



CAREBRIDGE

Electronic Visit Verification (EVV)
Wyoming Integration Guide and Technical
Specifications



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SUMMARY OF CHANGES

- **Updated Procedure Code to Care Plan Tasks (V2)**
- **Added New Care Plan Tasks (V2)**
 - CP2071
 - CP2092
 - CP2145
 - CP2150
 - CP2155
- **Added Home Health Service Codes and Unit Definitions (V3)**
- **Added GeoFencing Requirements and the following Headers (V3)**
 - This will apply to all services across both Personal Care and Home Health. Caregivers who attempt to check in/out outside of the half mile radius around the member's address will be allowed to do so but will be required to provide a reason prior to being able to complete or bill the service that is performed.
 - CheckinDistance
 - CheckoutDistance
 - CheckinLocationReason
 - CheckoutLocationReason
- **Added Attending Provider Fields – these fields are required for Home Health claimed visits (V3):**
 - AttendingProviderFirstName
 - AttendingProviderLastName
 - AttendingProviderNPI
- **Added ConditionCode as an optional field (V3).**



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 state. All EVV Visit and Claims data must ultimately be reflected in the CareBridge Platform for state 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 / states.
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.

*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.prn.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_WY_ProviderTaxID_YYYYMMDDHHMMSS.CSV

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



TEST_VISITS_WY_ProviderTaxID_YYYYMMDDHHMMSS.CSV

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

CareBridge Response File

VISITS_WY_ProviderTaxID_ERROR_YYYYMMDDHHMMSS.txt

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

TEST_VISITS_WY_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: **Wyoming - 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 > Wyoming - 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. 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 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

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	Datetime	Y	Y	YYYY-MM-DDTHH:MM:SSZ "2020-01-01T14:00:00Z"	
4	ProviderName	Name of provider	Alphanumeric	Y	Y	Home Health, LLC	255
5	ProviderID	Unique identifier for the provider (in Third-party EVV system)	Alphanumeric	Y	Y	43134	35
6	ProviderNPI	NPI of provider	Numeric	Y (required unless the provider is atypical)	Y (required unless the provider is atypical)	1609927680	10
7	ProviderEIN	Tax ID or EIN of provider	Alphanumeric	Y	Y	208076837	10
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	UniqueID assigned to caregiver by Provider Agency (Employee ID)	Alphanumeric	Y	Y	982123	
13	MemberFName	First name of member	Alphanumeric	Y	Y	Jane	
14	MemberLName	Last name of member	Alphanumeric	Y	Y	Johnson	
15	MemberMedicaidID	Medicaid ID for member	Alphanumeric	Y	Y	362714245	
16	MemberID	Member ID in Vendor System	Alphanumeric	N	N	362714245	
17	MemberDateOfBirth	Date of birth of member	Alphanumeric	N	N	YYYY-MM-DD	
18	ApptStartDateTime	Date / Time that the appointment was scheduled to begin	DateTime	Y	Y	YYYY-MM-DDTHH:MM:SSZ "2020-01-01T14:00:00Z"	

Field No	Field Name	Description	Data Type	Required for		Example	Max Length
				Scheduled Appointment	Completed Visit		
19	ApptEndTime	Date / Time that the appointment was scheduled to end	DateTime	Y	Y	YYYY-MM-DDTHH:MM:SSZ "2020-01-01T14:00:00Z"	
20	ApptCancelled	(C) if appointment was cancelled	Alphanumeric	N	N	C	
22	CheckInDateTime	Date / Time that the visit was checked into in UTC	Datetime	N	Y	YYYY-MM-DDTHH:MM:SSZ "2020-01-01T14:00:00Z"	
23	CheckInMethod	EVV (E), Manual (M), IVR (I)	Alphanumeric	N	Y	E	
24	CheckInStreetAddress	Street address where check in occurred	Alphanumeric	N	Y	123 Main St	
25	CheckInStreetAddress2	Additional street address info where check in occurred	Alphanumeric	N	Y	Suite B	
26	CheckInCity	City where check in occurred	Alphanumeric	N	Y	Jackson	
27	CheckInState	State where check in occurred	Alphanumeric	N	Y	WY	
28	CheckInZip	Zip code where check in occurred	Alphanumeric	N	Y	83002	
29	CheckInLat	Latitude of coordinates where check in occurred	Alphanumeric	N	Y, if CheckInMethod = E	##.#####	
30	CheckInLong	Longitude of coordinates where check in occurred	Alphanumeric	N	Y, if CheckInMethod = E	###.#####	
31	CheckOutDateTime	Date / Time that the visit was checked out in UTC	Datetime	N	Y	YYYY-MM-DDTHH:MM:SSZ "2020-01-01T14:00:00Z"	
32	CheckOutMethod	EVV (E), Manual (M), IVR (I)	Alphanumeric	N	Y	E	
33	CheckOutStreetAddress	Address where check out occurred	Alphanumeric	N	Y	123 Main St	
34	CheckOutStreetAddress2	Additional address info where check out occurred	Alphanumeric	N	Y	Suite B	
35	CheckOutCity	City where check out occurred	Alphanumeric	N	Y	Jackson	
36	CheckOutState	State where check out occurred	Alphanumeric	N	Y	WY	

Field No	Field Name	Description	Data Type	Required for		Example	Max Length
				Scheduled Appointment	Completed Visit		
37	CheckOutZip	Zip code where check out occurred	Alphanumeric	N	Y	83002	
38	CheckOutLat	Latitude of coordinates where check out occurred	Alphanumeric	N	Y, if CheckOutMethod = E	###.#####	
39	CheckOutLong	Longitude of coordinates where check out occurred	Alphanumeric	N	Y, if CheckOutMethod = E	###.#####	
40	AuthRefNumber	Authorization Number as indicated by health plan	Alphanumeric	Y	Y	1080421390	
41	CheckinDistance	Distance from visit location (miles)	Decimal	N	Y ¹	0.125	
42	CheckoutDistance	Distance from visit location (miles)	Decimal	N	Y ¹	0.125	
43	CheckinLocationReason	Reason check in was outside of ½ mile geofence	Alphanumeric	N	Y ¹ , if CheckinDistance greater than ½ mile	See Check in/out Location Codes table below	
44	CheckoutLocationReason	Reason check in was outside of 1/2 mile geofence	Alphanumeric	N	Y ¹ , if CheckoutDistance greater than ½ mile	See Check in/out Location Codes table below	
45	ServiceCode	Service code for services rendered during visit (HCPCS Procedure Code or HH Revenue Code)	Alphanumeric	Y	Y	S5135 <i>See Rate & Unit Definitions table</i>	
46	Modifier 1	Modifier code for services rendered during visit	Alphanumeric	N	N	TT	
47	Modifier 2	Second modifier code for services rendered during visit	Alphanumeric	N	N	HQ	
48	Modifier 3	Third modifier code for services rendered during visit	Alphanumeric	N	N	HA	
49	Modifier 4	Fourth modifier code for services rendered during visit	Alphanumeric	N	N	U2	

Field No	Field Name	Description	Data Type	Required for		Example	Max Length
				Scheduled Appointment	Completed Visit		
50	TimeZone	Time zone that the visit took place in	Alphanumeric	Y	Y	US/Mountain	
51	CheckInIVRPhoneNumber	Phone Number used to check in	Alphanumeric	N	Y, if CheckInMethod = I	14156665555	
52	CheckOutIVRPhoneNumber	Phone Number used to check out	Alphanumeric	N	Y, if CheckOutMethod = I	14156665555	
53	ApptNote	Free text note related to the visit	Alphanumeric	N	N	Scheduling related note	
54	DiagnosisCode	ICD-10 Diagnosis code attributed to the visit	Alphanumeric	N	Y	I50.9	
55	ApptAttestation	Member attestation associated with the visit	Alphanumeric	N	Y	See Member Attestation Codes table	
56	ManualReason	Reason for manual entry associated with the visit	Alphanumeric	N	Y, if CheckInMethod or CheckOutMethod= M	See Manual Reasons Codes table	
57	EarlyReason	Reason the visit was late	Alphanumeric	N	Y, if check in occurred greater than 30 minutes prior to scheduled start time	See Manual Reasons Codes table	
58	EarlyAction	Action taken due to visit being late	Alphanumeric	N	Y, if check in occurred between 30 minutes three hours prior the scheduled start time	See Manual Reasons Codes table	
59	LateReason	Reason the visit was late	Alphanumeric	N	Y, if check in occurred between 30 minutes three hours after the scheduled start time	See Late Reasons Codes table	
60	LateAction	Action taken due to visit being late	Alphanumeric	N	Y, if check in occurred between 30 minutes three hours after the scheduled start time	See Late Actions Codes table	
61	MissedReason	Reason the visit was missed	Alphanumeric	N	Y, if check in occurred greater than three hours after the scheduled start time	See Missed Reasons Codes table	

Field No	Field Name	Description	Data Type	Required for		Example	Max Length
				Scheduled Appointment	Completed Visit		
62	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 Actions Codes table	
63	CarePlanTasksCompleted	Tilda delimited list of tasks completed during the visit	Alphanumeric	N	N	CP2000~CP2015~CP2030 <i>See Care Plan Tasks Codes</i>	
64	CarePlanTasksNotCompleted	Tilda delimited list of tasks not completed during the visit	Alphanumeric	N	N	CP2005~CP2020~CP2025 <i>See Care Plan Tasks Codes</i>	
65	CaregiverSurveyQuestions	Tilda delimited list of survey questions presented to the caregiver	Alphanumeric	N	N	SQ1000~SQ1005 <i>See Survey Questions Codes</i>	
66	CaregiverSurveyResponses	Tilda delimited list of survey responses to questions presented to the caregiver in the same order as the questions listed for CaregiverSurveyQuestions	Alphanumeric	N	N	Yes~No	
67	Rate	Billed unit rate associated with the visit	Decimal	N	N	Ex 1. 5.50 Ex 2. 289.00 <i>See Rate & Unit Definitions table</i>	
68	ClaimAction	New Claim (N), Void (V)	Alphanumeric	N	Y	N	
69	MCOID	Identifies payer member is associated with	Alphanumeric	Y	Y	See MCOID table below	
70	AttendingProviderFirstName	First Name of Attending Provider that should be included on Claim	Alphanumeric	Y for Home Health Visits	Y for Home Health Visits	John	
71	AttendingProviderLastName	Last Name of Attending Provider that should be included on Claim	Alphanumeric	Y for Home Health Visits	Y for Home Health Visits	Smith	
72	AttendingProviderNPI	NPI of Attending Provider that should be included on Claim	Alphanumeric	Y for Home Health Visits	Y for Home Health Visits	1234567893	

Field No	Field Name	Description	Data Type	Required for		Example	Max Length
				Scheduled Appointment	Completed Visit		
73	ConditionCode	Condition Code that should be used for Claims if necessary for claiming	Alphanumeric	N	N, only useable for Home Health	See Condition Codes table below.	
101	Claim Invoice Number 1	Claim level invoice number in Third-party system	<p>These fields can be used for reconciliation of the data sent to CareBridge.</p> <p>If you would like to use these fields, please contact the CareBridge Integration team at evvintegration@carebridgehealth.com</p> <p>To enable these fields, additional testing is required.</p>				
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					

1 Validations requiring geolocation distance and reasons will be enabled 1/1/2024.



Personal Care Service Rate & Unit Definitions

WaiverType	ServiceCode	Modifier1	Unit Type	Unit Quantity
CCW	S5125		Minutes	15
CCW	T1004		Minutes	15
CCW	T1002		Minutes	15
CCW	T1003		Minutes	15
CCW	S5150		Minutes	15
DDS/DDC	T1019		Minutes	15
DDS/DDC	T2027		Minutes	15
DDS/DDC	T2027	HA	Minutes	15
DDS/DDC	S5135		Minutes	15
DDS/DDC	S5135	TT	Minutes	15
DDS/DDC	T1005		Minutes	15
DDS/DDC	T1005	HQ	Minutes	15
DDS/DDC	S5151		Minutes	15
DDS/DDC	S5151	U8	Visit	1
DDS/DDC	T1002		Visit	1

Home Health Service Revenue Code Unit Definitions

Revenue Code	Revenue Code Description	Unit Type	Unit Quantity
0421	Physical Therapy	Visit	1
0431	Occupational Therapy	Visit	1
0441	Speech Therapy	Visit	1
0550	Skilled Nursing - General Classification	Hour	1
0551	Skilled Nursing	Visit	1
0561	Medical Social Worker	Visit	1
0570	Home Health Aid - General Class	Hour	1
0571	Home Health Aide	Visit	1
0579	Personal Care Attendant	Minutes	15

**Home Health revenue code must be submitted in the ServiceCode field*

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

Early Reasons Codes

Code	Description
ER1000	Caregiver error
ER1005	Technical issue
ER1010	Member rescheduled

Early Visit Actions Taken Codes

Code	Description
EA1000	Rescheduled
EA1005	Back-up plan initiated
EA1010	Contacted service coordinator
EA1015	Contacted member services
EA1020	Caregiver checked in early

Check in/out Location Reasons Codes

Code	Description
LOR1015	Temporary/Secondary Service Location
LOR1020	Off-site/Within the Community
LOR1025	Travel/Vacation
LOR1030	Mistaken Clock-in/Clock-out
LOR1035	Technical Issue

A Check in/out Location Reason Code will be required if the check in/out location is greater than 0.5 miles away from the Member's address.

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 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

Missed Visit Actions Taken Codes

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

Condition Codes

Code	Description
XA	Condition Stable
XB	Not Homebound
XC	Maintenance Care
XD	No Skilled Service

Providers are responsible for determining when a Condition Code is necessary and the appropriate Condition Code for the member and service. CareBridge will transmit the condition code on the claim if populated – for Home Health Services only.

MCOID Codes

Code	Description
WY_DOH	Wyoming Department of Health

Care Plan Tasks



Note: Care Plan Tasks are restricted by Procedure Code as indicated in the Procedure Code to Care Plan Tasks section. Care Plan Tasks that are not included in the mapping for a given procedure code are not valid for that procedure code.

Code	Description
CP2000	Bathing
CP2005	Bathing, grooming, personal hygiene
CP2010	Communication
CP2011	Community integration
CP2015	Dressing
CP2020	Eating
CP2025	Assist w/ Essential housekeeping
CP2030	Essential transportation
CP2035	Financial and scheduling assistance
CP2040	Functional Mobility
CP2045	Grooming: Nail Care
CP2050	Grooming: Oral Care
CP2055	Grooming: Shaving/Applying Makeup
CP2060	Grooming: Skin Care
CP2065	Light housekeeping
CP2070	Meal Preparation
CP2071	Assist w/ Meal Preparation
CP2075	Meal preparation and feeding
CP2080	Medication assistance
CP2085	Minor wound care
CP2090	Shopping
CP2091	Skill development
CP2092	Assist w/ Shopping
CP2095	Skilled Care: Bathing
CP2100	Skilled Care: Eating
CP2105	Skilled Care: Mobility
CP2110	Skilled Care: Toileting
CP2115	Skilled Nail Care
CP2120	Skilled Nursing Care
CP2125	Skilled Oral Care
CP2130	Skilled Skin Care
CP2131	Socialization
CP2135	Toileting
CP2140	Transferring, ambulation, mobility
CP2145	Light Housework
CP2150	Laundry
CP2155	Physical health maintenance



Procedure Code to Care Plan Tasks

Procedure code	Care Plan Task Code
T1002	CP2100
	CP2095
	CP2125
	CP2115
	CP2130
	CP2110
	CP2105
	CP2080
	CP2085
	CP2120
	CP2100
T1003	CP2095
	CP2125
	CP2115
	CP2130
	CP2110
	CP2105
	CP2080
	CP2085
	CP2120
	CP2020
	CP2000
T1004	CP2015
	CP2050
	CP2045
	CP2060
	CP2055
	CP2135
	CP2040
	CP2065
	CP2090
	CP2070

Procedure code	Care Plan Task Code
T1019	CP2015
	CP2005
	CP2075
	CP2135
	CP2140
	CP2035
	CP2080
	CP2145
	CP2150
	CP2015
	CP2005
T2027	CP2075
	CP2135
	CP2010
	CP2030
	CP2080
	CP2091
	CP2131
	CP2011
	CP2155
	CP2005
	CP2025
S5135	CP2035
	CP2010
	CP2030
	CP2080
	CP2092
	CP2071
	CP2131
	CP2011
	CP2015
	CP2005
	CP2075
T1005	CP2135
	CP2140
	CP2085
	CP2030
	CP2080

Procedure code	Care Plan Task Code
S5151	CP2015
	CP2005
	CP2075
	CP2135
	CP2140
	CP2085
	CP2030
	CP2080
S5125	CP2020
	CP2000
	CP2015
	CP2045
	CP2050
	CP2055
	CP2060
	CP2135
	CP2040
	CP2065
	CP2090
	CP2070
S5150	CP2020
	CP2000
	CP2015
	CP2045
	CP2050
	CP2055
	CP2060
	CP2135
	CP2040
	CP2065
	CP2090
	CP2070



- For Home Health Service there is no prescribed Care Plan Task mapping.

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. 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**