Electronic Visit Verification (EVV) Arkansas Integration Testing Process Guide Vendor Submitted ICNs - Monthly

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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 Arkansas, Providers have the option of billing on a daily, weekly, or monthly cadence for Home Health service codes. Vendors will need to identify the possible billing frequencies that will be utilized by their providers and complete ICN testing for each billing cycle that will be utilized in Production.

- Daily Claiming – all visits for the same provider, member, authorization, and DOS will be rolled together into a single claim for that day.
- Weekly Claiming - all visits for the same provider, member, authorization, and DOS will be rolled into a single claim line and will be included on the same multi-line claim per week. A week is defined as running from Sunday-Saturday. Claim Line ICNs will be unique for each DOS.
- Monthly Claiming - all visits for the same provider, member, authorization, and DOS will be rolled into a single claim line and will be included on the same multi-line claim per month. Claim Line ICNs will be unique for each DOS.

This testing guide is intended to test **monthly** billing cycle ICNs.

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 Level + 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 weeks within a given month.
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 **Local** time **(US/Central)**; 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 Home Health (HH) procedure codes.

	Auths to use - HH Only
Test Case 1 – Submit a Visit with an ICN	S9131
Test Case 2 – Submit Multiple Visits on the Same Day	S9131
Test Case 3 – Submit Visit that Adjusts a Previously Paid Claim	S9131
Test Case 4 – Submit an Overnight Visit without a Split ICN	S9131
Test Case 5 – Submit a Visit with a Different Caregiver	S9131

Claim Level ICN Testing Reference Calendar

May-26						
Sun	**Mon**	**Tues**	**Wed**	**Thurs**	**Fri**	**Sat**
					1	2
3	4	5	6	7	8	9
				Test Case 1 - 9am - 11 am ApptID 10 Field 101 = 1000		
				Test Case 3 - 1pm - 3 pm ApptID 18 Field 101 = 1000		
10	11	12	13	14	15	16
		Test Case 2a - 9am - 11 am Appt ID 11 Field 101 = 1000	Test Case 2b - 9am - 11 am Appt ID 11 Field 101 = 1000			
		Test Case 2a - 1pm - 3 pm Appt ID 12 Field 101 = 1000				
17	18	19	20	21	22	23
		Test Case 5- 9am - 11 am ApptID 19 Field 101 = 1000				Test Case 4 - 9pm 5/23/2026 - 11:00 am 5/24/2026 Appt ID 20 Field 101 = 1000
24	25	26	27	28	29	30
Test Case 4 - 9pm 5/23/2026 - 11:00 am 5/24/2026 Appt ID 20 Field 102 = NULL						
31	1	2	3	4	5	6

Indicates Visits that span midnight

Indicates June Dates

CAREBRIDGE

Claim + Claim Line Level ICN Testing Reference Calendar

May-26						
Sun	**Mon**	**Tues**	**Wed**	**Thurs**	**Fri**	**Sat**
					1	2
3	4	5	6	7	8	9
				Test Case 1 - 9am - 11 am ApptID 10 Field 101 = 1000 Field 103 = 2000		
				Test Case 3 - 1pm - 3 pm ApptID 18 Field 101 = 1000 Field 103 = 2000		
10	11	12	13	14	15	16
		Test Case 2a - 9am - 11 am Appt ID 11 Field 101 = 1000 Field 103 = 2001	Test Case 2b - 9am - 11 am Appt ID 11 Field 101 = 1000 Field 103 = 2002			
		Test Case 2a - 1pm - 3 pm Appt ID 12 Field 101 = 1000 Field 103 = 2001				
17	18	19	20	21	22	23
		Test Case 5- 9am - 11 am ApptID 19 Field 101 = 1000 Field 103 = 2004				Test Case 4 - 9pm 5/23/2026 - 11:00 am 5/24/2026 Appt ID 20 Field 101 = 1000 Field 103 = 2003
24	25	26	27	28	29	1
Test Case 4 - 9pm 5/23/2026 - 11:00 am 5/24/2026 Appt ID 20 Field 102 = NULL Field 104 = NULL						
31	1	2	3	4	5	6

Indicates Visits that span midnight

Indicates June 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/Central on May 7, 2026.
- ApptEndDateTime must be 11:00 am US/Central on May 7, 2026.
- CheckInDateTime must be 9:00 am US/Central on May 7, 2026.
- CheckOutDateTime must be 11:00 am US/Central on May 7, 2026.
- CheckinMethod should be E, I, or M.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be "N"
- ServiceCode must be S9131.
- Field 101 must be populated.

If using Line ICNs:

- Field 103 must be populated with a unique value.

- **Test Cases 1, 2a, 2b, 4, and 5 should be completed at the same time (in the same file).**

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.
    - Claim ICNs, 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

Test Case 2a – 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/Central on May 12, 2026.
- ApptEndDateTime must be 11:00 am US/Central on May 12, 2026.
- CheckInDateTime must be 9:00 am US/Central on May 12, 2026.
- CheckOutDateTime must be 11:00 am US/Central on May 12, 2026.
- CheckinMethod should be E, I, or M.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be "N"
- ServiceCode must be S9131.
- Field 101 must be populated with the same value that was used in Test Case 1

If using Line ICNs:

- Field 103 must be populated.

- **Test Cases 1, 2a, 2b, 4, and 5 should be completed at the same time (in the same file).**

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/Central on May 12, 2026.
- ApptEndDateTime must be 3:00 pm US/Central on May 12, 2026.
- CheckInDateTime must be 1:00 pm US/Central on May 12, 2026.
- CheckOutDateTime must be 3:00 pm US/Central on May 12, 2026.
- CheckinMethod should be E, I, or M.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be "N"
- ServiceCode must be S9131.
- Field 101 must match the value Field 101 in Visit 1

If using Line ICNs:

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

- **Test Cases 1, 2a, 2b, 4, and 5 should be completed at the same time (in the same file).**

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 2b – Submit Visits on Different Days in the Same Month

Purpose

For monthly billing, visits that occur on different days within the same month, for the same provider, member, and authorization will be rolled up into a single claim with a single Claim Level ICN. Each date of service within that month would have a distinct Line Level ICN.

This test demonstrates that vendors are able to submit the same Claim Level ICN for multiple visits in the same month.

This Test Case is only required for Claim Line Level Integration Testing.

Test Prerequisites

- Test Case 2a must be complete –

Test Data Requirements

- ApptStartDateTime must be 9:00 am US/Central on May 13, 2026.
- ApptEndDateTime must be 11:00 am US/Central on May 13, 2026.
- CheckInDateTime must be 9:00 am US/Central on May 13, 2026.
- CheckOutDateTime must be 11:00 am US/Central on May 13, 2026.

- CheckinMethod should be E, I, or M.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be “N”
- ServiceCode must be S9131.
- Field 101 must be populated with the same value that was used in Test Case 2a

If using Line ICNs:

- Field 103 must be populated with a unique value

- **Test Cases 1, 2a, 2b, 4, and 5 should be completed at the same time (in the same file).**

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 Visit 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 in 2a
  - If using Line ICNs, Line1_InvoiceNumber should match the ICN submitted by the vendor

Test Case 3 – 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, that claim can be modified by submitting all visits in the billing period with a new ICN for the corrected claim.

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/Central on May 7, 2026.
- ApptEndDateTime must be 3:00 pm US/Central on May 7, 2026.
- CheckInDateTime must be 1:00 pm US/Central on May 7, 2026.
- CheckOutDateTime must be 3:00 pm US/Central on May 7, 2026.
- CheckinMethod should be E, I, or M.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be "N"
- ServiceCode must be S9131.
- 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 4 – Submit an Overnight Visit without a Split ICN

Purpose

If an overnight visit crosses billing periods 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 must be provided for the visit. Additional details regarding procedure code unit types are available in the Integration Guide.

Test Prerequisites

- Test Case 6 must be complete

Test Data Requirements

- ApptStartDateTime must be 9:00 pm local time on May 23, 2026.
- ApptEndDateTime must be 11:00 am local time on May 24, 2026.
- CheckInDateTime must be 9:00 pm local time on May 23, 2026.
- CheckOutDateTime must be 11:00 am local time on May 24, 2026.
- CheckinMethod should be E, I, or M.
- CheckOutMethod must match CheckInMethod.
- ClaimAction must be “N”
- ServiceCode must be S9131.
- Field 101 must match the value used in Field 101 for Test Case 1
- Field 102 must be null.

If using Line ICNs:

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

- **Test Cases 1, 2a, 2b, 4, and 5 should be completed at the same time (in the same file).**

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

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

Test Case 5 – Submit a Visit with a Different Caregiver

Purpose

To ensure that vendors understand that distinct caregivers for same member, procedure code /modifiers, and billing period will be included on the same claim. The value included in field 101 should match other visits on the same day for the same member, authorization, and provider.

Test Prerequisites

- Test Case 4 Complete

Test Data Requirements

- ApptStartDateTime must be 9:00 am US/Central on May 19, 2026.
- ApptEndDateTime must be 11:00 am US/Central on May 19, 2026.
- CheckInDateTime must be 9:00 am US/Central on May 19, 2026.
- CheckOutDateTime must be 11:00 am US/Central on May 19, 2026.
- CheckinMethod should be E, I, or M.
- CheckOutMethod must match CheckInMethod.
- CaregiverID must be a different value from CaregiverID used in Test Case 4
- ClaimAction must be “N”
- ServiceCode must be S9131.
- Field 101 must be populated with the same value that was used in field 101 for Test Case 4.

If using Line ICNs:

- Field 103 must be populated with a unique value.

- **Test Cases 1, 2a, 2b, 4, and 5 should be completed at the same time (in the same file).**

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 test case 3.

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 Claim + 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
1		☐	☐				
2		☐	☐				
3		☐	☐				
4		☐	☐				
5		☐	☐				

CB Initials	Date Reviewed	Pass? Y	Pass? N
		☐	☐
		☐	☐
		☐	☐
		☐	☐
		☐	☐