

CAREBRIDGE PROVIDER PORTAL

IOWA HOME HEALTH CLAIM FREQUENCY GUIDE

UB-04 Form Locator Box 4



Select Home Health Services (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 **Claim Frequency** claiming element configuration for billing original / initial claims using the CareBridge Provider Portal for claim submissions 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 claim frequency options (Figure 1).

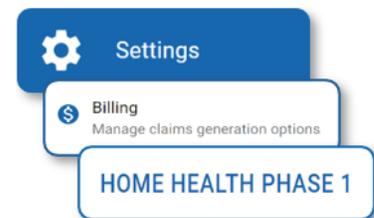


Figure 1. **Settings Drop-down Menu**

Claim Frequency

Always send "1" for original claim submissions Specify frequency when exporting visits

You have unsaved changes. SAVE CHANGES

Providers have two options for how to manage claim frequency:

- 'Always send "1" for original claim submissions' to set all initial / original claim frequencies as "admit through discharge claim".
- 'Specify frequency when exporting visits' to manually set the claim frequency for initial / original claims at the visit level.

Click 'Always send "1" for original claim submissions' to have all initial / original claims generated with a claim frequency code of "1" **or** click 'Specify frequency when exporting visits' to manually set claim frequencies at the visit level for initial / original claims.

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 "1" for original claim submissions', the provider can still choose a frequency at the time of billing for initial / original claims

CAREBRIDGE EVV USERS

To manually set claim frequencies, navigate to the **'Visits'** page for visits that have not been exported, or the **'Billing'** page for visits that have been exported. Locate the desired visit(s), click the check box next to the visit(s) that will be exported or re-exported, and click the *Export for Billing* button at the top right of the page (Figure 2).



Figure 2. **Visits Page**

<input checked="" type="checkbox"/>	MEMBER ↑	DATE ↑	CHECK IN TIME ↑	CHECK OUT TIME ↑	AUTH # ↑	SERVICE ↑	EVV VENDOR ↑	STATUS ↑
<input checked="" type="checkbox"/>	BOB WASHINGTON	08/06/2024	12:00 AM	01:00 AM	None	G0151	CareBridge	Completed (Manual)

On the **'Export'** pop-up screen, select the *Frequency* drop-down menu to set the claim frequency for an individual visit. To apply a single frequency to multiple visits, select the *Bulk Set Frequency* drop-down at the top right of the screen. After making the selections, click *Export* to submit the visits (Figure 3).

Note: The option to set a claim frequency is applicable only to initial / original claims. If a provider selects a claim frequency code that conflicts with corrected claim billing logic, the claim will be generated with the claim frequency code determined by the existing corrected claim billing logic.

Figure 3. **Exports Pop-up Screen**

Export ×

1 Visit will be exported for billing and will be available for viewing on the Billing Page. BULK SET FREQUENCY ▾

MEMBER	DATE	APPT ID	STATUS	PAYER	RATE	BILLING ACTION	FREQUENCY
BOB WASHINGTON	08/06/2024	23543	Completed (Manual)		None	Bill through E... ▾	Select... ▾

GO BACK EXPORT

THIRD-PARTY EVV USERS

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

If providers using a third-party EVV vendor choose the 'Specify frequency when exporting visits' option for initial / original claims, they must include the Claim Frequency Code on EVV visit files. Selecting this option and failing to include the code will result in an alert. If providers choose to 'Always send "1" for original claim submissions' and proceed to send an EVV visit with a different Claim Frequency Code for an initial / original claim, the data 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 Claim Frequency Codes for initial / original claim and their descriptions.