CAREBRIDGE

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

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V5.0_MAR2025

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
- Added ProviderAtypicalID field as optional for atypical providers **(V5.0)**
  - Field available to submit effective 8/1/25
- Added CaregiverSSN as a required field for both PCS and HH (**V5.0**)
  - Field available to submit effective 7/1/25
  - Field required effective 8/1/25
- Added CarePlanTasksCompleted field for Care Plan Tasks as an optional field for PCS (**V5.0**)
  - Field available to submit effective 8/1/25
- Added Care Plan Tasks Table (**V5.0**)
- Added AttendingProviderFirstName, AttendingProviderLastName, AttendingProviderNPI, and AttendingProviderTaxonomyCode as fields for HH (**V5.0**)
  - AttendingProviderFirstName, AttendingProviderLastName, and AttendingProviderNPI fields are available to submit effective 5/12/25
  - AttendingProviderFirstName, AttendingProviderLastName, and AttendingProviderNPI fields are required effective 6/9/25
  - AttendingProviderTaxonomyCode field is optional, available to submit effective 5/12/2025
- Update to Late and Missed visits language to include that PCS services will require reason and action codes to bill (**V5.0**)
- Modified Home Health Service, Revenue Codes and Unit Definitions Phase 1 Table to include BlueCare Tennessee (BCBS) (**V5.0**)
  - BlueCare Tennessee Home Health available to submit on 7/1/25
- Added Home Health, Revenue Codes and Unit Definitions Phase 2 Table for BCBS (**V5.0**)
- Added Personal Care Services, Revenue Codes and Unit Definitions Table for WLP, BCBS, and UHC (**V5.0**)
  - Services available to submit effective 8/1/25
- Added CheckinLocationReason and CheckoutLocationReason fields for PCS (**V5.0**)
  - Fields available to submit and required effective 8/1/25

- Added Location Reasons Codes Table. (**V5.0**)
- Updated Manual Reasons Codes Table to reflect changes from TennCare for PCS and HH (**V5.0**)
  - New Manual Reason codes available to submit on 7/1/25
  - New Manual Reason codes required effective 8/1/25 and old codes will no longer be accepted
  - Manual Reason Code MR1005 description has been updated from "No access to application or IVR" to "No Eligible Method to Check in or out"
  - Manual Reason Code MR1025 description has been updated from "Missing/waiting for authorization" to Worker Provided Services Outside of the Authorized Time
- Updated Late & Missed Reasons and Actions tables to reflect changes from TennCare for PCS and HH (**V5.0**)
  - New Late & Missed Reason and Action codes available to submit on 7/1/25
  - New Late & Missed Reason and Action codes required effective 8/1/25 and old codes will no longer be accepted
  - Late Reason Code LR1000 description has been updated from "Caregiver forgot to check in" to "Worker Forgot to Clock In"
  - Late Reason Code LR1010 description has been updated from "Member would not allow staff to use device" to "Member would not allow staff to Use Eligible Check In Method"
  - Late Reason Code LR1015 description has been updated from "Member rescheduled" to "Member requested a Different Service Delivery Time "
  - Late Reason Code LR1020 description has been updated from "Scheduling Error" to "Staff Scheduling Issue "
  - Late Visit Action code LA1020 description has been updated from "Caregiver checked in late" to "Worker Checked In Late"
  - Missed Reason Code MVR1005 description has been updated from "Caregiver forgot to check in / out" to "Worker Forgot to Clock In/Out"
  - Missed Reason Code MVR1025 description has been updated from "Member or family refused service" to "Member/Worker Refused Scheduled Staff"
  - Missed Reason Code MVR1035 description has been updated from "Member rescheduled" to "Member requested a Different Service Delivery Time "
  - Missed Reason Code MVR1040 description has been updated from "Scheduling Error" to "Staff Scheduling Issue "
- Added MCOID for BCBST (TN_BCBS) (**V5.0**)
  - BlueCare Tennessee available for Home Health services to submit on 7/1/25 and Personal Care Services on 8/1/25 BlueCare Tennessee is available for Home Health services to submit on 7/1/25 and Personal Care Services on 8/1/25

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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)

The supplemental report specifications can be found on the CareBridge EVV Data Integration web page: [http://evvintegration.carebridgehealth.com,](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

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.

Member Address and Phone Number Open Model

Vendors will be able to submit Member address and phone number data to be added to the member's profile for a given provider. These data sets can be uploaded via the Member Address and Member Phone Number inbound aggregation files. Specifications for these files can be found HERE (INSERT LINK).

Billing Frequency

For Personal Care Services, claim frequency will be daily.

For Home Health Services, providers will have the ability to select their billing frequency. Options are:

- Daily
- Weekly
- Monthly

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.

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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.
     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	ProviderAtypicalID*	AtypicalID if provider does not have NPI; for BCBS this is the Provider Legacy ID	Alphanumeric	Y *(required if the provider is atypical)*	Y *(required if the provider is atypical)*	98212356	

9	ProviderMedicaidID	MedicaidID number for Provider	Numeric	N	N	000456789	
10	ApptID	Unique identifier for the visit, used to identify an appointment and should be consistent for every appointment update	Alphanumeric	Y	Y	1231248391	100
11	CaregiverFName	First name of caregiver who completed the visit	Alphanumeric	Y	Y	John	
12	CaregiverLName	Last name of caregiver who completed the visit	Alphanumeric	Y	Y	Smith	
13	CaregiverID	Unique ID assigned to caregiver (Employee ID)	Alphanumeric	Y	Y	982123	
14	CaregiverSSN*	Caregiver's Social Secuirty Number	Alphanumeric	Y	Y	123456789	9
15	MemberFName	First name of member	Alphanumeric	Y	Y	Jane	
16	MemberLName	Last name of member	Alphanumeric	Y	Y	Johnson	
17	MemberDateOfBirth	Date of birth of member	Alphanumeric	N	N	YYYY-MM-DD	

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18	MemberMedicaidID[1]	Medicaid ID for member 2 letters followed by 9 digits	Alphanumeric	Y	Y		TD123456789	11
19	MemberID[1]	Member Insured / Subscriber ID	Alphanumeric	N	N		47138493	
20	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"	
21	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"	
22	ApptCancelled	(C) if appointment was cancelled	Alphanumeric	N	N		C	
23	CheckInDateTime	Date / Time that the visit was checked into in UTC	Datetime	N	Y		YYYY-MM-DDTHH:MM:SSZ "2020-01-01T14:00:00Z"	
24	CheckInMethod	EVV (E), Manual (M), IVR (I)	Alphanumeric	N	Y		E	
25	CheckInStreetAddress	Street address where check in occurred	Alphanumeric	N	Y		926 Main St	
26	CheckInStreetAddress2	Additional street address info where check in occurred	Alphanumeric	N	N		Suite B	
27	CheckInCity	City where check in occurred	Alphanumeric	N	Y		Nashville	

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28	CheckInState	State where check in occurred	Alphanumeric	N	Y		TN	
29	CheckInZip	Zip code where check in occurred	Alphanumeric	N	Y		37206	
30	CheckInLat	Latitude of coordinates where check in occurred	Alphanumeric	N	Y if CheckInMethod = E		##.######	
31	CheckInLong	Longitude of coordinates where check in occurred	Alphanumeric	N	Y if CheckInMethod = E		###.######	
32	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"	
33	CheckOutMethod	EVV (E), Manual (M), IVR (I)	Alphanumeric	N	Y		E	
34	CheckOutStreetAddress	Address where check out occurred	Alphanumeric	N	Y		926 Main St	
35	CheckOutStreetAddress2	Additional address info where check out occurred	Alphanumeric	N	N		Suite B	
36	CheckOutCity	City where check out occurred	Alphanumeric	N	Y		Nashville	
37	CheckOutState	State where check out occurred	Alphanumeric	N	Y		TN	
38	CheckOutZip	Zip code where check out occurred	Alphanumeric	N	Y		37206	

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39	CheckOutLat	Latitude of coordinates where check out occurred	Alphanumeric	N	Y if CheckOutMethod = E	##.######
40	CheckOutLong	Longitude of coordinates where check out occurred	Alphanumeric	N	Y if CheckOutMethod = E	###.######
41	CheckInLocationReason*	Reason check in outside 1500 ft geofence.	Alphanumeric	N	N for HHS Y for PCS if check in location > 1500 ft from a valid member address and CheckInMethod = E or M	See Check in/out Location Codes table below
42	CheckOutLocationReason*	Reason check out outside 1500 ft geofence.	Alphanumeric	N	N for HHS Y for PCS if check out location > 1500 ft from a valid member address and CheckOutMethod = E or M	See Check in/out Location Codes table below
43	AuthRefNumber	Authorization Number as indicated by health plan	Alphanumeric	Y	Y (with exceptions outlined in the Prior Authorization Requirements Section)	1080421390
44	ServiceCode	Service code for services rendered during visit (HCPCS Procedure Code)	Alphanumeric	Y	Y	S5125
45	Modifier 1	Modifier code for services rendered during visit	Alphanumeric	N	N	U5	2
46	Modifier 2	Second modifier code for services rendered during visit	Alphanumeric	N	N	UA	2

47	Modifier 3	Third modifier code for services rendered during visit	Alphanumeric	N	N	UA	2
48	Modifier 4	Fourth modifier code for services rendered during visit	Alphanumeric	N	N	UA	2
49	RevenueCode*	Revenue Code that should be used for billing *(See table below for additional details)*	Alphanumeric	N	Y for HHS N for PCS	See Service and Revenue Code and Unit Definitions below	
50	TimeZone	Time zone that the visit took place in	Alphanumeric	Y	Y	US/Central US/Eastern	
51	CheckInIVRPhoneNumber	Member Phone Number used to check in	Alphanumeric	N	Y if CheckInMethod = I	+14156665555	
52	CheckOutIVRPhoneNumber	Member Phone Number used to check out	Alphanumeric	N	Y if CheckOutMethod = I	+14156665555	
53	ApptNote	Free text note related to the visit	Alphanumeric	N	N	Scheduling related note	

54	DiagnosisCode*	Tilde 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 for HHS N for PCS	I50.9~R68.89	
55	ApptAttestation	Member attestation associated with the visit	Alphanumeric	N	N	See Member Attestation Codes table below	
56	Rate*	Billed unit rate associated with the visit	Decimal	Y for HHS N for PCS	Y for HHS N for PCS	3.85	
57	ManualReason*	Reason for manual entry associated with the visit	Alphanumeric	N	Y if CheckInMethod or CheckOutMethod = M	See Manual Reasons Codes table below	
58	LateReason[2] *	Reason the visit was late	Alphanumeric	N	N for HHS Y for PCS	See Late Reasons Codes table below	
59	LateAction[2] *	Action taken due to visit being late	Alphanumeric	N	N for HHS Y for PCS	See Late Actions Codes table below	
60	MissedReason[3] *	Reason the visit was missed	Alphanumeric	N	N for HHS Y for PCS	See Missed Reasons Codes table below	
61	MissedAction[3] *	Action taken due to the visit being missed	Alphanumeric	N	N for HHS Y for PCS	See Missed Actions Codes table below	

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62	CarePlanTasksCompleted*	Tilde delimited list of tasks completed during the visit	Alphanumeric	N	N	CP3000~CP3015~CP3030 See Care Plan Tasks Codes table below	
63	CaregiverSurveyQuestions	Tilde 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?	
64	CaregiverSurveyResponses	Tilde 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	
65	ClaimAction	New Claim (N), Void (V), Billed Externally (E)	Alphanumeric	N	Y	N	
66	MCOID*	Identifies health plan the member is associated with	Alphanumeric	Y	Y	See MCOID table below	
67	AttendingProviderFirstName*	The Attending Provider First Name to be used on the claim	Alphanumeric	N	Y for HHS N for PCS	John	
68	AttendingProviderLastName*	The Attending ProviderLast Name to be used on the claim	Alphanumeric	N	Y for HHS N for PCS	Smith	

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69	AttendingProviderNPI*	The Attending Provider NPI to be used on the claim	Numeric	N	Y for HHS N for PCS	1234567893	
70	AttendingProviderTaxonomyCode*	The Attending Provider Taxonomy Code to be used on the claim	Alphanumeric	N	N	251E00000X	
101	Claim Invoice Number 1	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				
102	Claim Invoice Number 2	Claim level invoice number in third-party system					
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					

*Please refer to Appendix A

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

2 For Home Health, a visit is considered late if check-in occurred between 60 and less than 180 minutes after the 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.

For Personal Care Services, a visit is considered late if check-in occurred between 15 and less than 60 minutes after the scheduled start time. An error will trigger in this event; providers must enter Late Reason and Action in order to bill.

3 For Home Health, a visit is considered missed if check-in occurred greater than or equal to 180 minutes after the 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.

For Personal Care Services, a visit is considered missed if check-in occurred greater than or equal to 60 minutes after the scheduled start time. An error will trigger in this event: providers must enter Missed Reason and Action in order to bill.

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.

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

ServiceCode	Modifiers	RevenueCode	Payer(s)	Procedure Name	Unit Type	Quantity
T1000	None	0589	TN_AGP, TN_BCBS, TN_UHC	Private duty/independent nursing service(s) - licensed	Minutes	15
T1000	UN	0589	TN_UHC, TN_BCBS	Private duty/independent nursing service(s) - licensed	Minutes	15
T1000	UP	0589	TN_BCBS	Private duty/independent nursing service(s) - licensed	Minutes	15
T1000	UQ	0589	TN_BCBS	Private duty/independent nursing service(s) - licensed	Minutes	15
T1000	UR	0589	TN_BCBS	Private duty/independent nursing service(s) - licensed	Minutes	15
T1000	US	0589	TN_BCBS	Private duty/independent nursing service(s) - licensed	Minutes	15
S9122	None	0552	TN_AGP, TN_BCBS, TN_UHC	Home health aide or certified nurse assistant, providing care in the home	Hours	1
S9122	UN	0572	TN_UHC, TN_BCBS, TN_UHC	Home health aide or certified nurse assistant, providing care in the home	Hours	1
S9122	UP	0572	TN_BCBS	Home health aide or certified nurse assistant, providing care in the home	Hours	1
S9122	UQ	0572	TN_BCBS	Home health aide or certified nurse assistant, providing care in the home	Hours	1
S9122	UR	0572	TN_BCBS	Home health aide or certified nurse assistant, providing care in the home	Hours	1
S9122	US	0572	TN_BCBS	Home health aide or certified nurse assistant, providing care in the home	Hours	1

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S9123	None	0552	TN_AGP, TN_BCBS, TN_UHC	Nursing care, in the home; by registered nurse	Hours	1
S9123	UN	0552	TN_UHC, TN_BCBS	Nursing care, in the home; by registered nurse	Hours	1
S9123	UP	0552	TN_BCBS	Nursing care, in the home; by registered nurse	Hours	1
S9123	UQ	0552	TN_BCBS	Nursing care, in the home; by registered nurse	Hours	1
S9123	UR	0552	TN_BCBS	Nursing care, in the home; by registered nurse	Hours	1
S9123	US	0552	TN_BCBS	Nursing care, in the home; by registered nurse	Hours	1
S9124	None	0552	TN_AGP, TN_BCBS, TN_UHC	Nursing care, in the home; by licensed practical nurse	Hours	1
S9124	UN	0552	TN_UHC, TN_BCBS	Nursing care, in the home; by licensed practical nurse	Hours	1
S9124	UP	0552	TN_BCBS	Nursing care, in the home; by licensed practical nurse	Hours	1
S9124	UQ	0552	TN_BCBS	Nursing care, in the home; by licensed practical nurse	Hours	1
S9124	UR	0552	TN_BCBS	Nursing care, in the home; by licensed practical nurse	Hours	1
S9124	US	0552	TN_BCBS	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, Revenue Codes and Unit Definitions (Phase 2) – 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
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

Home Health Service, Revenue Codes and Unit Definitions (Phase 2) – BlueCare Tennessee

ServiceCode	Modifiers	RevenueCode	Procedure Name	Prior Authorized	Unit Type	Quantity
G0151	None	0421	Intermittent Home Health Physical Therapy Visit	Sometimes	Visit	1
G0152	None	0431	Intermittent Home Health Occupational Therapy Visit	Sometimes	Visit	1
G0153	None	0441	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	Minutes	15
G0157	None	0421	Intermittent Home Health Physical Therapy Assistant Visit	Sometimes	Visit	1
G0158	None	0431	Intermittent Home Health Occupational Therapy Assistant Visit	Sometimes	Visit	1
G0159	None	0421	Intermittent Home Health Physical Therapy Visit	Sometimes	Visit	1
G0160	None	0431	Intermittent Home Health Occupational Therapy Visit	Sometimes	Visit	1
G0162	None	0551	Intermittent Home Health RN Visit	Sometimes	Minutes	15
G0299	None	0551	Intermittent Home Health Skilled Nursing Visit RN	Sometimes	Minutes	15
G0300	None	0551	Intermittent Home Health Skilled Nursing Visit LPN	Sometimes	Minutes	15
G0493	None	0551	Intermittent Home Health RN Visit	Sometimes	Minutes	15
G0494	None	0551	Intermittent Home Health LPN Visit	Sometimes	Minutes	15
G0495	None	0551	Intermittent Home Health RN Visit	Sometimes	Minutes	15
G0496	None	0551	Intermittent Home Health LPN Visit	Sometimes	Minutes	15

Home Health Service, 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 – UnitedHealthcare Community Plan of Tennessee:

For EVV Visit Data for United Healthcare, 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.

Personal Care Service, Revenue Codes and Unit Definitions – Wellpoint

ServiceCode	Mod1*	Mod2	Procedure Name	Prior Authorized	Unit Type	Quantity
S5150	None		Respite Services	Always	Minutes	15
S5150	U1		Respite Services	Always	Minutes	15
S5150	U2		Respite Services	Always	Minutes	15
S5150	U3		Respite Services	Always	Minutes	15
S5150	U4		Respite Services	Always	Minutes	15
S5150	U5		Respite Services	Always	Minutes	15
S5150	UA		Respite Services	Always	Minutes	15
S5150	UA	U1	Respite Services	Always	Minutes	15
S5150	UA	U2	Respite Services	Always	Minutes	15
S5150	UA	U3	Respite Services	Always	Minutes	15
S5150	UA	U4	Respite Services	Always	Minutes	15
S5150	UA	U5	Respite Services	Always	Minutes	15
S9125	UA		Respite Care – Per Diem	Always	Day	1
S9125	UB		Respite Care – Per Diem	Always	Day	1
T1019	None		Personal Care Services	Always	Minutes	15

T1019	U1		Personal Care Services	Always	Minutes	15
T1019	U2		Personal Care Services	Always	Minutes	15
T1019	U2	U1	Personal Care Services	Always	Minutes	15
T1019	U2	U3	Personal Care Services	Always	Minutes	15
T1019	U2	U4	Personal Care Services	Always	Minutes	15
T1019	U2	U5	Personal Care Services	Always	Minutes	15
T1019	U3		Personal Care Services	Always	Minutes	15
T1019	U4		Personal Care Services	Always	Minutes	15
T1019	U5		Personal Care Services	Always	Minutes	15
T1019	UA		Personal Care Services	Always	Minutes	15
T1019	UA	U1	Personal Care Services	Always	Minutes	15
T1019	UA	U2	Personal Care Services	Always	Minutes	15
T1019	UA	U3	Personal Care Services	Always	Minutes	15
T1019	UA	U4	Personal Care Services	Always	Minutes	15
T1019	UA	U5	Personal Care Services	Always	Minutes	15

* UD Modifier can be included by the MCO on the authorization to any HCPC and modifier combination and would be included as the last modifier in the list.

Personal Care Service, Revenue Codes and Unit Definitions – BlueCare Tennessee

ServiceCode	Mod1	Mod2	Procedure Name	Prior Authorized	Unit Type	Quantity
S5150	None		Respite Services	Always	Minutes	15
S5150	UA		Respite Services	Always	Minutes	15
S9125	UA		Respite Care – Per Diem	Always	Day	1
S9125	UB		Respite Care – Per Diem	Always	Day	1
T1019	None		Personal Care Services	Always	Minutes	15
T1019	U1		Personal Care Services	Always	Minutes	15
T1019	U2		Personal Care Services	Always	Minutes	15
T1019	U3		Personal Care Services	Always	Minutes	15
T1019	U4		Personal Care Services	Always	Minutes	15
T1019	U5		Personal Care Services	Always	Minutes	15
T1019	U2	U1	Personal Care Services	Always	Minutes	15
T1019	U2	U2	Personal Care Services	Always	Minutes	15
T1019	U2	U3	Personal Care Services	Always	Minutes	15

ServiceCode	Mod1	Mod2	Procedure Name	Prior Authorized	Unit Type	Quantity
T1019	U2	U4	Personal Care Services	Always	Minutes	15
T1019	U2	U5	Personal Care Services	Always	Minutes	15
T1019	UA		Personal Care Services	Always	Minutes	15
T1019	UA	U1	Personal Care Services	Always	Minutes	15
T1019	UA	U2	Personal Care Services	Always	Minutes	15
T1019	UA	U3	Personal Care Services	Always	Minutes	15
T1019	UA	U4	Personal Care Services	Always	Minutes	15
T1019	UA	U5	Personal Care Services	Always	Minutes	15

Personal Care Service, Revenue Codes and Unit Definitions – UnitedHealthcare Community Plan of Tennessee

ServiceCode	Mod1	Mod2	Procedure Name	Prior Authorized	Unit Type	Quantity
S5150	None		Respite Services	Always	Minutes	15
S5150	U1		Respite Services	Always	Minutes	15
S5150	U1	UD	Respite Services	Always	Minutes	15
S5150	U2		Respite Services	Always	Minutes	15
S5150	U2	UD	Respite Services	Always	Minutes	15
S5150	U3		Respite Services	Always	Minutes	15
S5150	U3	UD	Respite Services	Always	Minutes	15
S5150	U4		Respite Services	Always	Minutes	15
S5150	U4	UD	Respite Services	Always	Minutes	15
S5150	U5		Respite Services	Always	Minutes	15
S5150	U5	UD	Respite Services	Always	Minutes	15
S5150	U6		Respite Services	Always	Minutes	15
S5150	UA		Respite Services	Always	Minutes	15
S5150	UA	U1	Respite Services	Always	Minutes	15
S5150	UA	UD	Respite Services	Always	Minutes	15
S5150	UD		Respite Services	Always	Minutes	15
S9125	UA		Respite Care – Per Diem	Always	Day	1
S9125	UA	U6	Respite Care – Per Diem	Always	Day	1
S9125	UA	UD	Respite Care – Per Diem	Always	Day	1
S9125	UB		Respite Care – Per Diem	Always	Day	1
S9125	UB	U6	Respite Care – Per Diem	Always	Day	1
S9125	UB	UD	Respite Care – Per Diem	Always	Day	1

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T1019	None		Personal Care Services	Always	Minutes	15
T1019	U1		Personal Care Services	Always	Minutes	15
T1019	U1	UD	Personal Care Services	Always	Minutes	15
T1019	U2		Personal Care Services	Always	Minutes	15
T1019	U2	UD	Personal Care Services	Always	Minutes	15
T1019	U3		Personal Care Services	Always	Minutes	15
T1019	U3	UD	Personal Care Services	Always	Minutes	15
T1019	U4		Personal Care Services	Always	Minutes	15
T1019	U4	UD	Personal Care Services	Always	Minutes	15
T1019	U5		Personal Care Services	Always	Minutes	15
T1019	U5	UD	Personal Care Services	Always	Minutes	15
T1019	UA		Personal Care Services	Always	Minutes	15
T1019	UA	U1	Personal Care Services	Always	Minutes	15
T1019	UA	U2	Personal Care Services	Always	Minutes	15
T1019	UA	U3	Personal Care Services	Always	Minutes	15
T1019	UA	UD	Personal Care Services	Always	Minutes	15
T1019	UD		Personal Care Services	Always	Minutes	15
T1019	UD	U1	Personal Care Services	Always	Minutes	15
T1019	UD	U2	Personal Care Services	Always	Minutes	15
T1019	UD	U3	Personal Care Services	Always	Minutes	15

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Member Attestation Codes

Code	Description
MA1000	Complete
MA1005	Member Refused
MA1010	Member Unable

Manual Reasons Codes

Code	Description	Availability
MR1005	No Eligible Method to Check in or out	Description change effective 7/1/25
MR1025	Worker Provided Services Outside of the Authorized Time	Description change effective 7/1/25
MR1060	Authorization not in Place at Time of Visit	Active on 7/1/25
MR1065	Device Not Available	Active on 7/1/25
MR1070	Member Would Not Allow Staff to Use Device	Active on 7/1/25
MR1075	Member Would Not Allow Staff to Use Phone	Active on 7/1/25
MR1080	Technical Issue- BYOD	Active on 7/1/25
MR1085	Technical Issue- Device	Active on 7/1/25
MR1090	Technical Issue- IVR	Active on 7/1/25
MR1095	Worker Failed to Clock In	Active on 7/1/25
MR1100	Worker Failed to Clock Out	Active on 7/1/25
MR1000	Caregiver error	Active until 7/31/25
MR1010	Technical error	Active until 7/31/25
MR1015	Duplicates/overlapping	Active until 7/31/25
MR1020	Forgot to clock in/out	Active until 7/31/25
MR1030	Employee removed from current budget	Active until 7/31/25
MR1035	Possible EIN issues	Active until 7/31/25

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MR1040	Overtime with two service codes and no OT Agreement	Active until 7/31/25
MR1045	Over budget without a form on file	Active until 7/31/25
MR1050	Member Initiated	Active until 7/31/25
MR1055	New Agency Using EVV	Active until 7/31/25

Late Reasons Codes

Code	Description	Availability
LR1000	Worker Forgot to Clock In	Description change effective 7/1/25
LR1005	Technical Issue	No changes
LR1010	Member would not allow staff to Use Eligible Check In Method	Description change effective 7/1/25
LR1015	Member requested a Different Service Delivery Time	Description change effective 7/1/25
LR1020	Staff Scheduling Issue	Description change effective 7/1/25
LR1030	Staff had Transportation Issue	Active on 7/1/25
LR1035	Member was not Present/Unavailable	Active on 7/1/25
LR1040	Severe Inclement Weather or Natural Disaster	Active on 7/1/25

Late Visit Actions Taken Codes

Code	Description	Availability
LA1000	Rescheduled	No changes
LA1020	Worker Checked In Late	Description change effective 7/1/25
LA1030	Visit was Made-Up by Unpaid Support	Active on 7/1/25
LA1035	Visit was Made-Up by Paid Staff	Active on 7/1/25
LA1005	Back-up plan initiated	Active until 7/31/25
LA1010	Contacted service coordinator	Active until 7/31/25

Confidential & Proprietary

LA1015	Contacted MCO member services	Active until 7/31/25
LA1020	Caregiver checked in late	Active until 7/31/25

Missed Reasons Codes

Code	Description	Availability
MVR1005	Worker Forgot to Clock In/Out	Description change effective 7/1/25
MVR1010	Technical Issue	No changes
MVR1015	Unplanned Hospitalization	No changes
MVR1025	Member/Worker Refused Scheduled Staff	Description change effective 7/1/25
MVR1030	Provider Agency Unable to Staff	Description change effective 7/1/25
MVR1035	Member requested a Different Service Delivery Time	Description change effective 7/1/25
MVR1040	Staff Scheduling Issue	Description change effective 7/1/25
MVR1045	Staff had Transportation Issue	Active on 7/1/25
MVR1050	Member was not Present/Unavailable	Active on 7/1/25
MVR1055	Member would not allow staff to Use Eligible Check In Method	Active on 7/1/25
MVR1060	Member Refused Alternative Staff	Active on 7/1/25
MVR1065	Environmental (such as infestation, unsafe living conditions, illegal activities)	Active on 7/1/25
MVR1070	Family/member behavioral issues (such as combative, inappropriate language or touching)	Active on 7/1/25
MVR1075	Critical Incident	Active on 7/1/25
MVR1080	Severe Inclement Weather or Natural Disaster	Active on 7/1/25
MVR1000	Caregiver did not show up	Active until 7/31/25
MVR1020	Authorization not in place at time of visit	Active until 7/31/25

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Missed Visit Actions Taken Codes

Code	Description	Availability
MVA1000	Rescheduled	No changes
MVA1020	Service Provided as Scheduled	No changes
MVA1025	Visit was Made-Up by Unpaid Support	Active on 7/1/25
MVA1030	Visit was Not Made-Up	Active on 7/1/25
MVA1035	Visit was Made-Up by Paid Staff	Active on 7/1/25
MVA1005	Back-up plan initiated	Active until 7/31/25
MVA1010	Contacted service coordinator	Active until 7/31/25
MVA1015	Contacted MCO member services	Active until 7/31/25

Location Reason Codes

Code	Description
LOR1000	Address is incorrect
LOR1005	Temporary / Secondary Service Location
LOR1020	Technical Issue
LOR1025	Travel / Vacation
LOR1030	Mistaken Clock-in / Clock-out
LOR1035	Off-site / Within the Community
LOR1040	Member Requested Different Service Location
LOR1045	Services Provided at an Alternate location

Care Plan Tasks

Code	Description
CP3000	Transferring, ambulation, mobility
CP3005	Medication assistance
CP3010	Bathing, grooming, personal hygiene
CP3015	Housekeeping / cleaning
CP3020	Dressing
CP3025	Meal preparation and / or feeding
CP3030	Toileting
CP3035	Laundry
CP3040	Essential errands
CP3045	Communication (assistive device / Care coord with family)

MCOID Codes

Code	Description
TN_AGP	TN Wellpoint (Amerigroup)
TN_BCBS	BlueCare Tennessee
TN_UHC	UnitedHealthcare Community Plan of Tennessee

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**

- ProviderAtypicalID field is new will be available for atypical providers effective 8/1/25
- CaregiverSSN field is new and is required for Personal Care Services and Home Health services
    - Field is available to submit effective 7/1/25
    - Field is required effective 8/1/25
- CheckInLocationReason and CheckOutLocationReason fields are new and required for Personal Care Services if the check in/out location is greater than 1500 ft from a valid Member Address and corresponding CheckInMethod/CheckOutMethod is EVV or Manual
    - Field is available to submit and required effective 8/1/25
- RevenueCode field is required for Home Health and is not utilized for Personal Care Services.
- DiagnosisCode field is required for Home Health and is not utilized for Personal Care Services.
- Rate field is required for Home Health and is not utilized for Personal Care Services.
- ManualReason codes have been updated according to the Manual Reasons Codes Table's availability column.
- LateReason and LateAction codes have been updated according to the Late Visit Reasons and Late Visit Actions Codes Table's availability column.
- MissedReason and MissedAction codes have been updated according to the Missed Visit Reasons and Missed Visit Actions Codes Table's availability column.
- CarePlanTasksCompleted field is optional for Personal Care Services and not utilized for Home Health.
    - Field is available to submit effective 8/1/25
- MCOID Codes Table has been updated to include 'BCBS' BlueCare Tennessee
    - New code is available to submit for Home Health effective 7/1/25 and Personal Care Services effective 8/1/25
- AttendingProviderFirstName, AttendingProviderLasteName, AttendingProviderNPI fields are required for Home Health
    - Fields are available to submitted 5/12/25
    - Fields are required effective 6/9/25
- AttendingProviderTaxonomyCode field is optional and available to submit 5/12/25.

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