modifiers, with different check in / checkout times are combined or "Rolled-up" into the same claim line, as demonstrated below.
  - Rollups only occur for visits with duration-based units of measure (e.g. per 15 min and per hour).
  - Different caregivers on the same DOS are **NOT** rolled up onto the same claim.
- In this scenario CareBridge expects the vendor to submit Visit 1 and 2 with the same ICN in the visit file.
- While these examples utilize fields 101 and 102, all of the same rules apply to fields 103 and 104.

	101	102	Member	Provider	HCPC	Check in Time	Check in Date	Check out Time	Check out Date	Time in min	Claim Date of Service	MCOID
Visit 1	EVV1001		AF0023	ABCD	S5130	8:00	10.15.2020	9:00	10.15.2020	60 min		MCO1
Visit 2	EVV1001		AF0023	ABCD	S5130	13:00	10.15.2020	14:00	10.15.2020	60 min		MCO1
Claim Rollup	*EVV1001*		*AF0023*	*ABCD*	*S5130*					*120 min*	*10.15.2020*	*MCO1*

Blue font represents claim data which will be submitted to MCO

Split:

- When a visit crosses midnight, CareBridge will "Split" this claim at midnight, generating 2 separate claims.

	101	102	Member	Provider	HCPC	Check in Time	Check in Date	Check out Time	Check out Date	Time in min	Claim Date of Service	MCOID
Visit 1	EVV1002	EVV1003	AF0023	ABCD	S5130	22:00	09.15.2020	6:00	09.16.2020	480 min		MCO1
Claim 1 (split)	*EVV1002*		*AF0023*	*ABCD*	*S5130*	22:00	09.15.2020	*24:00*	09.15.2020	*120 min*	*09.15.2020*	*MCO1*
Claim 2 (split)		*EVV1003*	*AF0023*	*ABCD*	*S5130*	24:00	09.16.2020	*6:00*	09.16.2020	*360 min*	*09.16.2020*	*MCO1*

Blue font represents claim data which will be submitted to MCO

Split + Rollup:

- It is possible for a visit to be Split into two claims and for each of those claims to be Rolled-up with other claims.

	101	102	Member	Provider	HCPC	Check in Time	Check in Date	Check out Time	Check out Date	Time in min	Claim Date of Service	MCOID
Visit 1 *(overnight)*	EVV1004	EVV1005	AF0023	ABCD	S5130	22:00	09.15.2020	6:00	09.16.2020	480 min		MCO1
Claim 1 (split)	*EVV1004*		*AF0023*	*ABCD*	*S5130*	22:00	09.15.2020	*24:00*	09.15.2020	*120 min*	*09.15.2020*	*MCO1*
Claim 2 (split)		*EVV1005*	*AF0023*	*ABCD*	*S5130*	24:00	09.16.2020	*6:00*	09.16.2020	*360 min*	*09.16.2020*	*MCO1*
Visit 2		EVV1005	AF0023	ABCD	S5130	13:00	09.16.2020	14:00	09.16.2020	60 min		MCO1

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Claim Rollup Claim 2 (split) + Visit 2		EVV1005	AF0023	ABCD	S5130					420 min	09.16.2020	MCO1

Procedure Codes with Unit Definition of Visit

- If a visit has a unit definition of "Visit", claims are not split and only 1 ICN should be included. Unit definitions are included in state specific technical specifications.

	101	102	Member	Provider	HCPC	Check in Time	Check in Date	Check out Time	Check out Date	Time in min	Claim Date of Service	MCOID
Visit 1	EVV1006		AF0023	ABCD	T1020	22:00	09.15.2020	6:00	09.16.2020	480 min		MCO1
Claim 1	*EVV1006*		*AF0023*	*ABCD*	*T1020*	22:00	09.15.2020	*6:00*	09.16.2020	*480 min*	*09.15.2020*	*MCO1*

*Blue font represents claim data which will be submitted to MCO

Additional Information:

- Unique ICNs are required. There should be a 1:1 mapping of *ICN* and combination of member, provider, payer, date of service, procedure code, and modifiers. If vendor is configured to allow ICN reuse, unique ICNs are no longer required.
- The determination of whether a visit should be split due to crossing the midnight threshold should be made based on local time where the visit occurred. The expectation for all DateTimes to be sent in UTC zero offset as outlined in the the CareBridge inbound data spec still applies.
- If one of the Spilt claims does not result in at least one billable unit, CareBridge will only submit 1 claim, and not 2.
- If a visit is Split and the claims were submitted to the payer, and then a corrected visit is submitted to CareBridge and the visit no longer crosses midnight, only 1 *ICN* needs to be submitted to Carebridge. Carebridge will void the no longer relevant claim, while also resubmitting a corrected claim for the modified visit. The vendor should send the correction once the claims reach a *final* status.
- If a visit was submitted but the claim is not in a *final* status, and a new visit is received that should be Rolled into the previous in-flight visit, the new visit will associate with a claim in an on_hold status until the original claim reaches a terminal status.
- If CareBridge receives *ICN*s from a vendor that do not match the outlined Rollup or Split logic for visits, all the visits in question will be rejected, allowing the vendor to resubmit appropriately. This is to maximize the opportunity for a successful posting of the 835.
- If one of the visits that should be Rolled-up, is rejected, containing a validation error (as indicated in the Carebridge response file) but the other visits are acceptable, Carebridge will submit these visits to the payer. The vendor should correct the issue affecting the rejected visit and resubmit this visit once the accepted visit(s) reach a final status. Carebridge will then submit the corrected claim to the payer.
- If a visit was submitted and the claim is in the *final* status of 'Paid', but there is a second claim that the vendor or provider agency wants to bill for the same member, provider, payer, date of service, procedure code, and modifiers the additional visit must either be:
  1. sent with the same *ICN* from the paid visit with 'C'*orrection* in *Claim Action* field, or
  2. both visits need to be resubmitted with a new *ICN* and *Appointment ID* (following the guidelines above), with 'N'*ew* in Claim Action field and the original paid visit must be resubmitted with the original *ICN* and *Appointment ID* with 'C'*orrected* in the *Claim Action* field

- Visits for Procedure Code / Modifiers that have a unit definition of visits rather than minutes do not require splits or rollups. For these visits, only 1 ICN should be sent (i.e. field 102 should be null) regardless of whether or not that visit crosses midnight. Unit definitions for procedure codes can be found within the state specific technical specification document.
- Some states require distinct claims to be generated for each caregiver for the same member, provider, payer, date of service, procedure code, and modifiers. See the state specific testing guide for additional details.
- For Primary/Addon Service Codes, visits with the same DOS are submitted on separate claim lines of the same claim if the criteria for the addon service code is met. Vendors sending Claim Level ICNs can send the same value for all visits on the same DOS and submit all visits under the Primary service code. Vendors submitting Claim Line Level ICns should always put the ICN corresponding to the Primary code in field 103 and the ICN corresponding to the addon Code in Field 104. For additional information, please refer to the state specific testing guide.

*CareBridge considers the following to be **final** statuses, these are determined by the payer:*

- Paid
- Denied
- Rejected
- Voided

Examples of What Not to Do:

Rollup Example 1

	101	102	Member	Provider	HCPC	Check in Time	Check in Date	Check out Time	Check out Date	Time in min	Claim Date of Service	MCOID
Visit 1	EVV1001		AF0023	ABCD	S5130	8:00	10.15.2020	9:00	10.15.2020	60 min		MCO1
Visit 2	EVV1001		AF0023	ABCD	S5130	13:00	10.15.2020	14:00	10.15.2020	60 min		MCO1
Claim 1	*EVV1001*		*AF0023*	*ABCD*	*S5130*					*60 min*	*10.15.2020*	*MCO1*
Claim 2	*EVV1001*		*AF0023*	*ABCD*	*S5130*					*60 min*	*10.15.2020*	*MCO1*

Rollup Example 2

	101	103	Member	Provider	HCPC	Check in Time	Check in Date	Check out Time	Check out Date	Time in min	Claim Date of Service	MCOID
Visit 1	EVV1001		AF0023	ABCD	S5130	8:00	10.15.2020	9:00	10.15.2020	60 min		MCO1
Visit 2		EVV1002	AF0023	ABCD	S5130	13:00	10.15.2020	14:00	10.15.2020	60 min		MCO1
Claim 1	*EVV1001*	*EVV1002*	*AF0023*	*ABCD*	*S5130*					*120 min*	*10.15.2020*	*MCO1*

Split Example 1

	101	102	Member	Provider	HCPC	Check in Time	Check in Date	Check out Time	Check out Date	Time in min	Claim Date of Service	MCOID
Visit 1	EVV1002		AF0023	ABCD	S5130	22:00	09.15.2020	6:00	09.16.2020	480 min		MCO1
Claim 1	*EVV1002*		*AF0023*	*ABCD*	*S5130*				*09.16.2020*	*480 min*	*09.16.2020*	*MCO1*

Split Example 2

	101	104	Member	Provider	HCPC	Check in Time	Check in Date	Check out Time	Check out Date	Time in min	Claim Date of Service	MCOID
Visit 1	EVV1002	EVV1002	AF0023	ABCD	S5130	22:00	09.15.2020	6:00	09.16.2020	480 min		MCO1
Claim 1 (split)	*EVV1002*		*AF0023*	*ABCD*	*S5130*	22:00	09.15.2020	*24:00*	09.15.2020	*120 min*	*09.15.2020*	*MCO1*
Claim 2 (split)		*EVV1002*	*AF0023*	*ABCD*	*S5130*	24:00	09.16.2020	*6:00*	09.16.2020	*360 min*	*09.16.2020*	*MCO1*

Split + Rollup Example 1

	101	102	Member	Provider	HCPC	Check in Time	Check in Date	Check out Time	Check out Date	Time in min	Claim Date of Service	MCOID
Visit 1	EVV1004	EVV1005	AF0023	ABCD	S5130	22:00	09.15.2020	6:00	09.16.2020	480 min		MCO1
Visit 2		EVV1005	AF0023	ABCD	S5130	13:00	09.16.2020	14:00	09.16.2020	60 min		MCO1
Claim 1	*EVV1004*	*EVV1005*	*AF0023*	*ABCD*	*S5130*					*540 min*	*09.16.2020*	*MCO1*

Split + Rollup Example 2

	101	102	103	104	Member	Provider	HCPC	Check in Time	Check in Date	Check out Time	Check out Date	Time in min	Claim Date of Service	MCOID
Visit 1	EVV1004		EVV1005		AF0023	ABCD	S5130	22:00	09.15.2020	6:00	09.16.2020	480 min		MCO1
Claim 1 (split)	*EVV1004*				*AF0023*	*ABCD*	*S5130*	22:00	09.15.2020	*24:00*	09.15.2020	*120 min*	*09.15.2020*	*MCO1*
Claim 2 (split)			**EVV1005**		**AF0023**	**ABCD**	**S5130**	24:00	09.16.2020	**6:00**	09.16.2020	**360 min**	**09.16.2020**	**MCO1**
Visit 2			EVV1005		AF0023	ABCD	S5130	13:00	09.16.2020	14:00	09.16.2020	60 min		MCO1
Claim Rollup Claim 2 (split) + Visit 2			*EVV1005*		*AF0023*	*ABCD*	*S5130*					*420 min*	*09.16.2020*	*MCO1*

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