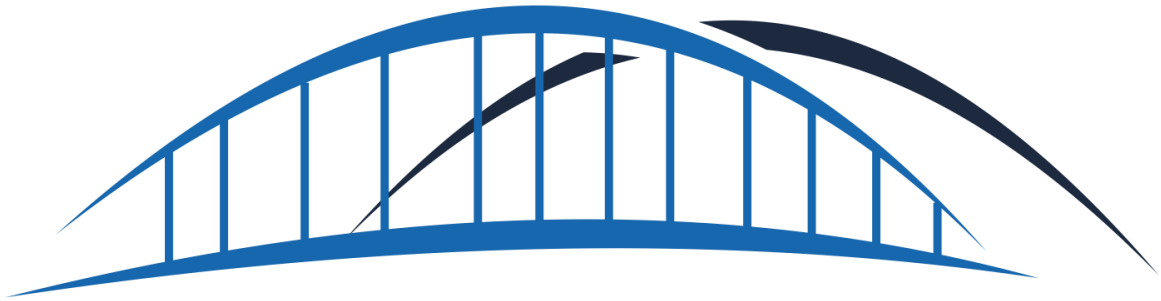

CAREBRIDGE

Electronic Visit Verification (EVV)
New Jersey Integration Testing Process Guide - Vendor Submitted ICNs

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Overview

The purpose of this document is to assist Third Party EVV Vendors who would like to supply invoice numbers to CareBridge to be included on 837 files generated by CareBridge. ICNs are ways to uniquely identify claims or claim lines on 837 files and enables vendors and/or providers to automatically post information received on 835s to their AR systems. Claim Level ICNs are included on the CLM01 Patient Control Number in the 837; Claim Line ICNs are included as a REF*6R Line Item Control Number

For this functionality to be enabled for a Vendor, they must complete configuration and test cases outlined below. The reason for this is to ensure that the vendor is submitting values in these fields in such a way that claims can be generated without issues. Vendors who are unable to follow the required logic will not be permitted to send ICNs from their system. CareBridge will generate ICN values within our system to ensure that there are no delays to claim generation or payment. This document is intended for Technical Teams who will be implementing the required ICN logic to conform to the CareBridge ICN specification.

In New Jersey, **all claims generated by CareBridge for third-party vendors will have visits rolled into a single claim per day**. Vendors will be configured to send ICNs to CareBridge at either the claim level or the claim and line level and must complete separate testing suites depending on which level they were configured.

Before you get started

In order to initiate the testing process, you will need to complete the following steps:

- Complete the standard testing process (see Testing Process Guide).
    - ICN Test Cases should be completed with a different member and authorization than was used to complete the standard testing process.
- Review the Vendor ICN Specification and confirm that your system will be able to meet these specs.
- Complete the ICN specific Vendor Intake Form (available here) here to communicate any specific ICN related configurations.
- If Vendor specific configurations (such as ICN reuse) are required, these configurations should be enabled prior to initiating the testing process to ensure alignment between testing and production environments.

ICN Configurations

Configuration	Description	Options	Use Case
Claim Level or Claim + Line Level Invoice Numbers	CareBridge is able to accept ICNs from vendors at either the claim level or Claim Line level. Claim Level ICNs utilize a single ICN for an entire claim. Claim line ICNs utilize an ICN for each claim line.	1) Claim Level 2) Claim + Line Level	**Claim Level ICN** – Match appointments sent to CareBridge with Patient Control Number on 835 **Line Level ICN** – Match appointments sent to CareBridge with Line Item Control Numbers on 835
Reuse ICNs	By default, CareBridge expects a unique ICN for each provider/member/authorization/payer/care giver/billing period; however, it is possible for vendors to be configured to use the same ICN for multiple billing periods.	Enable ICN Reuse: Y/N	The same ICN will be used for multiple billing periods as defined by CareBridge. For example, vendor system uses the same ICN values for multiple days within a week.
Default Second ICN field	By default, if a visit crosses midnight, and a second ICN is not included, CareBridge will trigger an error. It is possible to turn on functionality to assume that the second ICN field if omitted, should mirror the first). This should only be used if the same ICN is used for a member regardless of the date or billing period.	Default Second ICN: Y/N	The same ICN will be used for a particular member/authorization for every billing period and vendor system is unable to generate an additional ICN on overnight visits.

General Testing Information

- ICN Test Cases should be completed with the specific authorization and member data provider for ICN testing.
- Vendors should complete the Integration Testing Checklist throughout the course of testing.
    - Checklist can be found in Appendix A.
- Once testing has been completed, please email the completed testing checklist (in Appendix A) to CareBridge for validation.
    evvintegration@carebridgehealth.com
- Once CareBridge has reviewed testing results/checklist and has determined that the requirements of the Technical Specifications have been met CareBridge will enable the vendor and associated agencies to submit EVV visit data with ICNs in the production environment. Prior to successful completion of this testing guide, vendor submitted ICNs will not be enabled and CareBridge will generate ICNs for any claimed visits.

- **Note:** specific times provided in test cases are given in **US/Eastern** time; however, as stated in the technical specification, DateTimes in the inbound data files must be converted to **UTC**.
- For a Test Case to pass, all Sub-Test Cases must be successfully passed.
- If visits are received that do not conform to the logic as described within the ICN specification, prebilling validation alerts will be triggered (e.g. if multiple distinct claim ICNs are received for the same member, authorization, provider, payer, and billing period, a conflicting ICN error will be generated).
- **Once ICNs are enabled in production, if there is a significant volume of visits unable to be billed due to ICN related prebilling errors, CareBridge may choose to disable Vendor submitted ICNs in order to ensure that providers' claims are able to be billed.** These fields are optional and claim generation can be successfully completed by CareBridge without using vendor submitted ICNs.
- **Instructions in orange only apply to vendors using both Claim Level and Line level ICNs. They will also need to follow all instructions for claim level ICNs.**
- CareBridge will provide you with test data to use for test cases. Please refer to the table below which lists the procedure codes that should be used with each test case, depending on whether your provider agencies will be sending data for Personal Care (PCS) procedure codes, Home Health (HH) procedure codes, or both.

	Auths to use - HH Only	Auths to use - PCS and HH	Auths to use - PCS Only
Test Case 1 – Submit a Visit with an ICN	T1000	T1000	T1019
Test Case 2 – Submit Multiple Visits on the Same Day	T1000	T1000	T1019
Test Case 3 – Submit an Overnight Visit with a Split ICN	T1000	T1000	T1019
Test Case 4 – Submit Multiple Visits on the Same Day with Overnight Visits	T1000	T1000	T1019
Test Case 5 – Submit Visit that Adjusts a Previously Paid Claim	T1000	T1000	T1019
Test Case 6 – Submit a Visit with a Different Caregiver	T1000	T1000	T1019
Test Case 7 - Submit an Overnight Visit without a Split ICN	T1030	T1030	N/A
Test Case 8 - Submit a Multi-line Claim - Home Health Only	T1002 / T1003	T1002 / T1003	N/A
Test Case 9 - Primary / Add-on Service Codes	99601 / 99602	99601 / 99602	N/A

Claim Level ICN Testing Reference Calendar

Jun-26						
Sun	**Mon**	**Tues**	**Wed**	**Thurs**	**Fri**	**Sat**
	1	2	3	4	5	6
7	8	9	10	11	12	13
				Test Case 1 - 9am - 11 am Appt ID 10 Field 101 = 1000		
				Test Case 5 - 1pm - 3 pm ApptID 16 Field 101 = 1000		
14	15	16	17	18	19	20
		Test Case 2 - 9am - 11 am Appt ID 11 Field 101 = 1001	Test Case 4a - 9am - 11 am Appt ID 14 Field 101 = 1003			
		Test Case 2 - 1pm - 3 pm Appt ID 12 Field 101 = 1001	Test Case 4b - 9pm - 11 am Appt ID 15 Field 101 = 1003 | Field 102 = 1004			
21	22	23	24	25	26	27
			Test Case 7 - 9pm - 11 am Appt ID 19 Field 101 = 1008			Test Case 3 - 9pm - 11:59 pm 6/27/2026 Appt ID 13 Field 101 = 1002
28	29	30	1	2	3	4
Test Case 3 - 12am - 11 am 6/28/2026 Appt ID 13 Field 102 = 1003		Test Case 6 - 9am - 11 am Appt ID 17 Caregiver ID 1234 Field 101 = 1005	Test Case 8 - 9am - 11 am Appt ID 20 Auth # 1234 | HCPC T1002 Field 101 = 1009			Test Case 9 - 9am - 1 pm Appt ID 22 Auth # 1235 | HCPC 99601 Field 101 = 1010
		Test Case 6 - 1pm - 3 pm Appt ID 18 Caregiver ID 5678 Field 101 = 1006	Test Case 8 - 1pm - 3 pm Appt ID 21 Auth # 1234 | HCPC T1003 Field 101 = 1009			

Indicates Visits that span midnight

Indicates July 2026 Dates

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Claim Line Level ICN Testing Reference Calendar

Jun-26						
Sun	**Mon**	**Tues**	**Wed**	**Thurs**	**Fri**	**Sat**
	1	2	3	4	5	6
7	8	9	10	11	12	13
				Test Case 1 - 9am - 11 am ApptID 10 Field 101 = 1100 Field 103 = 1000		
				Test Case 5 - 1pm - 3 pm ApptID 16 Field 101 = 1100 Field 103 = 1000		
14	15	16	17	18	19	20
		Test Case 2 - 9am - 11 am Appt ID 11 Field 101 = 1101 Field 103 = 1001	Test Case 4a - 9am - 11 am Appt ID 14 Field 101 = 1103 Field 103 = 1003			
		Test Case 2 - 1pm - 3 pm Appt ID 12 Field 101 = 1101 Field 103 = 1001	Test Case 4b - 9pm - 11 am Appt ID 15 Field 101 = 1103 | Field 102 = 1104 Field 103 = 1003 | Field 104 = 1004			
21	22	23	24	25	26	27
			Test Case 7 - 9pm - 11 am Appt ID 19 Field 101 = 1108 Field 103 = 1008			Test Case 3 - 9pm - 11:59 pm 6/27/26 Appt ID 13 Field 101 = 1102 Field 103 = 1002
28	29	30	1	2	3	4
Test Case 3 - 12am - 11:00 am 6/28/26 Appt ID 13 Field 102 = 1103 Field 104 = 1003		Test Case 6 - 9am - 11 am Appt ID 17 Caregiver ID 1234 Field 101 = 1105 Field 103 = 1005	Test Case 8 - 9am - 11 am Appt ID 20 Auth # 1234 | HCPC T1002 Field 101 = 1109 Field 103 = 1009			Test Case 9 - 9am - 1 pm Appt ID 22 Field 101 = 1110 Field 103 = 1010 | Field 104 = 1011
		Test Case 6 - 1pm - 3 pm Appt ID 18 Caregiver ID 5678 Field 101 = 1106 Field 103 = 1006	Test Case 8 - 1pm - 3 pm Appt ID 21 Auth # 1234 | HCPC T1003 Field 101 = 1109 Field 103 = 2009			

Indicates Visits that span midnight

Indicates July 2026 Dates

Test Case 1 – Submit a Visit with an ICN

Purpose

To ensure that vendors can successfully submit ICNs for completed visits submitted to CareBridge for claim generation.

Test Prerequisites

- Standard Test Cases Complete

Test Data Requirements

- ApptStartDateTime must be 9:00 am US/Eastern on June 11, 2026.
- ApptEndDateTime must be 11:00 am US/Eastern on June 11, 2026.
- CheckInDateTime must be 9:00 am US/Eastern on June 11, 2026.
- CheckOutDateTime must be 11:00 am US/Eastern on June 11, 2026.
- CheckinMethod should be E, I, or M.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be "N"
- If completing testing for HH Only or PCS and HH, ServiceCode must be T1000.
- If completing testing for PCS data only, ServiceCode must be T1019.
- Field 101 must be populated.

If using Line ICNs:

- Field 103 must be populated with a unique value.

All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.

Action Taken

1. Send a visit with ClaimAction "N" to generate a claim.
2. Retrieve response file from output folder and confirm that there are no prebilling validation errors that need to be corrected.
3. (If needed) Correct and re-send ApptID until all prebilling validation errors are resolved.
4. The following day, vendor should review the Appointment Status Report for that ApptID.

Expected Outcome

- Vendor receives a response file with no prebilling validation errors corresponding to the ApptID sent.
- The following day, Vendor should see that visit in the Appointment Status Report with the following information:
    - HasErrors should be false.
    - BilledUnits should equal the visit duration in minutes divided by the units for the ServiceCode/Modifiers listed in the Integration Specification.
    - BilledAmount should equal the Rate (as provided in the visit file by the vendor) times the billed units.
    - Claim1_InvoiceNumber should match the ICN submitted by the vendor.
    - If using Line ICNs, Line1_InvoiceNumber should match the ICN submitted by the vendor.

Test Case 2 – Submit Multiple Visits on the Same Day

Purpose

Visits that occur on the same day, for the same provider, member, service, and modifiers will be included as a single claim with a single Claim Level ICN or Claim + Line Level ICN.

This test demonstrates that vendors are able to submit the same Claim Level ICN or Claim + Line Level ICN for multiple visits on the same day.

Test Prerequisites

- Test Case 1 must be complete

Test Data Requirements

Visit 1

- ApptStartDateTime must be 9:00 am US/Eastern on June 16, 2026.
- ApptEndDateTime must be 11:00 am US/Eastern on June 16, 2026.
- CheckInDateTime must be 9:00 am US/Eastern on June 16, 2026.
- CheckOutDateTime must be 11:00 am US/Eastern on June 16, 2026.
- CheckinMethod should be E, I, or M.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be “N”
- If completing testing for HH Only or PCS and HH, ServiceCode must be T1000.
- If completing testing for PCS data only, ServiceCode must be T1019.
- Field 101 must be populated.

If using Line ICNs:

- Field 103 must be populated.

All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.

Visit 2

- ApptStartDateTime must be 1:00 pm US/Eastern on June 16, 2026.
- ApptEndDateTime must be 3:00 pm US/Eastern on June 16, 2026.
- CheckInDateTime must be 1:00 pm US/Eastern on June 16, 2026.
- CheckOutDateTime must be 3:00 pm US/Eastern on June 16, 2026.
- CheckinMethod should be E, I, or M.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be “N”
- If completing testing for HH Only or PCS and HH, ServiceCode must be T1000.
- If completing testing for PCS data only, ServiceCode must be T1019.
- Field 101 must match the value of Field 101 in Visit 1

If using Line ICNs:

- Field 103 must match the value of Field 103 in Visit 1.

All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.

Action Taken

1. Send a visit with ClaimAction “N” to generate a claim.
2. Retrieve response file from output folder and confirm that there are no prebilling validation errors that need to be corrected.
3. (If needed) Correct and re-send ApptIDs until all prebilling validation errors are resolved.
4. The following day, vendor should review the Appointment Status Report for those ApptIDs.

Expected Outcome (Vendor)

- Vendor receives a response file with no prebilling validation errors corresponding to the ApptIDs sent.
- The following day, Vendor should see that visit in the Appointment Status Report with the following information:
    - HasErrors should be false.
    - BilledUnits should equal the visit duration in minutes divided by the units for the ServiceCode/Modifiers listed in the Integration Specification.
    - BilledAmount should equal the Rate (as provided in the visit file by the vendor) times the billed units.
    - Claim1_InvoiceNumber should match the ICN submitted by the vendor for both visits.
    - If using Line ICNs, Line1_InvoiceNumber should match the ICN submitted by the vendor for both visits.

Test Case 3 – Submit an Overnight Visit with a Split ICN

Purpose

If a visit crosses midnight, distinct claim level ICNs must be provided for the component of the visit that occurs within each day.

Test Prerequisites

- Test Case 2 must be complete

Test Data Requirements

- ApptStartDateTime must be 9:00 pm US/Eastern on June 27, 2026.
- ApptEndDateTime must be 11:00 am US/Eastern on June 28, 2026.
- CheckInDateTime must be 9:00 pm US/Eastern on June 27, 2026.
- CheckOutDateTime must be 11:00 am US/Eastern on June 28, 2026.
- CheckinMethod should be E, I, or M.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be "N"
- If completing testing for HH Only or PCS and HH, ServiceCode must be T1000.
- If completing testing for PCS data only, ServiceCode must be T1019.
- Field 101 must be populated
- Field 102 must be populated with a different value than field 101.

If using Line ICNs:

- Field 103 must be populated with a unique value
- Field 104 must be populated with a different value than field 103.

All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.

Action Taken

1. Send a visit with ClaimAction "N" to generate a claim.
2. Retrieve response file from output folder and confirm that there are no prebilling validation errors that need to be corrected.
3. (If needed) Correct and re-send ApptID until all prebilling validation errors are resolved.
4. The following day, vendor should review the Appointment Status Report for that ApptID.

Expected Outcome (Vendor)

- Vendor receives a response file with no prebilling validation errors corresponding to the ApptID sent.
- The following day, Vendor should see that visit in the Appointment Status Report with the following information:
  - HasErrors should be false.
  - BilledUnits should equal the visit duration in minutes divided by the units for the ServiceCode/Modifiers listed in the Integration Specification.
  - BilledAmount should equal the Rate (as provided in the visit file by the vendor) times the billed units.
  - Claim1_InvoiceNumber should match the ICN used in field 101.
  - Claim2_InvoiceNumber should match the ICN used in field 102.
  - If using Line ICNs, Line1_InvoiceNumber should match the ICN used in field 103.
  - If using Line ICNs, Line2_InvoiceNumber should match the ICN used in field 104.

Test Case 4 – Submit Multiple Visits on the Same Day with Overnight Visits

Purpose

If an overnight visit occurs on the same day as another visit, the ICN for the portion of the overnight visit corresponding to the other visit should match the ICN for that visit.
In the example below, any components of visits for the same provider, member, and authorization that occur between 12:00 am June 17, 2026 – 11:59 pm June 17, 2026 will be rolled into a single claim and any components of visits that occur between 12:00 am June 18, 2026 and 11:59 pm June 18, 2026 will be rolled into a different claim.

Test Prerequisites

- Test Case 3 must be complete

Test Data Requirements

Visit 1

- ApptStartDateTime must be 9:00 am US/Eastern on June 17, 2026.
- ApptEndDateTime must be 11:00 am US/Eastern on June 17, 2026.
- CheckInDateTime must be 9:00 am US/Eastern on June 17, 2026.
- CheckOutDateTime must be 11:00 am US/Eastern on June 17, 2026.
- CheckinMethod should be E, I, or M.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be “N”
- If completing testing for HH Only or PCS and HH, ServiceCode must be T1000.
- If completing testing for PCS data only, ServiceCode must be T1019.
- Field 101 must be populated
- Field 102 must be null

If using Line ICNs:

- Field 103 must be populated
- Field 104 must be null

Visit 2

- ApptStartDateTime must be 9:00 pm US/Eastern on June 17, 2026.
- ApptEndDateTime must be 11:00 am US/Eastern on June 18, 2026.
- CheckInDateTime must be 9:00 pm US/Eastern on June 17, 2026.
- CheckOutDateTime must be 11:00 am US/Eastern on June 18, 2026.
- CheckinMethod should be E, I, or M.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be “N”
- If completing testing for HH Only or PCS and HH, ServiceCode must be T1000.
- If completing testing for PCS data only, ServiceCode must be T1019.
- Field 101 must be populated with a value that matches Field 101 in Visit 1
- Field 102 must be populated with a different value than Field 101

If using Line ICNs:

- Field 103 must be populated with a value that matches Field 103 in Visit 1
- Field 104 must be populated with a different value than Field 103

All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.

Action Taken

1. Send a visit with ClaimAction "N" to generate a claim.
2. Retrieve response file from output folder and confirm that there are no prebilling validation errors that need to be corrected.
3. (If needed) Correct and re-send ApptID until all prebilling validation errors are resolved.
4. The following day, vendor should review the Appointment Status Report for that ApptID.

Expected Outcome (Vendor)

- Vendor receives a response file with no prebilling validation errors corresponding to the ApptID sent.
- The following day, Vendor should see that visit in the Appointment Status Report with the following information:
    - HasErrors should be false.
    - BilledUnits should equal the visit duration in minutes divided by the units for the ServiceCode/Modifiers listed in the Integration Specification.
    - BilledAmount should equal the Rate (as provided in the visit file by the vendor) times the billed units.
    - Claim1_InvoiceNumber should match the ICN used in field 101 for Visit 1.
    - Claim1_InvoiceNumber should match the ICN used in field 101 for Visit 2.
    - Claim2_InvoiceNumber should match the ICN used in field 102 for Visit 2.

  If using Line ICNs:
    - Line1_InvoiceNumber should match the ICN used in field 103 for Visit 1.
    - Line1_InvoiceNumber should match the ICN used in field 103 for Visit 2.
    - Line2_InvoiceNumber should match the ICN used in field 104 for Visit 2.

Test Case 5 – Submit Visit that Adjusts a Previously Paid Claim

Purpose

If a visit occurs during a day, but is not included as part of the initial claim for the day when the claim is generated (e.g. if that visit had unresolved pre-billing rejections or that visit was not transmitted to CareBridge until after the claim was submitted), then the original claim must be corrected.
After the original claim reaches a terminal status, that claim can be modified by submitting visits with the same ICN as was used for the original claim. As an alternative, all visits that would share an ICN can all be resubmitted with a new ICN for the billing period.

Test Prerequisites

- Test Case 1 should be complete
- The claim for Test Case 1 should be in a terminal status.

Test Data Requirements

- ApptID should be distinct from Test Case 1
- ApptStartDateTime must be 1:00 pm US/Eastern on June 11, 2026.
- ApptEndDateTime must be 3:00 pm US/Eastern on June 11, 2026.
- CheckInDateTime must be 1:00 pm US/Eastern on June 11, 2026.
- CheckOutDateTime must be 3:00 pm US/Eastern on June 11, 2026.
- CheckinMethod should be E, I, or M.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be “N”
- If completing testing for HH Only or PCS and HH, ServiceCode must be T1000.
- If completing testing for PCS data only, ServiceCode must be T1019.
- Field 101 must match the value used in Field 101 for Test Case 1

If using Line ICNs:

- Field 103 must match the value used in Field 103 for Test Case 1

All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.

Action Taken

1. Send a visit with ClaimAction “N” to generate a claim.
2. Retrieve response file from output folder and confirm that there are no prebilling validation errors that need to be corrected.
3. (If needed) Correct and re-send ApptID until all prebilling validation errors are resolved.
4. The following day, vendor should review the Appointment Status Report for that ApptID.

Expected Outcome

- Vendor receives a response file with no prebilling validation errors corresponding to the ApptID sent.
- The following day, Vendor should see that visit in the Appointment Status Report with the following information:
    - HasErrors should be false.
    - BilledUnits should equal the visit duration in minutes divided by the units for the ServiceCode/Modifiers listed in the Integration Specification.

- BilledAmount should equal the Rate (as provided in the visit file by the vendor) times the billed units.
- Claim1_InvoiceNumber should match the value submitted by the vendor in field 101. It should also match the Claim1_InvoiceNumber that was previously sent in the Appointment Status Report for Test Case 1.
- If using Line ICNs, Line1_InvoiceNumber should match the value submitted by the vendor in field 101. It should also match the Line1_InvoiceNumber that was previously sent in the Appointment Status Report for Test Case 1.

Test Case 6 – Submit Visits with Different Caregiver

Purpose

To ensure that vendors understand that distinct caregivers for same member, procedure code /modifiers, and billing period will not be included on the same claim. The value included in field 101 should be distinct from other visits with different caregivers on the same day for the same member, authorization, and provider.

Test Prerequisites

- Test Case 3 Complete

Test Data Requirements

Visit 1

- ApptStartDateTime must be 9:00 am US/Eastern on June 30, 2026.
- ApptEndDateTime must be 11:00 am US/Eastern on June 30, 2026.
- CheckInDateTime must be 9:00 am US/Eastern on June 30, 2026.
- CheckOutDateTime must be 11:00 am US/Eastern on June 30, 2026.
- CheckinMethod should be E, I, or M.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be "N"
- If completing testing for HH Only or PCS and HH, ServiceCode must be T1000.
- If completing testing for PCS data only, ServiceCode must be T1019.
- Field 101 must be populated

If using Line ICNs:

- Field 103 must be populated

Visit 2

- ApptStartDateTime must be 1:00 pm US/Eastern on June 30, 2026.
- ApptEndDateTime must be 3:00 pm US/Eastern on June 30, 2026.
- CheckInDateTime must be 1:00 pm US/Eastern on June 30, 2026.
- CheckOutDateTime must be 3:00 pm US/Eastern on June 30, 2026.
- CheckinMethod should be E, I, or M.
- CheckOutMethod must match CheckInMethod.
- CaregiverID must be a different value from CaregiverID used in Visit 1
- ClaimAction must be "N"
- If completing testing for HH Only or PCS and HH, ServiceCode must be T1000.
- If completing testing for PCS data only, ServiceCode must be T1019.
- Field 101 must be populated with a different value than field 101 in Visit 1
  - Note: if the reuse ICN configuration is enabled, the value from Visit 1 can be used

If using Line ICNs:

- Field 103 must be populated with a different value than field 103 in Visit 1
  - Note: if the reuse ICN configuration is enabled, the value from Visit 1 can be used

All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.

Action Taken

1. Send a visit with ClaimAction “N” to generate a claim.
2. Retrieve response file from output folder and confirm that there are no prebilling validation errors that need to be corrected.
3. (If needed) Correct and re-send ApptID until all prebilling validation errors are resolved.
4. The following day, vendor should review the Appointment Status Report for that ApptID.

Expected Outcome

- Vendor receives a response file with no prebilling validation errors corresponding to the ApptID sent.
- The following day, Vendor should see that visit in the Appointment Status Report with the following information:
    - HasErrors should be false.
    - BilledUnits should equal the visit duration in minutes divided by the units for the ServiceCode/Modifiers listed in the Integration Specification.
    - BilledAmount should equal the Rate (as provided in the visit file by the vendor) times the billed units.
    - Claim1_InvoiceNumber should match the ICN submitted by the vendor for both visits.
    - If using Line ICNs, Line1_InvoiceNumber should match the ICN submitted by the vendor for both visits.

Test Case 7 – Submit an Overnight Visit without a Split ICN

Purpose

If a visit crosses midnight for visits with procedure codes that have unit types that are not duration based (e.g. Per Visit or Per Diem), a single claim level or line level ICN must be provided for the visit. Additional details regarding procedure code unit types are available in the Integration Guide.

This test case is only required for Vendors completing ICN testing for Home Health.

Test Prerequisites

- Test Case 6 must be complete

Test Data Requirements

- ApptStartDateTime must be 9:00 pm US/Eastern on June 24, 2026.
- ApptEndDateTime must be 11:00 am US/Eastern on June 25, 2026.
- CheckInDateTime must be 9:00 pm US/Eastern on June 24, 2026.
- CheckOutDateTime must be 11:00 am US/Eastern on June 25, 2026.
- CheckinMethod should be E, I, or M.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be "N"
- ServiceCode must be T1030.
- Field 101 must be populated with a unique value.
- Field 102 must be null.

If using Line ICNs:

- Field 103 must be populated with a unique value.
- Field 104 must be null.

All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.

Action Taken

1. Send a visit with ClaimAction "N" to generate a claim.
2. Retrieve response file from output folder and confirm that there are no prebilling validation errors that need to be corrected.
3. (If needed) Correct and re-send ApptID until all prebilling validation errors are resolved.
4. The following day, vendor should review the Appointment Status Report for that ApptID.

Expected Outcome (Vendor)

- Vendor receives a response file with no prebilling validation errors corresponding to the ApptID sent.
- The following day, Vendor should see that visit in the Appointment Status Report with the following information:
    - HasErrors should be false.
    - BilledUnits should equal the visit duration in minutes divided by the units for the ServiceCode/Modifiers listed in the Integration Specification.
    - BilledAmount should equal the Rate (as provided in the visit file by the vendor) times the billed units.
    - Claim1_InvoiceNumber should match the ICN used in field 101.
    - Claim2_InvoiceNumber should match the ICN used in field 102.

- If using Line ICNs, Line1_InvoiceNumber should match the ICN used in field 103.
- If using Line ICNs, Line2_InvoiceNumber should match the ICN used in field 104.

Test Case 8 – Submit a Multi-Line Claim

Purpose

To ensure that vendors understand that there are instances where multiple different services are included under the same authorization and must therefore be included together on the same claim for that member and date of service, which will include multiple claim lines.

Test Prerequisites

- Test Case 7 Complete

Test Data Requirements

Visit 1

- ApptStartDateTime must be 9:00 am US/Eastern on July 1, 2026.
- ApptEndDateTime must be 11:00 am US/Eastern on July 1, 2026.
- CheckInDateTime must be 9:00 am US/Eastern on July 1, 2026.
- CheckOutDateTime must be 11:00 am US/Eastern on July 1, 2026.
- CheckinMethod should be E, I, or M.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be “N”
- ServiceCode must be T1002.
- Field 101 must be populated

If using Line ICNs:

- Field 103 must be populated

Visit 2

- ApptStartDateTime must be 1:00 pm US/Eastern on July 1, 2026.
- ApptEndDateTime must be 3:00 pm US/Eastern on July 1, 2026.
- CheckInDateTime must be 1:00 pm US/Eastern on July 1, 2026.
- CheckOutDateTime must be 3:00 pm US/Eastern on July 1, 2026.
- CheckinMethod should be E or I.
- CheckOutMethod must match CheckInMethod.
- CaregiverID must match the CaregiverID used in Visit 1
- ClaimAction must be “N”
- ServiceCode must be T1003.
- AuthRefNumber must match AuthRefNumber used in Visit 1
- Field 101 must match the Field 101 in Visit 1

If using Line ICNs:

- Field 103 must be populated with a different value than field 103 in Visit 1
  - Note: if the reuse ICN configuration is enabled, the value from Visit 1 can be used

All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.

Action Taken

1. Send a visit with ClaimAction “N” to generate a claim.

2. Retrieve response file from output folder and confirm that there are no prebilling validation errors that need to be corrected.
3. (If needed) Correct and re-send ApptID until all prebilling validation errors are resolved.
4. The following day, vendor should review the Appointment Status Report for that ApptID.

Expected Outcome

- Vendor receives a response file with no prebilling validation errors corresponding to the ApptID sent.
- The following day, Vendor should see that visit in the Appointment Status Report with the following information:
    - HasErrors should be false.
    - BilledUnits should equal the visit duration in minutes divided by the units for the ServiceCode/Modifiers listed in the Integration Specification.
    - BilledAmount should equal the Rate (as provided in the visit file by the vendor) times the billed units.
    - Claim1_InvoiceNumber should match the ICN submitted by the vendor for both visits.
    - If using Line ICNs, Line1_InvoiceNumber should match the ICN submitted by the vendor for both visits.

Test Case 9 – Primary and Add-On Service Codes

Purpose

If a visit is submitted under a Primary or Addon ServiceCode, the following rules should be applied with respect to ICNs:

- Vendors should use the same ICN in Field 101, for either the Primary or Add-on Service Code since the Primary and Add-On services will be billed with the same Claim ICN.
- If submitting Line Level ICNs, vendors should send the Primary Code Line ICN in field 103 and the Add-On Code Line ICN in field 104, regardless of whether the visit is submitted under the Primary or Add-On Service Codes.

This test case is only required for Vendors completing ICN testing for Home Health.

Test Prerequisites

- Test Case 6 must be complete

Test Data Requirements

- ApptStartDateTime must be 9:00 am US/Eastern on July 4, 2026.
- ApptEndDateTime must be 1:00 pm US/Eastern on July 4, 2026.
- CheckInDateTime must be 9:00 am US/Eastern on July 4, 2026.
- CheckOutDateTime must be 1:00 pm US/Eastern on July 4, 2026.
- CheckinMethod should be E, I, or M.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be “N”
- ServiceCode must be 99601.
- Field 101 must be populated with a unique value.
- Field 102 must be null.

If using Line ICNs:

- Field 103 must be populated with a unique value.
- Field 104 must be populated with a unique value.

All required fields indicated in the Completed Visit column of the Appointments / Visits Data File Format table must be included.

Action Taken

1. Send a visit with ClaimAction “N” to generate a claim.
2. Retrieve response file from output folder and confirm that there are no prebilling validation errors that need to be corrected.
3. (If needed) Correct and re-send ApptID until all prebilling validation errors are resolved.
4. The following day, vendor should review the Appointment Status Report for that ApptID.

Expected Outcome (Vendor)

- Vendor receives a response file with no prebilling validation errors corresponding to the ApptID sent.
- The following day, Vendor should see that visit in the Appointment Status Report with the following information:
    - HasErrors should be false.
    - BilledUnits should equal the visit duration in minutes divided by the units for the ServiceCode/Modifiers listed in the Integration Specification.

- BilledAmount should equal the Rate (as provided in the visit file by the vendor) times the billed units.
- Claim1_InvoiceNumber should match the ICN used in field 101.
- Claim2_InvoiceNumber should match the ICN used in field 102.
- If using Line ICNs, Line1_InvoiceNumber should match the ICN used in field 103.
- If using Line ICNs, Line2_InvoiceNumber should match the ICN used in field 104.

Appendix A

ONCE TESTING IS COMPLETE

Vendors should complete the Integration Testing Checklist throughout the course of testing. Once testing has been completed, please email the completed testing checklist to CareBridge for validation evvintegration@carebridgehealth.com. CareBridge will verify that all test cases were successfully passed and provide confirmation that the vendor is able to begin submitting production data. If any test cases had to be omitted due to vendor capabilities, they should provide a rationale for why that test case cannot be complete and (if necessary) a mitigation plan for provider agencies to ensure claims will not be impacted.

INTEGRATION TESTING CHECKLIST

Vendor Information	
Field	**Value**
Vendor Name	
Development Environment Username	
Production Environment Username	
Claim Level or Line Level	

CareBridge Review			
Field	**Value**		
Date of Final Review	Click or tap to enter a date.		
Production Enabled?	Yes ☐	No ☐	*Comments:*
Date Enabled	Click or tap to enter a date.		
Configuration changes?	Yes ☐	No ☐	*Comments:*

TC#	TC File Name	Tested? Y	Tested? N	ApptID Used for Test Case	ClaimNumber(s for Test Case	ClaimLineICN(s) (Only if using Claim Line ICNs)	Vendor Tester Initials	CB Initials	Date Reviewed	Pass? Y	Pass? N
1		☐	☐							☐	☐
2		☐	☐							☐	☐
3		☐	☐							☐	☐
4		☐	☐							☐	☐
										☐	☐
5		☐	☐							☐	☐
6		☐	☐							☐	☐
7		☐	☐							☐	☐
8		☐	☐							☐	☐
9		☐	☐							☐	☐