Wyoming

Third-Party EVV Vendor

Integration ICN Technical Specification

V1.0_DEC24

OVERVIEW

ICN Fields

Field No.	Field Name	Description	Data Type	Required for Scheduled Appointment	Required for Completed Visit	Example	Max Length
101	Claim Invoice Number 1	Claim level invoice number in third-party system	Alphanumeric	No	Y		20
102	Claim Invoice Number 2	Claim level invoice number in third-party system	Alphanumeric	No	S		20
103	Line Item Invoice Number 1	Unique identifier of the invoice line item in the third-party	Alphanumeric	No	S		30
104	Line Item Invoice Number 2	Unique identifier of the invoice line item in the third-party system	Alphanumeric	No	S		30

Situational: as defined and outline by this document

CareBridge can accept vendor generated invoice numbers, often referred to as internal control numbers (ICNs). CareBridge can include these ICN numbers in the 837s generated and submitted to the payer, which will then be included in the 835 the vendor/provider receives from the payer. This functionality exists with two options: 1) the claim level ICNS or 2) claim level and line level, a vendor should choose between those options, depending on the needs of their system. In order for the 835 to be successfully posted into the vendors system, it is imperative that the vendor understands the methodology in which visit data will be submitted to the payer for claims and is able to generate invoice numbers in their outbound files accordingly. Below you will find details relating to CareBridge's claim logic.

Vendors must opt to use either 101/102 for invoice level reconciliation or both 101/102 and 103/104 for invoice and line item reconciliation.

REFERENCE CALENDAR

This calendar below can be used as a reference to assist in understanding the logic surrounding splits included in the document below.

Jun-24						
Sun	**Mon**	**Tues**	**Wed**	**Thurs**	**Fri**	**Sat**
						1
						Billing Period 1
2	3	4	5	6	7	8
Billing Period 2						
9	10	11	12	13	14	15
Billing Period 3						
16	17	18	19	20	21	22
Billing Period 4						
23	24	25	26	27	28	29
Billing Period 5						
30	1	2	3	4	5	6
Billing Period 6	Billing Period 7					

VENDORS SUBMITTING CLAIM LEVEL ICNS ONLY

Visits in the Same Billing Period:

- Billing periods are defined as going from Sunday through Saturday each week during a month and ending at the end of each month regardless of the day of week.
- Visits that occur with the same member, provider, payer, billing period, procedure code, modifiers with different check in / checkout times are included as claim lines on a single claim, as demonstrated below.
- In this scenario CareBridge expects the vendor to submit Visit 1,2, and 3 with the same ICN in the visit file.

	ApptID	101	102	Member	Provider	HCPC	Check in Time	Check in Date	Check out Time	Check out Date	Time in min	Claim Date of Service	MCOID
Visit 1	11	1001		AF0023	ABCD	S5125	9:00	05.09.2024	11:00	05.09.2024	120 min		MCO1
Visit 2	12	1001		AF0023	ABCD	S5125	13:00	05.09.2024	15:00	05.09.2024	120 min		MCO1
Visit 3	13	1001		AF0023	ABCD	S5125	9:00	05.10.2024	11:00	05.10.2024	120 min		MCO1
Claim		*1001*		*AF0023*	*ABCD*	*S5125*					*360 min*	*05.05.2024 - 05.11.20204*	*MCO1*

Blue font represents claim data which will be submitted to MCO

Visit Splits:

When a visit crosses billing periods, CareBridge will "Split" this visit at midnight, generating 2 separate claims.

Splits Across Weeks

- If a visit crosses midnight on Sunday, it will be split into separate claims.

	ApptID	101	102	Member	Provider	HCPC	Check in Time	Check in Date	Check out Time	Check out Date	Time in min	Claim Date of Service	MCOID
Visit 1	14	1002	1003	AF0023	ABCD	S5125	21:00	05.25.2024	11:00	05.26.2024	840 min		MCO1
Claim 1 (split)		*1002*		*AF0023*	*ABCD*	*S5125*	*21:00*	*05.25.2024*	*23:59:59*	*05.25.2024*	*180 min*	*05.19.2024 - 05.25.2024*	*MCO1*
Claim 2 (split)			*1003*	*AF0023*	*ABCD*	*S5125*	*24:00*	*05.26.2024*	*11:00*	*05.26.2024*	*660 min*	*05.26.2024 - 05.31.2024*	*MCO1*

Blue font represents claim data which will be submitted to MCO

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Split Across Months:

- Regardless of whether a visit is at the end of a week, if it crosses midnight at the end of the month, it will be split.

	ApptID	101	102	Member	Provider	HCPC	Check in Time	Check in Date	Check out Time	Check out Date	Time in min	Claim Date of Service	MCOID
Visit 1	17	1004	1005	AF0023	ABCD	S5125	21:00	05.31.2024	11:00	06.01.2024	840		MCO1
Claim 1 (split)		*1004*		*AF0023*	*ABCD*	*S5125*	*21:00*	*05.31.2024*	*23:59:59*	*05.31.2024*	*180 min*	*05.26.2024 - 05.31.2024*	*MCO1*
Claim 2 (split)			*1005*	*AF0023*	*ABCD*	*S5125*	*24:00*	*06.01.2024*	*11:00*	*06.01.2024*	*660 min*	*06.01.2024 - 06.01.2024*	*MCO1*

Visits in the Same Billing Period Combined with Splits

- It is possible to have multiple visits in the same billing period in combination with split visits. In such cases, the rules above should be applied. All visits within a billing period will have the same Claim ICN, and each visit will have 1 Line ICN, unless the visit crosses midnight, in which case it will have two Line ICNs.

	ApptID	101	102	Member	Provider	HCPC	Check in Time	Check in Date	Check out Time	Check out Date	Time in min	Claim Date of Service	MCOID
Visit 1	11	1001		AF0023	ABCD	S5125	9:00	05.09.2024	11:00	05.09.2024	120 min		MCO1
Visit 2	12	1001		AF0023	ABCD	S5125	13:00	05.09.2024	15:00	05.09.2024	120 min		MCO1
Visit 3	13	1001		AF0023	ABCD	S5125	9:00	05.10.2024	11:00	05.10.2024	120 min		MCO1
Visits 1,2,3 - Claim 1		*1001*		*AF0023*	*ABCD*	*S5125*					*360 min*	*05.04.2024 - 05.11.2024*	*MCO1*
Visit 4	16	1001	1002	AF0023	ABCD	S5125	21:00	05.11.2024	11:00	05.12.2024	120 min		MCO1
Visit 4 - Claim 1		*1001*		*AF0023*	*ABCD*	*S5125*	*21:00*	*05.11.2024*	*23:59:59*	*05.11.2024*	*180 min*	*05.04.2024 - 05.11.2024*	*MCO1*
Visit 4 - Claim 2			*1002*	*AF0023*	*ABCD*	*S5125*	*24:00*	*05.12.2024*	*11:00*	*05.12.2024*	*660 min*	*05.12.2024 - 05.18.2024*	*MCO1*

		101	102	Member	Provider	HCPC					Time in min	Claim Date of Service	MCOID
Claim 1 Total		*1001*		*AF0023*	*ABCD*	*S5125*					*540*	*05.04.2024 - 05.11.2024*	*MCO1*
Claim 2 Total			*1002*	*AF0023*	*ABCD*	*S5125*					*660*	*05.12.2024 - 05.18.2024*	*MCO1*

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Additional Information:

- Unique ICNs are required. There should be a 1:1 mapping of *ICN* and combination of member, provider, payer, billing period, procedure code, and modifiers.
- The determination of whether a visit should be split due to crossing the midnight threshold should be made based on local time where the visit occurred. The expectation for all DateTimes to be sent in UTC zero offset as outlined in the CareBridge inbound data spec still applies.
- If one of the Spilt claims does not result in at least one billable unit, CareBridge will only submit 1 claim, and not 2.
- If a visit is Split and the claims were submitted to the payer, and then a corrected visit is submitted to CareBridge and the visit no longer crosses midnight, only 1 *ICN* needs to be submitted to CareBridge. CareBridge will void the no longer relevant claim, while also resubmitting a corrected claim for the modified visit. The vendor should send the correction once the claims reach a *final* status.
- If a visit was submitted but the claim is not in a *final* status, and a new visit is received that should be rolled into the previous in-flight visit, the new visit will be held in Joint-Claims Processing. Once the previous in-flight visit is in a *final* status; the new visit in Joint-Claims Processing, will be rolled up into a new claim and submitted.
- If CareBridge receives *ICN* s from a vendor that do not match the outlined Rollup or Split logic for visits, all the visits in question will be rejected, allowing the vendor to resubmit appropriately. This is to maximize the opportunity for a successful posting of the 835.
- If one of the visits that should be included on a claim, is rejected with a validation error (as indicated in the CareBridge response file) but the other visits are acceptable, CareBridge will submit these acceptable visits to the payer. The vendor should correct the issue affecting the rejected visit and resubmit this visit once the accepted visit(s) reach a *final* status. CareBridge will then submit the corrected claim to the payer.
- If a visit was submitted and the claim is in the *final* status of 'Paid', but there is a second claim that the vendor or provider agency wants to bill for the same member, provider, payer, billing period, procedure code, and modifiers the additional visit must be sent with the same *ICN* from the paid visit with N in the *ClaimAction* field.

CareBridge considers the following to be final statuses, these are determined by the payer:

- Paid
- Denied
- Rejected
- Voided

The following scenarios will trigger a rejection with VCR2019 - "Invalid action given the state of inflight claims":

- When a void is requested but there is no existing claim or CareBridge does not have the payer's ICN for that claim
- When a void is requested but the claim was rejected by the payer
- When a void is requested but the claim was already voided

VENDORS SUBMITTING CLAIM LEVEL AND LINE LEVEL ICNS

Visits in the Same Billing Period:

- Billing periods are defined as going from Sunday through Saturday each week during a month and ending at the end of each month regardless of the day of week.

- Visits that occur with the same member, provider, payer, billing period, procedure code, modifiers with different dates of service are included as separate claim lines on a single claim, as demonstrated below.
- In this scenario, CareBridge expects the vendor to submit Visits 1, 2, and 3 with the same Claim Level ICN, but a shared Line Level ICN for Visits 1and 2, and a distinct Line Level ICN for Visit 3.

	ApptID	101	102	103	104	Claim ICN	Line ICN	Member	Provider	HCPC	Check in Time	Check in Date	Check out Time	Check out Date	Time in min	Claim Date of Service	MCOID
Visit 1	11	1001		2001				AF0023	ABCD	S5125	9:00	05.09.2024	11:00	05.09.2024	120 min		MCO1
Visit 2	12	1001		2001				AF0023	ABCD	S5125	13:00	05.09.2024	15:00	05.09.2024	120 min		MCO1
Visit 3	13	1001		2003				AF0023	ABCD	S5125	9:00	05.10.2024	11:00	05.10.2024	120 min		MCO1
Claim						*1001*		*AF0023*	*ABCD*	*S5125*					*360 min*	*05.05.2024 - 05.11.2024*	*MCO1*
Claim Line 1							*2001*	*AF0023*	*ABCD*	*S5125*		05.09.2024		05.09.2024	*240 min*		*MCO1*
Claim Line 2							*2003*	*AF0023*	*ABCD*	*S5125*	9:00	05.10.2024	11:00	05.10.2024	*120 min*		*MCO1*

Visit Splits

Splits Within a Week

- When a visit crosses midnight within a billing period, it will have a single claim ICN, but the visit will be split into two separate claim lines.

	ApptID	101	102	103	104	Claim ICN	Line ICN	Member	Provider	HCPC	Check in Time	Check in Date	Check out Time	Check out Date	Time in min	Claim Date of Service	MCOID
Visit 1	15	1005		2006	2007			AF0023	ABCD	S5125	21:00	06.03.2024	11:00	06.04.2024	840 min		MCO1
Claim		*1005*				*1005*		*AF0023*	*ABCD*	*S5125*					*840 min*	*06.02.2024 - 06.08.2024*	*MCO1*
Claim Line 1							*2006*	*AF0023*	*ABCD*	*S5125*	9:00	06.03.2024	23:59:59	06.03.2024	*180 min*		*MCO1*
Claim Line 2							*2007*	*AF0023*	*ABCD*	*S5125*	24:00	06.04.2024	11:00	06.04.2024	*660 min*		*MCO1*

Splits Across Weeks

- When a visit crosses midnight between weekly billing periods, it will have two claim ICNs, and the visit will have two line ICNs.

	ApptID	101	102	103	104	Claim ICN	Line ICN	Member	Provider	HCPC	Check in Time	Check in Date	Check out Time	Check out Date	Time in min	Claim Date of Service	MCOID

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	ApptID	101	102	103	104	Claim ICN	Line ICN	Member	Provider	HCPC	Check in Time	Check in Date	Check out Time	Check out Date	Time in min	Claim Date of Service	MCOID
Visit 1	14	1002	1003	2008	2009			AF0023	ABCD	S5125	21:00	05.18.2024	11:00	05.219.2024	840 min		MCO1
Claim 1 (split)						*1002*		*AF0023*	*ABCD*	*S5125*					*180 min*	*05.12.2024 - 05.18.2024*	*MCO1*
Claim Line 1							*2008*	*AF0023*	*ABCD*	*S5125*	*21:00*	*05.18.2024*	*23:59:59*	*05.18.2024*	*180 min*		*MCO1*
Claim 2 (split)						*1003*		*AF0023*	*ABCD*	*S5125*					*660 min*	*05.19.2024 - 05.25.2024*	*MCO1*
Claim Line 1							*2009*	*AF0023*	*ABCD*	*S5125*	*24:00*	*05.19.2024*	*11:00*	*05.19.2024*	*660 min*		*MCO1*

Splits Across Months

- When a visit crosses midnight between months, regardless of whether it occurs at the end of a week, it will have two claim ICNs and two line ICNs.

	ApptID	101	102	103	104	Claim ICN	Line ICN	Member	Provider	HCPC	Check in Time	Check in Date	Check out Time	Check out Date	Time in min	Claim Date of Service	MCOID
Visit 1	17	1004	1005	2010	2011			AF0023	ABCD	S5125	21:00	05.31.2024	11:00	06.01.2024	840		MCO1
Claim 1 (split)						*1004*		*AF0023*	*ABCD*	*S5125*					*180 min*	*05.26.2024 - 05.31.2024*	*MCO1*
Claim Line 1							*2010*	*AF0023*	*ABCD*	*S5125*	*21:00*	*05.31.2024*	*23:59:59*	*05.31.2024*	*180 min*		*MCO1*
Claim 2 (split)						*1005*		*AF0023*	*ABCD*	*S5125*					*660 min*	*06.01.2024 - 06.01.2024*	*MCO1*
Claim Line 1							*2011*	*AF0023*	*ABCD*	*S5125*	*24:00*	*06.01.2024*	*11:00*	*06.01.2024*	*660 min*		*MCO1*

Visits in the Same Billing Period Combined with Splits

- It is possible to have multiple visits in the same billing period in combination with split visits. In such cases, the rules above should be applied. All visits within a billing period will have the same Claim ICN, and each visit will have 1 Line ICN, unless the visit crosses midnight, in which case it will have two Line ICNs.

	ApptID	101	102	103	104	Claim ICN	Claim Line ICN	Member	Provider	HCPC	Check in Time	Check in Date	Check out Time	Check out Date	Time in min	Claim Date of Service	MCOID
Visit 1	11	1001		2001				AF0023	ABCD	S5125	9:00	05.09.2024	11:00	05.09.2024	120 min		MCO1
Visit 2	12	1001		2001				AF0023	ABCD	S5125	13:00	05.09.2024	15:00	05.09.2024	120 min		MCO1

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Visit 3	13	1001		2003				AF0023	ABCD	S5125	9:00	05.10.2024	11:00	05.10.2024	120 min		MCO1
Visit 4	16	1001	1002	2004	2005			AF0023	ABCD	S5125	21:00	05.11.2024	11:00	05.12.2024	840 min		MCO1
Claim 1						*1001*		*AF0023*	*ABCD*	*S5125*					*540 min*	*05.05.2024 - 05.11.2024*	*MCO1*
Claim Line 1							*2001*	*AF0023*	*ABCD*	*S5125*		05.09.2024		05.09.2024	*240 min*		*MCO1*
Claim Line 2							*2003*	*AF0023*	*ABCD*	*S5125*	9:00	05.10.2024	11:00	05.10.2024	*120 min*		*MCO1*
Claim Line 3							*2004*	*AF0023*	*ABCD*	*S5125*	21:00	05.11.2024	23:59:59	05.11.2024	*180 min*		*MCO1*
Claim 2						*1002*		*AF0023*	*ABCD*	*S5125*					*660 min*	*05.12.2024 - 05.18.2024*	*MCO1*
Claim Line 1							*2005*	*AF0023*	*ABCD*	*S5125*	24:00	05.12.2024	11:00	05.12.2024	*660 min*		

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- If CareBridge receives *Claim or Line ICN* s from a vendor that do not match the outlined Rollup or Split logic for visits, all the visits in question will be rejected, allowing the vendor to resubmit appropriately. This is to maximize the opportunity for a successful posting of the 835.
- If one of the visits that should be Rolled-up, is rejected, containing a validation error (as indicated in the CareBridge response file) but the other visits are acceptable, CareBridge will submit these visits to the payer. The vendor should correct the issue affecting the rejected visit and resubmit this visit once the accepted visit(s) reach a final status. CareBridge will then submit the corrected claim to the payer.
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- Denied
- Rejected
- Voided

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- When a void is requested but the claim was already voided