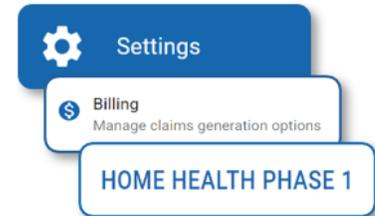


CAREBRIDGE PROVIDER PORTAL

NEW JERSEY HOME HEALTH 837I BILLING GUIDE



New Jersey Home Health providers can bill for select services using an **837I Claim Type**. To enable this feature, navigate to the **'Settings'** page, select the *Billing* tab, and click the *Home Health Phase 1* tab. Click the check box next to *'Enable billing on an 837I for select authorizations'*, then click *Save Changes* to finalize your selection (Figure 1).



NOTE: Only payers that allow billing on an 837I will have this option available.

Figure 1. Home Health Phase 1 Payer Menu

CB Test Payer

Allow billing through EVV Default:

Allow billing externally Bill through EVV

Enable billing on an 837I for select authorizations.

These settings apply for the [following service codes](#).

You have unsaved changes. SAVE CHANGES

Next, navigate to the **'Authorizations'** page and locate the desired authorization(s) using the *Filters* drop-down menu. Click the *Actions* menu (three vertical dots) and select *Authorization Details* (Figure 2).

Figure 2. Authorizations Page

MEMBER ↑	UPDATED DATE ↓	START DATE ↑	END DATE ↑	UNITS ↑	AUTH # ↑	SERVICE ↑	STATUS	ACKNOWLEDGMENT	EMPLOYEE
ALICE CLINTON	09/19/2024	01/01/2022	12/29/2025	1040	752ABCDE2	92507	Active	<input checked="" type="checkbox"/> Acknowledg...	<div style="border: 1px solid red; padding: 2px;">Select... Authorization Details Member Details</div>

Click the pencil icon on the *Authorization Details* pop-up screen to enable editing. In the *Claim Type* drop-down menu choose 837I and the options to edit *Revenue Code* and *Attending Provider* information will populate. Click *Save* to finalize your selections (Figure 3).

Figure 3. **Authorizations Details Pop-Up Screen**

ALICE CLINTON
Authorization 752ABCDE2 Editing
01/01/2022 - 12/29/2025
Status: Active
Acknowledgement: Received

As of 02/20/2024 03:56 PM (current)

Authorization Details ^

UNITS

SCHEDULED UNITS
0 UNITS OF 1040 UNITS USED
1040
● SCHEDULED ● AVAILABLE

BILLED UNITS
0 UNITS OF 1040 UNITS USED
1040
● BILLED ● AVAILABLE

Payer: [Redacted] Auth Number: 752ABCDE2 Start-End Date: 01/01/2022 - 12/29/2025 Waiver Type: [Redacted]

Service Code: 92507 Units: 1040 Primary Diagnosis Code: 27689

Service Provider: CAREBRIDGE TRAINING Service Provider NPI: 1234567893 Service Provider Medicaid ID: None Claim Type: Select Claim Type

Employee: Select Employee Member Eligibility: 01/01/2019 - 12/31/2025 Allow Overlapping Visits:

837P
837I

Revenue Code: Select Revenue Code Attending Provider First Name: None Attending Provider Last Name: None Attending Provider NPI: None

CANCEL SAVE