CAREBRIDGE PROVIDER PORTAL
IOWA HOME HEALTH PATIENT STATUS GUIDE
UB-04 Form Locator Box 17

Select Home Health (HHS) that require Electronic Visit Verification (EVV) billed on an 837 institutional claim require that the Agency Portal Administrator manage certain elements related to HHS billing within the CareBridge Provider Portal or through a third-party vendor.

CareBridge and third-party EVV system users must select a **Patient Status** claiming element configuration using the CareBridge Provider Portal for members under each health plan. **Note:** As of **10/01/2024,** failing to configure this claim element will result in a claim-blocking alert.

Navigate to the '**Settings**' page, select the *Billing* tab, and click the *Home Health Phase 1* tab. For each health plan your agency provides services to, click the *settings* drop-down menu(s) to view the patient status options (Figure 1).
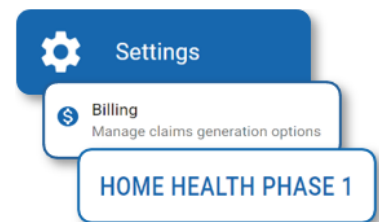

*Figure 1. **Settings Drop-down Menu***

Providers have two options for how they manage patient status for members:

- *'Always send 01'* to set all patient status codes to "discharged to home or self-care".

- *'Manage status on an individual basis'* to individually set patient status codes.

Click '*Save Changes'* to finalize the selections. All settings will also apply to Home Health Phase 2 services.

> IF a provider selects the option to 'Always send 01', the provider can still choose to manage status on an individual basis.

CAREBRIDGE EVV USERS

If the option to manage status individually was chosen, navigate to the **'Members'** page and locate the desired member. Click the *Actions* menu (three vertical dots) and select *Member Details* (Figure 2).

On the **'Members Details'** page, scroll down to the *Payer(s)* section, click the drop-down arrow, and click the '+' icon next to *Patient Statuses*.

*Figure 3. **Payer(s) Section***
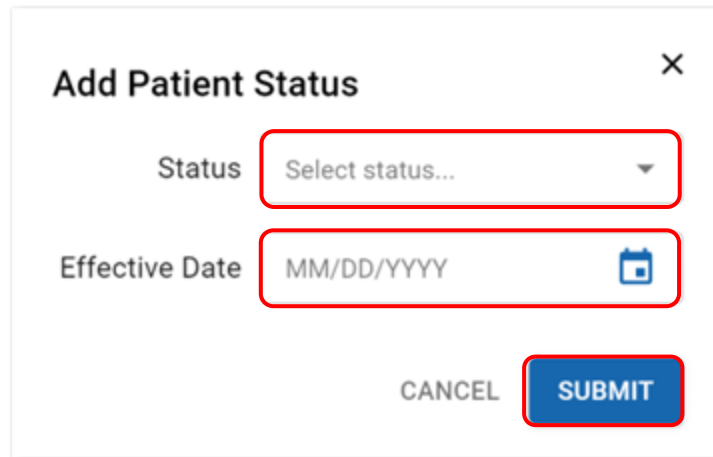
On the **'Patient Status'** pop-up screen, select an option from the *Status* drop-down and an *Effective Date* then click *Submit*.

Figure 4. *Patient Status Pop-up Screen*

THIRD-PARTY EVV USERS

Providers should make sure they have reviewed these changes with their EVV vendor.

Providers using a third-party EVV vendor can include a Patient Status Code on EVV visit files. If providers choose to 'Manage admission on an individual basis' option, they must include Patient Status Codes on EVV visit files. Selecting this option and failing to include a code will result in an alert. Visits sent with conflicting codes or containing an invalid code will result in an alert. If providers choose to 'Always send 01' and proceed to send an EVV visit with a different code, the Patient Status Code sent with the visit will be used for claiming.

For convenience, we have linked the CareBridge EVV Integration Guide and Technical Specifications for Iowa which includes acceptable Value Codes and their descriptions.