



# CAREBRIDGE

Electronic Visit Verification (EVV)  
Tennessee Integration Testing Process  
Guide - Vendor Submitted ICNs Daily



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The purpose of this document is to assist Third Party EVV Vendors who would like to supply invoice numbers to CareBridge to be included on 837 files generated by CareBridge. ICNs are ways to uniquely identify claims or claim lines on 837 files and enables vendors and/or providers to automatically post information received on 835s to their AR systems. Claim Level ICNs are included on the CLM01 Patient Control Number in the 837; Claim Line ICNs are included as a REF\*6R Line Item Control Number

For this functionality to be enabled for a Vendor, they must complete configuration and test cases outlined below. The reason for this is to ensure that the vendor is submitting values in these fields in such a way that claims can be generated without issues. Vendors who are unable to follow the required logic will not be permitted to send ICNs from their system. CareBridge will generate ICN values within our system to ensure that there are no delays to claim generation or payment. This document is intended for Technical Teams who will be implementing the required ICN logic to conform to the CareBridge ICN specification.

In Tennessee, Providers have the option of billing on a daily, weekly, or monthly cadence. Vendors will need to identify the possible billing frequencies that will be utilized by their providers and complete ICN testing for each billing frequency that will be utilized in Production.

- Daily Claiming – all visits for the same provider, member, authorization, and DOS will be rolled together into a single claim for that day.
- Weekly Claiming - all visits for the same provider, member, authorization, and DOS will be rolled into a single claim line and will be included on a single multi-line claim per week. A week is defined as running from Sunday-Saturday. Claim Line ICNs will be unique for each DOS.
- Monthly Claiming - all visits for the same provider, member, authorization, and DOS will be rolled into a single claim line and will be included on a single multi-line claim per month. Claim Line ICNs will be unique for each DOS.

This testing guide is intended to test **daily** billing frequency ICNs.

#### Before you get started

In order to initiate the testing process, you will need to complete the following steps:

- Complete the standard testing process ([see Testing Process Guide](#)).
  - ICN Test Cases should be completed with a different member and authorization than was used to complete the standard testing process.
- Review the Vendor ICN Specification and confirm that your system will be able to meet these specs.



- Complete the ICN specific Vendor Intake Form ([available here](#)) to communicate any specific ICN related configurations.
- If Vendor specific configurations (such as ICN reuse) are required, these configurations should be enabled prior to initiating the testing process to ensure alignment between testing and production environments.

### ICN Configurations

Configuration	Description	Options	Use Case
Claim Level or Claim + Line Level Invoice Numbers	CareBridge is able to accept ICNs from vendors at either the claim level or Claim Line level. Claim Level ICNs utilize a single ICN for an entire claim Claim line ICNs utilize an ICN for each claim line.	1) Claim Level 2) Claim Level + Line Level	<b>Claim Level ICN</b> – Match appointments sent to CareBridge with Patient Control Number on 835. <b>Line Level ICN</b> – Match appointments sent to CareBridge with Line Item Control Numbers on 835.
Reuse ICNs	By default, CareBridge expects a unique ICN for each provider/member/authorization/payer/care giver/billing period; however, it is possible for vendors to be configured to use the same ICN for multiple billing periods.	Enable ICN Reuse: Y/N	The same ICN will be used for multiple billing periods as defined by CareBridge. For example, vendor system uses the same ICN values for multiple weeks within a given month.
Default Second ICN field	By default, if a visit crosses midnight, and a second ICN is not included, CareBridge will trigger an error. It is possible to turn on functionality to assume that the second ICN field if omitted, should mirror the first). This should only be used if the same ICN is used for a member regardless of the date or billing period.	Default Second ICN: Y/N	The same ICN will be used for a particular member/authorization for every billing period and vendor system is unable to generate an additional ICN on overnight visits.

### General Testing Information

- ICN Test Cases should be completed with the specific authorization and member data provider for ICN testing.
- Vendors should complete the Integration Testing Checklist throughout the course of testing.
  - Checklist can be found in Appendix A.



- Once testing has been completed, please email the completed testing checklist (in Appendix A) to CareBridge at [evvintegration@carebridgehealth.com](mailto:evvintegration@carebridgehealth.com) for validation.
- Once CareBridge has reviewed testing results/checklist and has determined that the requirements of the Technical Specifications have been met, CareBridge will enable the vendor and associated agencies to submit EVV visit data with ICNs in the production environment. Prior to successful completion of this testing guide, vendor submitted ICNs will not be enabled and CareBridge will generate ICNs for any claimed visits.
- **Note:** In Tennessee, US/Central and US/Eastern are both valid time zones; however, specific times provided in test cases are given in **US/Central** time. As stated in the technical specification, DateTimes in the inbound data files must be converted to **UTC**.
- For a Test Case to pass, all Sub-Test Cases must be successfully passed.
- If visits are received that do not conform to the logic as described within the ICN specification, prebilling validation alerts will be triggered (e.g. if multiple distinct claim ICNs are received for the same member, authorization, provider, payer, and billing period, a conflicting ICN error will be generated).
- **Once ICNs are enabled in production, if there is a significant volume of visits unable to be billed due to ICN related prebilling errors, CareBridge may choose to disable Vendor submitted ICNs in order to ensure that providers' claims are able to be billed.** These fields are optional and claim generation can be successfully completed by CareBridge without using vendor submitted ICNs.
- **Instructions in orange only apply to vendors using both claim level and Line level ICNs. They will need to also follow all instructions for claim level ICNs.**
- CareBridge will provide you with test data to use for test cases.



## Claim Level ICN Testing Reference Calendar

Mar-24						
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
					1	2
3	4	5	6	7	8	9
				Test Case 1 - 9am - 11 am Appt ID 10 Field 101 = 1000		
				Test Case 5 - 1pm - 3 pm Appt ID 16 Field 101 = 1000		
10	11	12	13	14	15	16
		Test Case 2 - 9am - 11 am Appt ID 11 Field 101 = 1001	Test Case 4a - 9am - 11 am Appt ID 14 Field 101 = 1003			Test Case 3 - 9pm - 11:59 pm 3/16/2024 Appt ID 13 Field 101 = 1002
		Test Case 2 - 1pm - 3 pm Appt ID 12 Field 101 = 1001	Test Case 4b - 9pm - 11 am Appt ID 15 Field 101 = 1003   Field 102 = 1004			
17	18	19	20	21	22	23
Test Case 3 - 12am - 11:00 am 3/17/2024 Appt ID 13 Field 102 = 1003						Test Case 7 - 9pm 3/23/2024 - 11:00 am 3/24/2024 Appt ID 19 Field 101 = 1006   Field 102 = NULL
24	25	26	27	28	29	30
Test Case 7 - 9pm 3/23/2024 - 11:00 am 3/24/2024 Appt ID 19 Field 101 = 1006   Field 102 = NULL			Test Case 6 - 9am - 11 am Appt ID 17 Caregiver ID 1234 Field 101 = 1005			
			Test Case 6 - 1pm - 3 pm Appt ID 18 Caregiver ID 5678 Field 101 = 1005			
31						
Indicates Visits that span midnight						



## Claim + Claim Line Level ICN Testing Reference Calendar

Mar-24						
Sun	Mon	Tues	Wed	Thurs	Fri	Sat
					1	2
3	4	5	6	7	8	9
				Test Case 1 - 9am - 11 am Appt ID 10 Field 101 = 1000 Field 103 = 2000		
				Test Case 5 - 1pm - 3 pm Appt ID 16 Field 101 = 1000 Field 103 = 2000		
10	11	12	13	14	15	16
		Test Case 2 - 9am - 11 am Appt ID 11 Field 101 = 1001 Field 103 = 2001	Test Case 4a - 9am - 11 am Appt ID 14 Field 101 = 1003 Field 103 = 2003			Test Case 3 - 9pm - 11:59 pm 3/16/2024 Appt ID 13 Field 101 = 1002 Field 103 = 2002
		Test Case 2 - 1pm - 3 pm Appt ID 12 Field 101 = 1001 Field 103 = 2001	Test Case 4b - 9pm - 11 am Appt ID 15 Field 101 = 1003   Field 102 = 1004 Field 103 = 2003   Field 104 = 2004			
17	18	19	20	21	22	23
Test Case 3 - 12am - 11:00 am 3/17/2024 Appt ID 13 Field 102 = 1003 Field 104 = 2003						Test Case 7 - 9pm 3/23/2024 - 11:00 am 3/24/2024 Appt ID 19 Field 101 = 1006   Field 103 = 2006
24	25	26	27	28	29	30
Test Case 7 - 9pm 3/23/2024 - 11:00 am 3/24/2024 Appt ID 19 Field 102 = NULL   Field 104 = NULL			Test Case 6 - 9am - 11 am Appt ID 17 Caregiver ID 1234 Field 101 = 1005 Field 103 = 2005			
			Test Case 6 - 1pm - 3 pm Appt ID 18 Caregiver ID 5678 Field 101 = 1005 Field 103 = 2005			
31						

Indicates Visits that span midnight



## Test Case 1 – Submit a Visit with an ICN

### Purpose

To ensure that vendors can successfully submit ICNs for completed visits submitted to CareBridge for claim generation.

### Test Prerequisites

- Standard Test Cases Complete

### Test Data Requirements

- ApptStartDateTime must be 9:00 am US/Central on March 7, 2024.
- ApptEndDateTime must be 11:00 am US/Central on March 7, 2024.
- CheckInDateTime must be 9:00 am US/Central on March 7, 2024.
- CheckOutDateTime must be 11:00 am US/Central on March 7, 2024.
- CheckinMethod should be E or I.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be “N”
- ServiceCode must be T1000.
- Field 101 must be populated.

#### If using Line ICNs:

- Field 103 must be populated with a unique value.

All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.

### Action Taken

1. Send a visit with ClaimAction “N” to generate a claim.
2. Retrieve response file from output folder and confirm that there are no prebilling validation errors that need to be corrected.
3. (If needed) Correct and re-send ApptID until all prebilling validation errors are resolved.
4. The following day, vendor should review the Appointment Status Report for that ApptID.

### Expected Outcome

- Vendor receives a response file with no prebilling validation errors corresponding to the ApptID sent.
- The following day, Vendor should see that visit in the Appointment Status Report with the following information:
  - HasErrors should be false.
  - BilledUnits should equal the visit duration in minutes divided by the units for the ServiceCode/Modifiers listed in the Integration Specification.
  - BilledAmount should equal the Rate (as provided in the visit file by the vendor) times the billed units.
  - Claim1\_InvoiceNumber should match the ICN submitted by the vendor
  - If using Line ICNs, Line1\_InvoiceNumber should match the ICN submitted by the vendor





## Test Case 2 – Submit Multiple Visits on the Same Day

### Purpose

Visits that occur on the same day, for the same provider, member, service, and modifiers will be included as a single claim.

This test demonstrates that vendors are able to submit the same Claim Level ICN or Claim + Claim Line Level ICNs for multiple visits on the same day.

### Test Prerequisites

- Test Case 1 must be complete

### Test Data Requirements

#### Visit 1

- ApptStartDateTime must be 9:00 am US/Central on March 12, 2024.
- ApptEndDateTime must be 11:00 am US/Central on March 12, 2024.
- CheckInDateTime must be 9:00 am US/Central on March 12, 2024.
- CheckOutDateTime must be 11:00 am US/Central on March 12, 2024.
- CheckinMethod should be E or I.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be "N"
- ServiceCode must be T1000.
- Field 101 must be populated.

#### If using Line ICNs:

- Field 103 must be populated.

All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.

#### Visit 2

- ApptStartDateTime must be 1:00 pm US/Central on March 12, 2024.
- ApptEndDateTime must be 3:00 pm US/Central on March 12, 2024.
- CheckInDateTime must be 1:00 pm US/Central on March 12, 2024.
- CheckOutDateTime must be 3:00 pm US/Central on March 12, 2024.
- CheckinMethod should be E or I.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be "N"
- ServiceCode must be T1000.
- Field 101 must match the value of Field 101 in Visit 1.

#### If using Line ICNs:

- Field 103 must match the value of Field 103 in Visit 1.

All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.



#### Action Taken

1. Send a visit with ClaimAction "N" to generate a claim.
2. Retrieve response file from output folder and confirm that there are no prebilling validation errors that need to be corrected.
3. (If needed) Correct and re-send ApptIDs until all prebilling validation errors are resolved.
4. The following day, vendor should review the Appointment Status Report for those ApptIDs.

#### Expected Outcome (Vendor)

- Vendor receives a response file with no prebilling validation errors corresponding to the ApptIDs sent.
- The following day, Vendor should see that visit in the Appointment Status Report with the following information:
  - HasErrors should be false.
  - BilledUnits should equal the visit duration in minutes divided by the units for the ServiceCode/Modifiers listed in the Integration Specification.
  - BilledAmount should equal the Rate (as provided in the visit file by the vendor) times the billed units.
  - Claim1\_InvoiceNumber should match the ICN submitted by the vendor for both visits.
  - If using Line ICNs, Line1\_InvoiceNumber should match the ICN submitted by the vendor for both visits.



## Test Case 3 – Submit an Overnight Visit with a Split ICN

### Purpose

If a visit crosses midnight, distinct ICNs must be provided for the component of the visit that occurs within each day.

### Test Prerequisites

- Test Case 2 must be complete

### Test Data Requirements

- ApptStartDateTime must be 9:00 pm US/Central on March 16, 2024.
- ApptEndDateTime must be 11:00 am US/Central on March 17, 2024.
- CheckInDateTime must be 9:00 pm US/Central on March 16, 2024.
- CheckOutDateTime must be 11:00 am US/Central on March 17, 2024.
- CheckinMethod should be E or I.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be “N”
- ServiceCode must be T1000.
- Field 101 must be populated.
- Field 102 must be populated with a different value than field 101.

#### If using Line ICNs:

- Field 103 must be populated with a unique value.
- Field 104 must be populated with a different value than field 103.

All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.

### Action Taken

1. Send a visit with ClaimAction “N” to generate a claim.
2. Retrieve response file from output folder and confirm that there are no prebilling validation errors that need to be corrected.
3. (If needed) Correct and re-send ApptID until all prebilling validation errors are resolved.
4. The following day, vendor should review the Appointment Status Report for that ApptID.

### Expected Outcome (Vendor)

- Vendor receives a response file with no prebilling validation errors corresponding to the ApptID sent.
- The following day, Vendor should see that visit in the Appointment Status Report with the following information:
  - HasErrors should be false.
  - BilledUnits should equal the visit duration in minutes divided by the units for the ServiceCode/Modifiers listed in the Integration Specification.
  - BilledAmount should equal the Rate (as provided in the visit file by the vendor) times the billed units.
  - Claim1\_InvoiceNumber should match the ICN used in field 101.
  - Claim2\_InvoiceNumber should match the ICN used in field 102.
  - If using Line ICNs, Line1\_InvoiceNumber should match the ICN used in field 103.
  - If using Line ICNs, Line2\_InvoiceNumber should match the ICN used in field 104.



## Test Case 4 – Submit Multiple Visits on the Same Day with Overnight Visits

### Purpose

If an overnight visit occurs on the same day as another visit, the ICN for the portion of the overnight visit corresponding to the other visit should match the ICN for that visit.

In the example below, any components of visits for the same provider, member, and authorization that occur between 12:00 am March 13, 2024 – 11:59 pm March 13, 2024 will be rolled into a single claim and any components of visits that occur between 12:00 am March 14, 2024 and 11:59 pm March 14, 2024 will be rolled into a different claim.

### Test Prerequisites

- Test Case 3 must be complete

### Test Data Requirements

#### Visit 1

- ApptStartDateTime must be 9:00 am US/Central on March 13, 2024.
- ApptEndDateTime must be 11:00 am US/Central on March 13, 2024.
- CheckInDateTime must be 9:00 am US/Central on March 13, 2024.
- CheckOutDateTime must be 11:00 am US/Central on March 13, 2024.
- CheckinMethod should be E or I.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be "N"
- ServiceCode must be T1000.
- Field 101 must be populated.
- Field 102 must be null.

#### If using Line ICNs:

- Field 103 must be populated.
- Field 104 must be null.

#### Visit 2

- ApptStartDateTime must be 9:00 pm US/Central on March 13, 2024.
- ApptEndDateTime must be 11:00 am US/Central on March 14, 2024.
- CheckInDateTime must be 9:00 pm US/Central on March 13, 2024.
- CheckOutDateTime must be 11:00 am US/Central on March 14, 2024.
- CheckinMethod should be E or I.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be "N"
- ServiceCode must be T1000.
- Field 101 must be populated with a value that matches Field 101 in Visit 1.
- Field 102 must be populated with a different value than Field 101.

#### If using Line ICNs:

- Field 103 must be populated with a value that matches Field 103 in Visit 1.
- Field 104 must be populated with a different value than Field 103.



All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.

#### Action Taken

1. Send a visit with ClaimAction "N" to generate a claim.
2. Retrieve response file from output folder and confirm that there are no prebilling validation errors that need to be corrected.
3. (If needed) Correct and re-send ApptID until all prebilling validation errors are resolved.
4. The following day, vendor should review the Appointment Status Report for that ApptID.

#### Expected Outcome (Vendor)

- Vendor receives a response file with no prebilling validation errors corresponding to the ApptID sent.
  - The following day, Vendor should see that visit in the Appointment Status Report with the following information:
    - HasErrors should be false.
    - BilledUnits should equal the visit duration in minutes divided by the units for the ServiceCode/Modifiers listed in the Integration Specification.
    - BilledAmount should equal the Rate (as provided in the visit file by the vendor) times the billed units.
    - Claim1\_InvoiceNumber should match the ICN used in field 101 for Visit 1.
    - Claim1\_InvoiceNumber should match the ICN used in field 101 for Visit 2.
    - Claim2\_InvoiceNumber should match the ICN used in field 102 for Visit 2.
- If using Line ICNs:
- Line1\_InvoiceNumber should match the ICN used in field 103 for Visit 1.
  - Line1\_InvoiceNumber should match the ICN used in field 103 for Visit 2.
  - Line2\_InvoiceNumber should match the ICN used in field 104 for Visit 2.



## Test Case 5 – Submit Visit that Adjusts a Previously Paid Claim

### Purpose

If a visit occurs during a day, but is not included as part of the initial claim for the day when the claim is generated (e.g. if that visit had unresolved pre-billing rejections or that visit was not transmitted to CareBridge until after the claim was submitted), then the original claim must be corrected.

After the original claim reaches a terminal status, that claim can be modified by submitting visits with the same ICN as was used for the original claim.

### Test Prerequisites

- Test Case 1 should be complete
- The claim for Test Case 1 should be in a terminal status.

### Test Data Requirements

- ApptID should be distinct from Test Case 1
- ApptStartDateTime must be 1:00 pm US/Central on March 7, 2024.
- ApptEndDateTime must be 3:00 pm US/Central on March 7, 2024.
- CheckInDateTime must be 1:00 pm US/Central on March 7, 2024.
- CheckOutDateTime must be 3:00 pm US/Central on March 7, 2024.
- CheckinMethod should be E or I.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be “N”
- ServiceCode must be T1000.
- Field 101 must match the value used in Field 101 for Test Case 1.

#### If using Line ICNs:

- Field 103 must match the value used in Field 103 for Test Case 1.

All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.

### Action Taken

1. Send a visit with ClaimAction “N” to generate a claim.
2. Retrieve response file from output folder and confirm that there are no prebilling validation errors that need to be corrected.
3. (If needed) Correct and re-send ApptID until all prebilling validation errors are resolved.
4. The following day, vendor should review the Appointment Status Report for that ApptID.

### Expected Outcome

- Vendor receives a response file with no prebilling validation errors corresponding to the ApptID sent.
- The following day, Vendor should see that visit in the Appointment Status Report with the following information:
  - HasErrors should be false.
  - BilledUnits should equal the visit duration in minutes divided by the units for the ServiceCode/Modifiers listed in the Integration Specification.



- BilledAmount should equal the Rate (as provided in the visit file by the vendor) times the billed units.
- Claim1\_InvoiceNumber should match the value submitted by the vendor in field 101. It should also match the Claim1\_InvoiceNumber that was previously sent in the Appointment Status Report for Test Case 1.
- If using Line ICNs, Line1\_InvoiceNumber should match the value submitted by the vendor in field 101. It should also match the Line1\_InvoiceNumber that was previously sent in the Appointment Status Report for Test Case 1.



## Test Case 6 – Submit Visits with Different Caregivers

### Purpose

To ensure that vendors understand that distinct caregivers for same member, procedure code /modifiers, and billing period will be included on the same claim. The value included in field 101 should match other visits on the same day for the same member, authorization, and provider.

### Test Prerequisites

- Test Case 3 Complete

### Test Data Requirements

#### Visit 1

- ApptStartDateTime must be 9:00 am US/Central on March 27, 2024.
- ApptEndDateTime must be 11:00 am US/Central on March 27, 2024.
- CheckInDateTime must be 9:00 am US/Central on March 27, 2024.
- CheckOutDateTime must be 11:00 am US/Central on March 27, 2024.
- CheckinMethod should be E or I.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be “N”
- ServiceCode must be T1000.
- Field 101 must be populated

#### If using Line ICNs:

- Field 103 must be populated

#### Visit 2

- ApptStartDateTime must be 1:00 pm US/Central on March 27, 2024.
- ApptEndDateTime must be 3:00 pm US/Central on March 27, 2024.
- CheckInDateTime must be 1:00 pm US/Central on March 27, 2024.
- CheckOutDateTime must be 3:00 pm US/Central on March 27, 2024.
- CheckinMethod should be E or I.
- CheckOutMethod must match CheckInMethod.
- CaregiverID must be a different value from CaregiverID used in Visit 1
- ClaimAction must be “N”
- ServiceCode must be T1000.
- Field 101 must match the value used in Field 101 for ~~Test Case 1~~ Visit 1.

#### If using Line ICNs:

- Field 103 must match the value used in field 103 in Visit 1.

All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.

### Action Taken

1. Send a visit with ClaimAction “N” to generate a claim.
2. Retrieve response file from output folder and confirm that there are no prebilling validation errors that need to be corrected.
3. (If needed) Correct and re-send ApptID until all prebilling validation errors are resolved.
4. The following day, vendor should review the Appointment Status Report for that ApptID.





#### Expected Outcome

- Vendor receives a response file with no prebilling validation errors corresponding to the ApptID sent.
- The following day, Vendor should see that visit in the Appointment Status Report with the following information:
  - HasErrors should be false.
  - BilledUnits should equal the visit duration in minutes divided by the units for the ServiceCode/Modifiers listed in the Integration Specification.
  - BilledAmount should equal the Rate (as provided in the visit file by the vendor) times the billed units.
  - If using Claim ICNs, Claim1\_InvoiceNumber should match the ICN submitted by the vendor for both visits.
  - If using Line ICNs, Line1\_InvoiceNumber should match the ICN submitted by the vendor for both visits.



## Test Case 7 – Submit an Overnight Visit without a Split ICN

### Purpose

If an overnight visit crosses billing periods for visits with procedure codes that have unit types that are not duration based (e.g., Per Visit or Per Diem), a single claim level must be provided for the visit. Additional details regarding procedure code unit types are available in the Integration Guide.

### Test Prerequisites

- Test Case 6 must be complete

### Test Data Requirements

- ApptStartDateTime must be 9:00 pm local time on March 23, 2024.
- ApptEndDateTime must be 11:00 am local time on March 24, 2024.
- CheckInDateTime must be 9:00 pm local time on March 23, 2024.
- CheckOutDateTime must be 11:00 am local time on March 24, 2024.
- CheckinMethod should be E or I.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be “N”
- ServiceCode must be G0158.
- Field 101 must be populated with a unique value.
- Field 102 must be null.

#### If using Line ICNs:

- Field 103 must be populated with a unique value.
- Field 104 must be null.

All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.

### Action Taken

1. Send a visit with ClaimAction “N” to generate a claim.
2. Retrieve response file from output folder and confirm that there are no prebilling validation errors that need to be corrected.
3. (If needed) Correct and re-send ApptID until all prebilling validation errors are resolved.
4. The following day, vendor should review the Appointment Status Report for that ApptID.

### Expected Outcome (Vendor)

- Vendor receives a response file with no prebilling validation errors corresponding to the ApptID sent.
- The following day, Vendor should see that visit in the Appointment Status Report with the following information:
  - HasErrors should be false.
  - BilledUnits should equal the visit duration in minutes divided by the units for the ServiceCode/Modifiers listed in the Integration Specification.
  - BilledAmount should equal the Rate (as provided in the visit file by the vendor) times the billed units.
  - Claim1\_InvoiceNumber should match the ICN used in field 101
  - Claim2\_InvoiceNumber should match the ICN used in field 102
  - If using Line ICNs, Line1\_InvoiceNumber should match the ICN used in field 103



- If using Line ICNs, Line2\_InvoiceNumber should match the ICN used in field 104

## Appendix A

### ONCE TESTING IS COMPLETE

Vendors should complete the Integration Testing Checklist throughout the course of testing. Once testing has been completed, please email the completed testing checklist to CareBridge at [evvintegration@carebridgehealth.com](mailto:evvintegration@carebridgehealth.com) for validation. CareBridge will verify that all test cases were successfully passed and provide confirmation that the vendor is able to begin submitting production data. If any test cases had to be omitted due to vendor capabilities, they should provide a rationale for why that test case cannot be complete and (if necessary) a mitigation plan for provider agencies to ensure claims will not be impacted.

### INTEGRATION TESTING CHECKLIST

Vendor Information		CareBridge Review		
Field	Value	Field	Value	
Vendor Name		Date of Final Review	Click or tap to enter a date.	
Development Environment Username		Production Enabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/> <i>Comments:</i>
Production Environment Username		Date Enabled	Click or tap to enter a date.	
Claim Level or Claim + Line Level		Configuration changes?	Yes <input type="checkbox"/>	No <input type="checkbox"/> <i>Comments:</i>

TC#	TC File Name	Tested?		ApptID Used for Test Case	ClaimNumber(s) for Test Case	ClaimLineICN(s) (Only if using Claim Line ICNs)	Vendor Tester Initials	CB Initials	Date Reviewed	Pass?	
		Y	N							Y	N
1		<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
2		<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
3		<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
4		<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
5		<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
6		<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>
7		<input type="checkbox"/>	<input type="checkbox"/>							<input type="checkbox"/>	<input type="checkbox"/>