



CAREBRIDGE

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



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SUMMARY OF CHANGES

- SFTP Configuration Requirements
 - Login Credentials: SSH Key (V2)
- File Format Specifications
 - ApptID clarification (V2)
- Testing Instructions
 - Connection Testing (V2)
 - File Validation Testing (V2), (V4)
 - Data Validation Testing (V2)
 - Data Validation Testing -Staging (V4)
 - Data Validation Testing - Production (V4)
 - Claim Submitted via CareBridge (V4)
 - Integration “Go-Live” (V4)
 - Added links to CareBridge Integration Testing Guide required for new Third Party Vendors (V5)
- CareBridge Response File Format
 - Additional details provided (V2)
- Appointments / Visits Data File Format
 - Added Max File Size Validation (V5)
 - Field Requirements updates
 - 24 - CheckInStreetAddress2 [N] (V4)
 - 33 - CheckOutStreetAddress2 [N] (V4)
 - 47 - DiagnosisCode: Appts [N] (V4)
 - Field Numbers updates (V2)
 - Field Name updates
 - 101 - Claim Invoice Number 1 (V3)
 - 102 - Claim Invoice Number 2 (V3)
 - 103 - Invoice Line Item ID 1 (V3)
 - 104 - Invoice Line Item ID 2 (V3)
 - New Field(s) added:
 - 8 - ProviderMedicaidID (V2)
 - 15 - MemberDateOfBirth (V2)
 - 55 - CarePlanTasksCompleted (V2)
 - 56 - CarePlanTasksNotCompleted (V2)
 - 57 - CaregiverSurveyQuestions (V2)
 - 58 - CaregiverSurveyResponses (V2)
 - 101 - Claim Invoice Number 1 (V2)
 - 102 - Claim Invoice Number 2 (V2)
 - 103 - Line Item Invoice Number 1 (V2)
 - 104 - Line Item Invoice Number 2 (V2)
 - Field(s) removed
 - 55 - ICN (V2)
 - Field Description update
 - 49 - Rate: changed from Alphanumeric to Decimal (V2)



- 7 - ProviderEIN: Max Length 9 (V4)
- 8 - ProviderMedicaidID: 9 digits min/max (V4)
- 16 - MemberMedicaidID: 7 digits followed by a letter, Max Length 8 (V4)
- 55 - Changed CarePlanTasksCompleted from free text to specific codes (V5)
- 56 - Changed CarePlanTasksNotCompleted from free text to specific codes (V5)
- Added Specific Service Codes and Unit Definitions for PCS and Home Health (V5)
- Manual Reason Codes
 - New Reason Code
 - MR1050 - Member Initiated (V2)
- Late Reason Code
 - New Reason Code
 - LR1020 - Scheduling Error (V2)
- Missed Reason Codes
 - New Reason Code
 - MVR1040 - Scheduling Error (V2)
- Added CarePlanTask Codes (V5)
- Added CarePlank Task Codes to Procedure Code Mapping (V5)
 - Added section mapping specific procedure codes to sets of care plan tasks
- Pre-Billing Validation
 - This is a comprehensive list of CareBridge Pre-Billing validation responses – some may not be applicable to your specific integration. (V2, V3, V4)
 - Removed Pre-Billing Validation List and added link to Pre-Billing Validations page on website (V5)



INTRODUCTION TO CAREBRIDGE INTEGRATION

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
4. CareBridge utilizes visits data to generate claims and submits to clearinghouse / MCOs
5. Providers can continue to receive claim remittances through previously established mechanisms (Availability)

Appointments / Visits data should be submitted to CareBridge at least once daily for all appointments / visits that have had incremental changes since last submission.



SFTP CONFIGURATION REQUIREMENTS

- CareBridge test environment: sftp.dev.carebridgehealth.com
- CareBridge production environment: sftp.prn.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)
- Headers should be included
- One row per appointment / visit
- All DateTime fields should be UTC with zero offset
- Visit data will be rejected if there is already an existing ApptID that has been claimed but has not yet reached a terminal status (Rejected, Paid, Denied)

NAMING CONVENTION

The general naming convention is as follows:

VISITS_IA_ProviderTaxID_YYYYMMDDHHMMSS.CSV

For Test Files, "TEST" will prepend the file name as follows:

TEST_VISITS_IA_ProviderTaxID_YYYYMMDDHHMMSS.CSV

Note: The state initials are required for files to be processed.

CAREBRIDGE RESPONSE FILE

VISITS_IA_ProviderTaxID_ERROR_YYYYMMDDHHMMSS.txt

For Test Files, "TEST" will prepend the file name as follows:

TEST_VISITS_IA_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 NJ and is sending production data, additional testing is not required for Home Health.

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: ***Iowa - 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 > Iowa - 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 and is approved to send data to production, they 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.

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 specifications 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	Unknown file
F1002	Incorrect delimiter
F1003	Data cannot be parsed, it may be incomplete or invalid
F1004	File is a duplicate
F1005	File exceeds max allowed file size. (5 GB)

Appointments / Visits Data File Format

Field No	Field Name	Description	Data Type	Required for		Example	Max Length
				Scheduled Appointment	Completed Visit		
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	Datetime	Y	Y	YYYY-MM-DD HH:MM "2020-01-01 14:00"	
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 <i>(required unless the provider is atypical)</i>	Y <i>(required unless the provider is atypical)</i>	1609927608	10
7	ProviderEIN	Tax ID or EIN of provider	Alphanumeric	Y	Y	208076837	9
8	ProviderMedicaidID	MedicaidID number for Provider – 9 digit min/max	Numeric	Y	Y	000456789	9
9	ApptID	Unique identifier for the visit, used to identify an appointment and should be consistent for every appointment update	Alphanumeric	Y	Y	1231248391	100



10	CaregiverFName	First name of caregiver who completed the visit	Alphanumeric	Y	Y	John	
11	CaregiverLName	Last name of caregiver who completed the visit	Alphanumeric	Y	Y	Smith	
12	CaregiverID	Unique ID assigned to caregiver (Employee ID)	Alphanumeric	Y	Y	982123	
13	MemberFName	First name of member	Alphanumeric	Y	Y	Jane	
14	MemberLName	Last name of member	Alphanumeric	Y	Y	Johnson	
15	MemberDateOfBirth	Date of birth of member	Alphanumeric	N	N	YYYY-MM-DD	
16	MemberMedicaidID	Medicaid ID for member - 7 digits followed by a letter	Alphanumeric	Y	Y	1234567A	8
17	MemberID	If not using Medicaid ID	Alphanumeric	N	N	47138493	
18	ApptStartDateTime	Date / Time that the appointment was scheduled to begin	DateTime	Y	Y	YYYY-MM-DD HH:MM "2020-01-01 14:00"	
19	ApptEndDateTime	Date / Time that the appointment was scheduled to end	DateTime	Y	Y	YYYY-MM-DD HH:MM "2020-01-01 14:00"	
20	ApptCancelled	(C) if appointment was cancelled	Alphanumeric	N	N	C	
21	CheckInDateTime	Date / Time that the visit was checked into	Datetime	N	Y	YYYY-MM-DD HH:MM "2020-01-01 14:00"	
22	CheckInMethod	EVV (E), Manual (M), IVR (I)	Alphanumeric	N	Y	E	



23	CheckInStreetAddress	Street address where check in occurred	Alphanumeric	N	Y	926 Main St	
24	CheckInStreetAddress2	Additional street address info where check in occurred	Alphanumeric	N	N	Suite B	
25	CheckInCity	City where check in occurred	Alphanumeric	N	Y	Nashville	
26	CheckInState	State where check in occurred	Alphanumeric	N	Y	TN	
27	CheckInZip	Zip code where check in occurred	Alphanumeric	N	Y	37206	
28	CheckInLat	Latitude of coordinates where check in occurred	Alphanumeric	N	Y if CheckInMethod = E	##.#####	
29	CheckInLong	Longitude of coordinates where check in occurred	Alphanumeric	N	Y if CheckInMethod = E	###.#####	
30	CheckOutDateTime	Date / Time that the visit was checked out of	Datetime	N	Y	YYYY-MM-DD HH:MM "2020-01-01 14:00"	
31	CheckOutMethod	EVV (E), Manual (M), IVR (I)	Alphanumeric	N	Y	E	
32	CheckOutStreetAddress	Address where check out occurred	Alphanumeric	N	Y	926 Main St	
33	CheckOutStreetAddress2	Additional address info where check out occurred	Alphanumeric	N	N	Suite B	
34	CheckOutCity	City where check out occurred	Alphanumeric	N	Y	Nashville	
35	CheckOutState	State where check out occurred	Alphanumeric	N	Y	TN	
36	CheckOutZip	Zip code where check out occurred	Alphanumeric	N	Y	37206	



37	CheckOutLat	Latitude of coordinates where check out occurred	Alphanumeric	N	Y if CheckOutMethod = E	##.#####	
38	CheckOutLong	Longitude of coordinates where check out occurred	Alphanumeric	N	Y if CheckOutMethod = E	###.#####	
39	AuthRefNumber	Authorization Number as indicated by health plan	Alphanumeric	Y	Y	1080421390	
40	ServiceCode	Service code for services rendered during visit (HCPCS Procedure Code)	Alphanumeric	Y	Y	S5125	
41	Modifier 1	Modifier code for services rendered during visit	Alphanumeric	N	N	U5	
42	Modifier 2	Second modifier code for services rendered during visit	Alphanumeric	N	N	UA	
43	TimeZone	Time zone that the visit took place in	Alphanumeric	Y	Y	US/Central	
44	CheckInIVRPhoneNumber	Phone Number used to check in	Alphanumeric	N	Y if CheckInMethod = I	+14156665555	
45	CheckOutIVRPhoneNumber	Phone Number used to check out	Alphanumeric	N	Y if CheckOutMethod = I	+14156665555	
46	ApptNote	Free text note related to the visit	Alphanumeric	N	N	Scheduling related note	
47	DiagnosisCode	ICD-10 Diagnosis code attributed to the visit	Alphanumeric	N	Y	I50.9	
48	ApptAttestation	Member attestation associated with the visit	Alphanumeric	N	Y	See Member Attestation Codes table below	



49	Rate	Billed rate associated with the visit	Decimal	Y	Y	3.85	
50	ManualReason	Reason for manual entry associated with the visit	Alphanumeric	N	Y if CheckInMethod or CheckOutMethod = M	See Manual Reasons Codes table below	
51	LateReason	Reason the visit was late	Alphanumeric	N	Y if check in occurred between one and three hours after the scheduled start time	See Late Reasons Codes table below	
52	LateAction	Action taken due to visit being late	Alphanumeric	N	Y if check in occurred between one and three hours after the scheduled start time	See Late Actions Codes table below	
53	MissedReason	Reason the visit was missed	Alphanumeric	N	Y if check in occurred greater than three hours after the scheduled start time	See Missed Reasons Codes table below	
54	MissedAction	Action taken due to the visit being missed	Alphanumeric	N	Y if check in occurred greater than three hours after the scheduled start time	See Missed Actions Codes table below	
55	CarePlanTasksCompleted	Tilda delimited list of tasks completed during the visit	Alphanumeric	N	N	CP1000~CP1015~CP1030 See Care Plan Tasks Codes	
56	CarePlanTasksNotCompleted	Tilda delimited list of tasks not completed during the visit	Alphanumeric	N	N	CP1005~CP1020~CP1025 See Care Plan Tasks Codes	
57	CaregiverSurveyQuestions	Tilda 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?	
58	CaregiverSurveyResponses	Tilda 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	



60	ClaimAction	New Claim (N), Corrected Claim (C), Void (V)	Alphanumeric	N	Y	N		
61	MCOID	Identifies health plan the member is associated with	Alphanumeric	Y	Y	See MCOID table below		
101	Claim Invoice Number 1	Claim level invoice number in third-party system	<p style="text-align: center;">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</p>					
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						

PCS Service Codes Unit Definitions

Code	Modifier1	Procedure Description	Unit of Measure	Unit Quantity
S5125		ATTENDANT CARE SERVICES, PER 15 MINUTES	Minutes	15
S5125	U3	CDAC (AGENCY); 15 MINUTE UNIT -SKILLED	Minutes	15
T1019		PERSONAL CARE SERVICES, PER 15 MINUTES	Minutes	15
T1019	U3	CDAC (INDIVIDUAL); 15 MINUTE UNIT SKILLED	Minutes	15
S5130		HOMEMAKER NOS, PER 15 MINUTES	Minutes	15

Home Health Service Codes and Unit Definitions (Cohort 1)

Code	Modifier1	Procedure Name	Unit of Measure	Unit Quantity
S9122	None	Home Health Aide when billed without a revenue code (ID waiver)	Hours	1
S9123	None	Nursing Care, RN, home (ID waiver)	Hours	1
S9124	None	Nursing Care, LPN, home	Hours	1
T1002	None	Nursing Care, RN, IMMT, home	Minutes	15
T1003	None	Nursing Care, LPN, IMMT, home	Minutes	15
T1004	None	Home Health Aide, IMMT	Minutes	15
T1004	U3	Home Health Aide	Minutes	15
T1021	None	Home Health Aide	Visit	1
T1030	None	Nursing Care, RN, home	Visit	1
T1031	None	Nursing Care, LPN, home	Visit	1

Member Attestation Codes

Code	Description
MA1000	Complete
MA1005	Member Refused
MA1010	Member Unable
MA1015	No Signature (Other)

Manual Reasons Codes

Code	Description
MR1000	Caregiver error
MR1005	No access to application or IVR
MR1010	Technical error
MR1015	Duplicates/overlapping
MR1020	Forgot to clock in



MR1025	Missing/waiting for authorization
MR1030	Employee removed from current budget
MR1035	Possible EIN issues
MR1040	Overtime with two service codes and no OT Agreement
MR1045	Over budget without a form on file
MR1050	Member Initiated
MR1055	New Agency Using EVV

Late Reasons Codes

Code	Description
LR1000	Caregiver forgot to check in
LR1005	Technical issue
LR1010	Member would not allow staff to use device
LR1015	Member rescheduled
LR1020	Scheduling Error

Late Reason Actions Taken Codes

Code	Description
LA1000	Rescheduled
LA1005	Back-up plan initiated
LA1010	Contacted service coordinator
LA1015	Contacted MCO member services
LA1020	Caregiver checked in late

Missed Reasons Codes

Code	Description
MVR1000	Caregiver did not show up
MVR1005	Caregiver forgot to check in / out
MVR1010	Technical issue
MVR1015	Unplanned hospitalization
MVR1020	Authorization not in place at time of visit
MVR1025	Member or family refused service
MVR1030	Provider agency unable to staff
MVR1035	Member rescheduled
MVR1040	Scheduling Error



Missed Visit Actions Taken Codes

Code	Description
MVA1000	Rescheduled
MVA1005	Back-up plan initiated
MVA1010	Contacted service coordinator
MVA1015	Contacted MCO member services
MVA1020	Service provided as scheduled

MCOID Codes

Code	Description
IA_AGP	Amerigroup Iowa
IA_ITC	Iowa Total Care

Care Plan Task Codes

Code	Description
CP1000	N-1 Dressing
CP1005	N-2 Bathing, grooming, personal hygiene
CP1010	N-3 Meal prep and feeding
CP1015	N-4 Toileting
CP1020	N-5 Transferring, ambulation, mobility
CP1025	N-6 Essential Housekeeping: Changing bed linens
CP1030	N-6 Essential Housekeeping: Scrubbing floors
CP1035	N-6 Essential Housekeeping: Trash removal
CP1040	N-6 Essential Housekeeping: Vacuuming
CP1045	N-6 Essential Housekeeping: Washing Dishes
CP1050	N-6 Essential Housekeeping: Cleaning bathroom
CP1055	N-6 Essential Housekeeping: Cleaning kitchen
CP1060	N-6 Essential Housekeeping: Cleaning medical equipment
CP1065	N-6 Essential Housekeeping: Cleaning stove/refrigerator
CP1070	N-6 Essential Housekeeping: Cleaning up after personal care tasks
CP1075	N-6 Essential Housekeeping: Dusting

Code	Description
CP1195	Essential Housekeeping: dusting
CP1200	Essential Housekeeping: scrubbing floors
CP1205	Essential Housekeeping: defrosting refrigerators
CP1210	Essential Housekeeping: cleaning medical equipment
CP1215	Essential Housekeeping: cleaning stove/refrigerator
CP1220	Essential Housekeeping: washing and mending clothes
CP1225	Essential Housekeeping: washing personal items used by the member
CP1230	Essential Housekeeping: washing dishes
CP1235	Essential Shopping for basic needs
CP1240	ADLs: care for hair and teeth
CP1245	ADLs: exercise
CP1250	ADLs: get in and out of bed
CP1255	ADLs: helping the member bathe
CP1260	ADLs: helping with toileting
CP1265	ADLs: retraining the member in necessary self-help skills
CP1270	ADLs: taking medications



CP1080	N-6 Essential Housekeeping: Essential Shopping
CP1085	N-6 Essential Housekeeping: Laundry
CP1090	N-7 Minor wound care
CP1095	N-8 Financial and scheduling assistance
CP1100	N-9 Assistance in the workplace
CP1105	N-10 Communication
CP1110	N-11 Essential Transportation
CP1115	N-12 Medication assistance
CP1120	S-1 Tube feedings
CP1125	S-2 Intravenous therapy assistance
CP1130	S-3 Parenteral injections
CP1135	S-4 Catheterizations
CP1140	S-5 Respiratory Care
CP1145	S-6 Care of decubiti and other areas
CP1150	S-7 Rehabilitation services
CP1155	S-8 Colostomy care
CP1160	S-9 Care of medical conditions
CP1165	S-10 Post-surgical nurse delegated activities
CP1170	S-11 Monitoring reactions to medication
CP1175	S-12 Prepare/monitor therapeutic diets
CP1180	S-13 Recording and reporting of changes in vital signs to the nurse or therapist
CP1185	Meal preparation and planning balanced meals
CP1190	Essential Housekeeping: vacuuming

CP1275	Household Services: changing the member's bed linens
CP1280	Household Services: laundering
CP1285	Household Services: light cleaning
CP1290	Household Services: light meal preparation
CP1295	Household Services: rearrangement of member's necessary supplies or medications
CP1300	Observation and reporting of physical or emotional needs
CP1305	Personal Care Services
CP1310	Administration of medications
CP1315	Bowel & bladder care
CP1320	Coordination of services
CP1325	Informing physician and other personnel of changes in the member's condition and needs
CP1330	Injections
CP1335	Intravenous & Enteral feedings
CP1340	Maintenance Services
CP1345	Observation and evaluation
CP1350	Preparation of clinical and progress notes
CP1355	Restorative Services
CP1360	Skin care
CP1365	Supervisory visit for Home Health Aide
CP1370	Teaching and training
CP1375	Therapeutic exercise
CP1380	Wound care
CP1385	Hypodermoclysis



Procedure Code to Care Plan Task Codes

PCA Service Codes

Procedure Code	Care Plan Task Codes
S5125 T1019	CP1000
	CP1005
	CP1010
	CP1015
	CP1020
	CP1025
	CP1030
	CP1035
	CP1040
	CP1045
	CP1050
	CP1055
	CP1060
	CP1065
	CP1070
	CP1075
	CP1080
	CP1085
	CP1090
	CP1095
	CP1100
	CP1105
	CP1110
CP1115	
S5125U3 T1019U3	CP1120
	CP1125
	CP1130
	CP1135
	CP1140
	CP1145
	CP1150
	CP1155
	CP1160
	CP1165
	CP1170
	CP1175
	CP1180
S5130	CP1185
	CP1190
	CP1195
	CP1200
	CP1205
	CP1210
	CP1215
	CP1220
	CP1225
	CP1230
CP1235	

Home Health Service Codes

Procedure Code	Care Plan Task Codes	
S9122 T1004 T1004 U3 T1021	CP1240	
	CP1245	
	CP1250	
	CP1255	
	CP1260	
	CP1265	
	CP1270	
	CP1275	
	CP1280	
	CP1285	
	CP1290	
	CP1295	
	CP1300	
	CP1305	
	S9123 S9124	CP1310
		CP1315
		CP1320
CP1325		
CP1330		
CP1335		
CP1340		
CP1345		
CP1350		
CP1355		
CP1360		
CP1365		
CP1370		
T1002 T1003 T1030 T1031	CP1375	
	CP1380	
	CP1310	
	CP1315	
	CP1320	
	CP1385	
	CP1325	
	CP1330	
	CP1335	
	CP1340	
	CP1345	
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	CP1355	
CP1360		
CP1365		
CP1370		
CP1375		
CP1380		



Pre-Billing Validation

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**