CAREBRIDGE

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

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SUMMARY OF CHANGES

- Appointments / Visits Data File Format
  - Field Requirements updates
    - 45 RevenueCode added as a required field (V2.0)
    - *39* AuthRefNumber changed to Situationally Required *(V3.0)*
  - Home Health Service Codes and Unit Definitions
    - Service Code to Revenue Code Mapping added *(V2.0)*
    - Phase 2 Codes added *(V3.0)*
  - Phase 2 Modifier Requirements – UHC Section added *(V3.0)*
  - Prior Authorization Requirements Section added *(V3.0)*
- Updates to the following Procedure Codes Issuance Type to be "Sometimes" (V4.0):
  - G0157 (UHC)
  - G0158 (UHC)
  - G0162 (UHC)
- Home Health Procedure Codes for Wellpoint have been updated to allow some Modifiers (V4.0)
- Update to the following Procedure Codes to have a Unit of Measure of 1 Visit for UHC (V4.0):
  - G0151
  - G0152
  - G0153
  - G0155
  - G0156
  - G0157
- Member ID description updated and can be used instead of Member Medicaid ID for member matching (V4.0)
- Added 0581 Revenue Code for Service Code G0300 for TN Wellpoint (V4.0).
- Added 0551 and 0561 Revenue Code for Service Code S9127 for TN UHC (V4.0)
- TN UHC HH Phase I Services updated to include the UN Modifier **(V4.1)**:
  - T1000
  - S9122
  - S9123
  - S9124

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 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
      i. 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.
      ii. 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 / MCOs.
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 (Availity)

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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 or the visit has prebilling errors.

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)
- Double quotes within the data itself should be escaped using double quotes ("""").
- Headers should be included
- One row per appointment / visit
- **All DateTime fields should be UTC**
- Visit data will be placed in an ***on hold*** claim status if there is already an existing *ApptID* that is part of the same claim, 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_TN_ProviderTaxID_YYYYMMDDHHMMSS.CSV

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

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

CareBridge Response File

VISITS_TN_ProviderTaxID_ERROR_YYYYMMDDHHMMSS.txt

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For Test Files, "TEST" will prepend the file name as follows:
TEST_VISITS_TN_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 TN and is sending production data, additional
testing is not required for Home Health Phase 2.

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: ***Tennessee - 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 >
Tennessee - 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, providers must set their billing frequency
within our system prior to vendors sending production data on their behalf. Prior to sending any data,
Provider Agencies should complete the following form *here* to have their Tax ID Associated with the
appropriate vendor within the CareBridge System. If this is not completed, **data from your Third-Party
Vendor system will not be loaded.** This must be done for each Tax ID.

Billing Frequency
Providers will have the ability to select their billing frequency. Options are:

- Daily
- Weekly
- Monthly

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This can be communicated to CareBridge by reaching out to evvintegrationsupport@carebridgehealth.com

Once billing frequency has been set, vendors 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.

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2. The **Appointment Status Report** to ensure providers have accurate information regarding visit or claim status over time.

*The supplemental report specification 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.

Appointments / Visits Data File Format

Field No	Field Name	Description	Data Type	Required for Scheduled Appointment	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 in UTC	Datetime	Y	Y	YYYY-MM-DDTHH:MM:SSZ "2020-01-01T14:00:00Z"	
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	Numeric	N	N	000456789	
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	MemberFName	First name of member	Alphanumeric	Y	Y		Jane	
14	MemberLName	Last name of member	Alphanumeric	Y	Y		Johnson	
15	MemberDateOfBirth	Date of birth of member	Alphanumeric	N	N		YYYY-MM-DD	
16	MemberMedicaidID[1]	Medicaid ID for member 2 letters followed by 9 digits	Alphanumeric	Y	Y		TD123456789	11
17	MemberID[1]	Member Insured / Subscriber ID	Alphanumeric	N	N		47138493	
18	ApptStartDateTime	Date / Time that the appointment was scheduled to begin in UTC	DateTime	Y	Y		YYYY-MM-DDTHH:MM:SSZ "2020-01-01T14:00:00Z"	
19	ApptEndDateTime	Date / Time that the appointment was scheduled to begin in UTC	DateTime	Y	Y		YYYY-MM-DD HH:MM:SSZ "2020-01-01 15:00:00Z"	
20	ApptCancelled	(C) if appointment was cancelled	Alphanumeric	N	N		C	
21	CheckInDateTime	Date / Time that the visit was checked into in UTC	Datetime	N	Y		YYYY-MM-DDTHH:MM:SSZ "2020-01-01T14:00:00Z"	

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22	CheckInMethod	EVV (E), Manual (M), IVR (I)	Alphanumeric	N	Y	E	
23	CheckInStreetAddress	Street address where check in occurred	Alphanumeric	N	Y	926 Main St	
24	CheckInStreetAddress2	Additional street address info where check in occurred	Alphanumeric	N	N	Suite B	
25	CheckInCity	City where check in occurred	Alphanumeric	N	Y	Nashville	
26	CheckInState	State where check in occurred	Alphanumeric	N	Y	TN	
27	CheckInZip	Zip code where check in occurred	Alphanumeric	N	Y	37206	
28	CheckInLat	Latitude of coordinates where check in occurred	Alphanumeric	N	Y if CheckInMethod = E	##.######	
29	CheckInLong	Longitude of coordinates where check in occurred	Alphanumeric	N	Y if CheckInMethod = E	###.######	
30	CheckOutDateTime	Date / Time that the visit was checked out of in UTC	Datetime	N	Y	YYYY-MM-DDTHH:MM:SSZ "2020-01-01T14:00:00Z"	
31	CheckOutMethod	EVV (E), Manual (M), IVR (I)	Alphanumeric	N	Y	E	
32	CheckOutStreetAddress	Address where check out occurred	Alphanumeric	N	Y	926 Main St	
33	CheckOutStreetAddress2	Additional address info where check out occurred	Alphanumeric	N	N	Suite B	
34	CheckOutCity	City where check out occurred	Alphanumeric	N	Y	Nashville	
35	CheckOutState	State where check out occurred	Alphanumeric	N	Y	TN	

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36	CheckOutZip	Zip code where check out occurred	Alphanumeric	N	Y	37206	
37	CheckOutLat	Latitude of coordinates where check out occurred	Alphanumeric	N	Y if CheckOutMethod = E	##.######	
38	CheckOutLong	Longitude of coordinates where check out occurred	Alphanumeric	N	Y if CheckOutMethod = E	###.######	
39	AuthRefNumber	Authorization Number as indicated by health plan	Alphanumeric	Y	Y (with exceptions outlined in the Prior Authorization Requirements Section)	1080421390	
40	ServiceCode	Service code for services rendered during visit (HCPCS Procedure Code)	Alphanumeric	Y	Y	S5125	
41	Modifier 1	Modifier code for services rendered during visit	Alphanumeric	N	N	U5	2
42	Modifier 2	Second modifier code for services rendered during visit	Alphanumeric	N	N	UA	2
43	Modifier 3	Third modifier code for services rendered during visit	Alphanumeric	N	N	UA	2
44	Modifier 4	Fourth modifier code for services rendered during visit	Alphanumeric	N	N	UA	2
45	RevenueCode	Revenue Code that should be used for billing *(See table below for additional details)*	Alphanumeric	N	Y	See Service and Revenue Code and Unit Definitions below	

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46	TimeZone	Time zone that the visit took place in	Alphanumeric	Y	Y	US/Central US/Eastern	
47	CheckInIVRPhoneNumber	Phone Number used to check in	Alphanumeric	N	Y if CheckInMethod = I	+14156665555	
48	CheckOutIVRPhoneNumber	Phone Number used to check out	Alphanumeric	N	Y if CheckOutMethod = I	+14156665555	
49	ApptNote	Free text note related to the visit	Alphanumeric	N	N	Scheduling related note	
50	DiagnosisCode	Tilda delimited list of ICD-10 Diagnosis code attributed to the visit. (Enter in the order that they are billed and primary dx should be the first listed.)	Alphanumeric	N	Y	I50.9~R68.89	
51	ApptAttestation	Member attestation associated with the visit	Alphanumeric	N	N	See Member Attestation Codes table below	
52	Rate	Billed unit rate associated with the visit	Decimal	Y	Y	3.85	
53	ManualReason	Reason for manual entry associated with the visit	Alphanumeric	N	Y if CheckInMethod or CheckOutMethod = M	See Manual Reasons Codes table below	
54	LateReason[2]	Reason the visit was late	Alphanumeric	N	N[2]	See Late Reasons Codes table below	
55	LateAction[2]	Action taken due to visit being late	Alphanumeric	N	N[2]	See Late Actions Codes table below	
56	MissedReason[3]	Reason the visit was missed	Alphanumeric	N	N[3]	See Missed Reasons Codes table below	
57	MissedAction[3]	Action taken due to the visit being missed	Alphanumeric	N	N[3]	See Missed Actions Codes table below	

58	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?	
59	CaregiverSurveyResponses	Tilda delimited list of survey responses to questions presented to the caregiver in the same order as the questions listed in field 57	Alphanumeric	N	N	Yes~No	
60	ClaimAction	New Claim (N), Void (V), Billed Externally (E)	Alphanumeric	N	Y	N	
61	MCOID	Identifies health plan the member is associated with	Alphanumeric	Y	Y	See MCOID table below	
101	Claim Invoice Number 1	Claim level invoice number in third-party system					
102	Claim Invoice Number 2	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				
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					

1 MemberID can be used as a member identifier instead of MemberMedicaidID. If MemberID is used, MemberMedicaidID is not a required field.

2 A visit is considered late if check in occurred between one and three hours after a scheduled start time. An informational alert/warning will trigger in this event; CareBridge will not require that providers enter Late Reason/Actions in order to bill.

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3 A visit is considered missed if check in is greater than three hours after a scheduled start time. An informational alert/warning will trigger in this event; CareBridge will not require that providers enter Missed Reason/Actions in order to bill.

Home Health Service and Revenue Codes and Unit Definitions (Phase 1)*

ServiceCode	Modifiers	RevenueCode	Payer(s)	Procedure Name	Unit Type	Quantity
T1000	None	0589	TN_AGP	Private duty/independent nursing service(s) - licensed	Minutes	15
T1000	UN	0589	TN_UHC	Private duty/independent nursing service(s) - licensed	Minutes	15
S9122	None	0552	TN_AGP	Home health aide or certified nurse assistant, providing care in the home	Hours	1
S9122	None	0572	TN_AGP	Home health aide or certified nurse assistant, providing care in the home	Hours	1
S9122	UN	0572	TN_UHC	Home health aide or certified nurse assistant, providing care in the home	Hours	1
S9123	None	0552	TN_AGP	Nursing care, in the home; by registered nurse	Hours	1
S9123	UN	0552	TN_UHC	Nursing care, in the home; by registered nurse	Hours	1
S9123	None	0572	TN_AGP	Nursing care, in the home; by registered nurse	Hours	1
S9124	None	0552	TN_AGP	Nursing care, in the home; by licensed practical nurse	Hours	1
S9124	UN	0552	TN_UHC	Nursing care, in the home; by licensed practical nurse	Hours	1
S9124	None	0589	TN_AGP	Nursing care, in the home; by licensed practical nurse	Hours	1

* **Phase 1 Services will always have prior authorizations and therefore, will always require AuthRefNumber to be populated**

Home Health Service and Revenue Codes and Unit Definitions (Phase 2) – TN Wellpoint

ServiceCode	Modifiers	RevenueCode	Procedure Name	Prior Authorized	Unit Type	Quantity
G0151	GP, CQ	0421	Intermittent Home Health Physical Therapy Visit	Sometimes	Visit	1
G0151	GP, CQ	0424	Intermittent Home Health Physical Therapy Visit	Sometimes	Visit	1
G0152	GO, CO	0431	Intermittent Home Health Occupational Therapy Visit	Sometimes	Visit	1
G0152	GO, CO	0434	Intermittent Home Health Occupational Therapy Visit	Sometimes	Visit	1
G0153	GN	0441	Intermittent Home Health Speech Therapy Visit	Sometimes	Visit	1
G0153	GN	0444	Intermittent Home Health Speech Therapy Visit	Sometimes	Visit	1
G0155	None	0561	Intermittent Home Health Social Worker Visit	Sometimes	Visit	1
G0156	None	0571	Intermittent Home Health Aide Visit	Sometimes	Visit	1
G0157	CQ	0421	Intermittent Home Health Physical Therapy Assistant Visit	Sometimes	Visit	1
G0158	CO	0431	Intermittent Home Health Occupational Therapy Assistant Visit	Sometimes	Visit	1
G0299	None	0551	Intermittent Home Health Skilled Nursing Visit RN	Sometimes	Minutes	15

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| G0300 | None | 0551 | Intermittent Home Health Skilled Nursing Visit LPN | Sometimes | Minutes | 15 |
| G0300 | None | 0581 | Intermittent Home Health Skilled Nursing Visit LPN | Sometimes | Minutes | 15 |

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Home Health Service and Revenue Codes and Unit Definitions (Phase 2) – UnitedHealthcare Community Plan of Tennessee

ServiceCode	Modifiers[1]	RevenueCode	Procedure Name	Prior Authorized[2]	Unit Type	Quantity
G0151	SE, XE, GP	0421	Intermittent Home Health Physical Therapy Visit	Sometimes	Visit	1
G0151	SE, XE, GP	0424	Intermittent Home Health Physical Therapy Visit	Sometimes	Visit	1
G0152	XE, GO, SE	0431	Intermittent Home Health Occupational Therapy Visit	Sometimes	Visit	1
G0152	XE, GO, SE	0434	Intermittent Home Health Occupational Therapy Visit	Sometimes	Visit	1
G0153	XE, GN, SE	0441	Intermittent Home Health Speech Therapy Visit	Sometimes	Visit	1
G0153	XE, GN, SE	0444	Intermittent Home Health Speech Therapy Visit	Sometimes	Visit	1
G0155	XE, SE, HA, SD	0560	Intermittent Home Health Social Worker Visit	Sometimes	Visit	1
G0155	XE, SE, HA, SD	0561	Intermittent Home Health Social Worker Visit	Sometimes	Visit	1
G0155	XE, SE, HA, SD	0569	Intermittent Home Health Social Worker Visit	Sometimes	Visit	1
G0156	XE, SE	0571	Intermittent Home Health Aide Visit	Sometimes	Visit	1
G0157	XE, GP, SE	0421	Intermittent Home Health Physical Therapy Assistant Visit	Sometimes	Visit	1
G0158	XE, GO, SE	0431	Intermittent Home Health Occupational Therapy Assistant Visit	Sometimes	Visit	1
G0159	XE, GP, SE	0421	Intermittent Home Health Physical Therapy Visit	Always	Visit	1
G0159	XE, GP, SE	0424	Intermittent Home Health Physical Therapy Visit	Always	Visit	1
G0160	XE, GO, SE	0431	Intermittent Home Health Occupational Therapy Visit	Always	Visit	1
G0160	XE, GO, SE	0434	Intermittent Home Health Occupational Therapy Visit	Always	Visit	1
G0162	XE, SE	0551	Intermittent Home Health RN Visit	Sometimes	Visit	1
G0299	XE, SE	0551	Intermittent Home Health Skilled Nursing Visit RN	Sometimes	Visit	1
G0300	XE, SE	0551	Intermittent Home Health Skilled Nursing Visit LPN	Sometimes	Visit	1
G0300	XE, SE	0581	Intermittent Home Health Skilled Nursing Visit LPN	Sometimes	Visit	1
G0493	XE, SE	0551	Intermittent Home Health RN Visit	Always	Visit	1
G0494	XE, SE	0551	Intermittent Home Health LPN Visit	Always	Visit	1
G0495	XE, SE	0551	Intermittent Home Health RN Visit	Always	Visit	1
G0496	XE, SE	0551	Intermittent Home Health LPN Visit	Always	Visit	1
S9127	XE, SE	0551 0561	Social work visit, in the home, per diem	Always	Visit	1
S9129	XE, GO, SE	0431	Occupational therapy, in the home, per diem.	Always	Visit	1
S9129	XE, GO, SE	0434	Occupational therapy, in the home, per diem.	Always	Visit	1
S9131	XE, GP, SE	0421	Physical therapy; in the home, per diem	Always	Visit	1
S9131	XE, GP, SE	0424	Physical therapy; in the home, per diem	Always	Visit	1

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| S9474 | XE, SE | 0551 | Enterostomal therapy by a registered nurse certified in enterostomal therapy, per diem | Always | Visit | 1 |

1 See Phase 2 Service Code Modifiers – UnitedHealthcare Community Plan of Tennessee section below | 2 See Prior Authorization Requirements section below

Phase 2 Service Code Modifier Requirements:

For EVV Visit Data for UnitedHealthcare and Wellpoint, the rules for modifiers are as follows:

- Modifiers will not be utilized as a matching criterion for authorizations. Necessary billing modifiers should be added to visits by providers via the Modifier fields in the table above (Modifier 1, Modifier 2, Modifier 3, Modifier 4).
- **CareBridge will not generate prebilling alerts based on the presence or absence of modifiers. Any combination of modifiers listed in the table above for a specific procedure code may be included without restriction. However, incorrect modifier combinations per payer claiming requirements may result in denied claims.**
- Where listed as an available modifier, GN, GO, and GP should be included for claims. These should be included in one of the modifier fields in the table above.
- The XE modifier should be used when there are multiple visits for the member, DOS, service code, and provider that do not roll up together onto a single claim line.
  - *Note: The above is specific to TN_UHC visits.*

Prior Authorization Requirements:

- "**Always**" authorized procedure codes in the tables above require the AuthRefNumber field to be populated for all visits.
- "**Sometimes**" authorized procedure codes will require the AuthRefNumber field to be populated if an authorization has been issued. If an authorization has not been issued, but a valid EVV Visit occurs for a member, this field should be left null.

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
MR1030	Employee removed from current budget
MR1035	Possible EIN issues
MR1040	Overtime with two service codes and no OT Agreement
MR1045	Over budget without a form on file
MR1050	Member Initiated
MR1055	New Agency Using EVV

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
LR1020	Scheduling Error

Late Visit Actions Taken Codes

Code	Description
LA1000	Rescheduled
LA1005	Back-up plan initiated
LA1010	Contacted service coordinator
LA1015	Contacted MCO member services

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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
MVR1040	Scheduling Error

Missed Visit Actions Taken Codes

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

MCOID Codes

Code	Description
TN_AGP	TN Amerigroup
TN_UHC	UnitedHealthcare Community Plan of Tennessee

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Pre-Billing Validations

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**