



CAREBRIDGE

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



TABLE OF CONTENTS

| | |
|---|----------|
| Introduction to CareBridge Integration | 4 |
| <i>Overview</i> | <i>4</i> |
| <i>What is CareBridge?</i> | <i>4</i> |
| <i>Integration Overview</i> | <i>4</i> |
| <i>SFTP Configuration Requirements.....</i> | <i>5</i> |
| <i>SFTP Folder Structure.....</i> | <i>5</i> |
| <i>SFTP Retention Policy.....</i> | <i>5</i> |
| <i>File Format Specifications</i> | <i>5</i> |
| <i>Naming Convention.....</i> | <i>5</i> |
| <i>Testing Instructions</i> | <i>6</i> |
| <i>Data Field Specifications</i> | <i>8</i> |



SUMMARY OF CHANGES

- **Updated Procedure Code to Care Plan Tasks (V2)**
- **Added New Care Plan Tasks (V2)**
 - CP2071
 - CP2092
 - CP2145
 - CP2150
 - CP2155



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 state. All EVV Visit and Claims data must ultimately be reflected in the CareBridge Platform for state 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.
 - Provider takes action on response errors and resubmits visits.
 - 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.
 - 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 / states.
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.

*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***.*



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. If a visit has been sent with *ClaimAction* 'N', do not re-submit until it reaches a terminal status (Rejected, Paid, Denied), or an error was included for that visit in the CareBridge Response File.

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 loading 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 in UTC.**
- 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

Visit Files from Third Party EVV Vendors

The general naming convention is as follows:

VISITS_WY_ProviderTaxID_YYYYMMDDHHMMSS.CSV

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



TEST_VISITS_WY_ProviderTaxID_YYYYMMDDHHMMSS.CSV

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

CareBridge Response File

VISITS_WY_ProviderTaxID_ERROR_YYYYMMDDHHMMSS.txt

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

TEST_VISITS_WY_ProviderTaxID_ERROR_YYYYMMDDHHMMSS.txt

TESTING INSTRUCTIONS

Testing Overview

Vendors are required to complete testing scenarios in order to begin sending production data to CareBridge.

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: **Wyoming - 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 > Wyoming - 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 successful 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 |

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 | |

| Field No | Field Name | Description | Data Type | Required for | | Example | Max Length |
|----------|---------------------|---|--------------|---|---|--|------------|
| | | | | Scheduled Appointment | Completed Visit | | |
| 3 | TransactionDateTime | Time stamp associated with the visit data being sent to CareBridge | Datetime | Y | Y | YYYY-MM-DDTHH:MM:SSZ "2020-01-01T14:00:00Z" | |
| 4 | ProviderName | Name of provider | Alphanumeric | Y | Y | Home Health, LLC | 255 |
| 5 | ProviderID | Unique identifier for the provider (in Third-party EVV system) | Alphanumeric | Y | Y | 43134 | 35 |
| 6 | ProviderNPI | NPI of provider | Numeric | Y (required unless the provider is atypical) | Y (required unless the provider is atypical) | 1609927680 | 10 |
| 7 | ProviderEIN | Tax ID or EIN of provider | Alphanumeric | Y | Y | 208076837 | 10 |
| 8 | ProviderMedicaidID | MedicaidID number for provider | Alphanumeric | Y | Y | 982123567 | |
| 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 | UniqueID assigned to caregiver by Provider Agency (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 | MemberMedicaidID | Medicaid ID for member | Alphanumeric | Y | Y | 362714245 | |
| 16 | MemberID | Member ID in Vendor System | Alphanumeric | N | N | 362714245 | |
| 17 | MemberDateOfBirth | Date of birth of member | Alphanumeric | N | N | YYYY-MM-DD | |
| 18 | ApptStartDateTime | Date / Time that the appointment was scheduled to begin | DateTime | Y | Y | YYYY-MM-DDTHH:MM:SSZ "2020-01-01T14:00:00Z" | |

| Field No | Field Name | Description | Data Type | Required for | | Example | Max Length |
|----------|------------------------|--|--------------|-----------------------|----------------------------|--|------------|
| | | | | Scheduled Appointment | Completed Visit | | |
| 19 | ApptEndTime | Date / Time that the appointment was scheduled to end | DateTime | Y | Y | YYYY-MM-DDTHH:MM:SSZ "2020-01-01T14:00:00Z" | |
| 20 | ApptCancelled | (C) if appointment was cancelled | Alphanumeric | N | N | C | |
| 22 | CheckInDateTime | Date / Time that the visit was checked into in UTC | Datetime | N | Y | YYYY-MM-DDTHH:MM:SSZ "2020-01-01T14:00:00Z" | |
| 23 | CheckInMethod | EVV (E), Manual (M), IVR (I) | Alphanumeric | N | Y | E | |
| 24 | CheckInStreetAddress | Street address where check in occurred | Alphanumeric | N | Y | 123 Main St | |
| 25 | CheckInStreetAddress2 | Additional street address info where check in occurred | Alphanumeric | N | Y | Suite B | |
| 26 | CheckInCity | City where check in occurred | Alphanumeric | N | Y | Jackson | |
| 27 | CheckInState | State where check in occurred | Alphanumeric | N | Y | WY | |
| 28 | CheckInZip | Zip code where check in occurred | Alphanumeric | N | Y | 83002 | |
| 29 | CheckInLat | Latitude of coordinates where check in occurred | Alphanumeric | N | Y, if CheckInMethod = E | ##.##### | |
| 30 | CheckInLong | Longitude of coordinates where check in occurred | Alphanumeric | N | Y, if CheckInMethod = E | ###.##### | |
| 31 | CheckOutDateTime | Date / Time that the visit was checked out in UTC | Datetime | N | Y | YYYY-MM-DDTHH:MM:SSZ "2020-01-01T14:00:00Z" | |
| 32 | CheckOutMethod | EVV (E), Manual (M), IVR (I) | Alphanumeric | N | Y | E | |
| 33 | CheckOutStreetAddress | Address where check out occurred | Alphanumeric | N | Y | 123 Main St | |
| 34 | CheckOutStreetAddress2 | Additional address info where check out occurred | Alphanumeric | N | Y | Suite B | |
| 35 | CheckOutCity | City where check out occurred | Alphanumeric | N | Y | Jackson | |
| 36 | CheckOutState | State where check out occurred | Alphanumeric | N | Y | WY | |

| Field No | Field Name | Description | Data Type | Required for | | Example | Max Length |
|----------|------------------------|--|--------------|-----------------------|-----------------------------|---|------------|
| | | | | Scheduled Appointment | Completed Visit | | |
| 37 | CheckOutZip | Zip code where check out occurred | Alphanumeric | N | Y | 83002 | |
| 38 | CheckOutLat | Latitude of coordinates where check out occurred | Alphanumeric | N | Y, if CheckOutMethod = E | ###.##### | |
| 39 | CheckOutLong | Longitude of coordinates where check out occurred | Alphanumeric | N | Y, if CheckOutMethod = E | ###.##### | |
| 40 | AuthRefNumber | Authorization Number as indicated by health plan | Alphanumeric | Y | Y | 1080421390 | |
| 42 | ServiceCode | Service code for services rendered during visit (HCPCS Procedure Code) | Alphanumeric | Y | Y | S5135 <i>See Rate & Unit Definitions table</i> | |
| 43 | Modifier 1 | Modifier code for services rendered during visit | Alphanumeric | N | N | TT | |
| 44 | Modifier 2 | Second modifier code for services rendered during visit | Alphanumeric | N | N | HQ | |
| 45 | Modifier 3 | Third modifier code for services rendered during visit | Alphanumeric | N | N | HA | |
| 46 | Modifier 4 | Fourth modifier code for services rendered during visit | Alphanumeric | N | N | U2 | |
| 47 | TimeZone | Time zone that the visit took place in | Alphanumeric | Y | Y | US/Mountain | |
| 48 | CheckInIVRPhoneNumber | Phone Number used to check in | Alphanumeric | N | Y, if CheckInMethod = I | 14156665555 | |
| 49 | CheckOutIVRPhoneNumber | Phone Number used to check out | Alphanumeric | N | Y, if CheckOutMethod = I | 14156665555 | |
| 50 | ApptNote | Free text note related to the visit | Alphanumeric | N | N | Scheduling related note | |
| 51 | DiagnosisCode | ICD-10 Diagnosis code attributed to the visit | Alphanumeric | N | N | I50.9 | |
| 52 | ApptAttestation | Member attestation associated with the visit | Alphanumeric | N | Y | See Member Attestation Codes table | |

| Field No | Field Name | Description | Data Type | Required for | | Example | Max Length |
|----------|---------------------------|---|--------------|-----------------------|---|---|------------|
| | | | | Scheduled Appointment | Completed Visit | | |
| 53 | ManualReason | Reason for manual entry associated with the visit | Alphanumeric | N | Y, if CheckInMethod or CheckOutMethod= M | See Manual Reasons Codes table | |
| 54 | EarlyReason | Reason the visit was late | Alphanumeric | N | Y, if check in occurred greater than 30 minutes prior to scheduled start time | See Manual Reasons Codes table | |
| 55 | EarlyAction | Action taken due to visit being late | Alphanumeric | N | Y, if check in occurred between 30 minutes three hours prior the scheduled start time | See Manual Reasons Codes table | |
| 56 | LateReason | Reason the visit was late | Alphanumeric | N | Y, if check in occurred between 30 minutes three hours after the scheduled start time | See Late Reasons Codes table | |
| 57 | LateAction | Action taken due to visit being late | Alphanumeric | N | Y, if check in occurred between 30 minutes three hours after the scheduled start time | See Late Actions Codes table | |
| 58 | 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 | |
| 59 | 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 | |
| 60 | CarePlanTasksCompleted | Tilda delimited list of tasks completed during the visit | Alphanumeric | N | N | CP2000~CP2015~CP2030 See Care Plan Tasks Codes | |
| 61 | CarePlanTasksNotCompleted | Tilda delimited list of tasks not completed during the visit | Alphanumeric | N | N | CP2005~CP2020~CP2025 See Care Plan Tasks Codes | |
| 62 | CaregiverSurveyQuestions | Tilda delimited list of survey questions presented to the caregiver | Alphanumeric | N | N | SQ1000~SQ1005 See Survey Questions Codes | |

| Field No | Field Name | Description | Data Type | Required for | | Example | Max Length |
|----------|----------------------------|---|--|-----------------------|-----------------|--|------------|
| | | | | Scheduled Appointment | Completed Visit | | |
| 63 | CaregiverSurveyResponses | Tilda delimited list of survey responses to questions presented to the caregiver in the same order as the questions listed for CaregiverSurveyQuestions | Alphanumeric | N | N | Yes~No | |
| 64 | Rate | Billed unit rate associated with the visit | Decimal | N | Y, if billed | Ex 1. 5.50 Ex 2. 289.00 <i>See Rate & Unit Definitions table</i> | |
| 65 | ClaimAction | New Claim (N), Void (V) | Alphanumeric | N | Y | N | |
| 101 | Claim Invoice Number 1 | Claim level invoice number in Third-party system | <p>These fields can be used for reconciliation of the data sent to CareBridge.</p> <p>If you would like to use these fields, please contact the CareBridge Integration team at evvintegration@carebridgehealth.com</p> <p>To enable these fields, additional testing is required.</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 system | | | | | |
| 104 | Line Item Invoice Number 2 | Unique identifier of the invoice line item in the Third-party system | | | | | |



Rate & Unit Definitions

| WaiverType | ServiceCode | Modifier1 | Unit Type | Unit Quantity |
|------------|-------------|-----------|-----------|---------------|
| CCW | S5125 | | Minutes | 15 |
| CCW | T1004 | | Minutes | 15 |
| CCW | T1002 | | Minutes | 15 |
| CCW | T1003 | | Minutes | 15 |
| CCW | S5150 | | Minutes | 15 |
| DDS/DDC | T1019 | | Minutes | 15 |
| DDS/DDC | T2027 | | Minutes | 15 |
| DDS/DDC | T2027 | HA | Minutes | 15 |
| DDS/DDC | S5135 | | Minutes | 15 |
| DDS/DDC | S5135 | TT | Minutes | 15 |
| DDS/DDC | T1005 | | Minutes | 15 |
| DDS/DDC | T1005 | HQ | Minutes | 15 |
| DDS/DDC | S5151 | | Minutes | 15 |
| DDS/DDC | S5151 | HQ | Visit | 1 |
| DDS/DDC | T1002 | | 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/out |
| MR1025 | Missing/waiting for authorization |

Early Reasons Codes

| Code | Description |
|--------|--------------------|
| ER1000 | Caregiver error |
| ER1005 | Technical issue |
| ER1010 | Member rescheduled |



Early Visit Actions Taken Codes

| Code | Description |
|--------|-------------------------------|
| EA1000 | Rescheduled |
| EA1005 | Back-up plan initiated |
| EA1010 | Contacted service coordinator |
| EA1015 | Contacted member services |
| EA1020 | Caregiver checked in early |

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 |

Late Visit Actions Taken Codes

| Code | Description |
|--------|-------------------------------|
| LA1000 | Rescheduled |
| LA1005 | Back-Up Plan Initiated |
| LA1010 | Contacted Service Coordinator |
| LA1015 | Contacted 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 |

Missed Visit Actions Taken Codes

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



MCOID Codes

| Code | Description |
|--------|------------------------------|
| WY_DOH | Wyoming Department of Health |

Care Plan Tasks

Note: Care Plan Tasks are restricted by Procedure Code as indicated in the Procedure Code to Care Plan Tasks section. Care Plan Tasks that are not included in the mapping for a given procedure code are not valid for that procedure code.

| Code | Description |
|--------|-------------------------------------|
| CP2000 | Bathing |
| CP2005 | Bathing, grooming, personal hygiene |
| CP2010 | Communication |
| CP2011 | Community integration |
| CP2015 | Dressing |
| CP2020 | Eating |
| CP2025 | Assist w/ Essential housekeeping |
| CP2030 | Essential transportation |
| CP2035 | Financial and scheduling assistance |
| CP2040 | Functional Mobility |
| CP2045 | Grooming: Nail Care |
| CP2050 | Grooming: Oral Care |
| CP2055 | Grooming: Shaving/Applying Makeup |
| CP2060 | Grooming: Skin Care |
| CP2065 | Light housekeeping |
| CP2070 | Meal Preparation |
| CP2071 | Assist w/ Meal Preparation |
| CP2075 | Meal preparation and feeding |
| CP2080 | Medication assistance |
| CP2085 | Minor wound care |
| CP2090 | Shopping |
| CP2091 | Skill development |
| CP2092 | Assist w/ Shopping |
| CP2095 | Skilled Care: Bathing |
| CP2100 | Skilled Care: Eating |
| CP2105 | Skilled Care: Mobility |
| CP2110 | Skilled Care: Toileting |
| CP2115 | Skilled Nail Care |
| CP2120 | Skilled Nursing Care |
| CP2125 | Skilled Oral Care |
| CP2130 | Skilled Skin Care |
| CP2131 | Socialization |
| CP2135 | Toileting |
| CP2140 | Transferring, ambulation, mobility |
| CP2145 | Light Housework |
| CP2150 | Laundry |
| CP2155 | Physical health maintenance |



Procedure Code to Care Plan Tasks

| Procedure code | Care Plan Task Code | Procedure code | Care Plan Task Code | Procedure code | Care Plan Task Code |
|----------------|---------------------|----------------|---------------------|----------------|---------------------|
| T1002 | CP2100 | T1019 | CP2015 | S5151 | CP2015 |
| | CP2095 | | CP2005 | | CP2005 |
| | CP2125 | | CP2075 | | CP2075 |
| | CP2115 | | CP2135 | | CP2135 |
| | CP2130 | | CP2140 | | CP2140 |
| | CP2110 | | CP2035 | | CP2085 |
| | CP2105 | | CP2080 | | CP2030 |
| | CP2080 | | CP2145 | | CP2080 |
| | CP2085 | | CP2150 | S5125 | CP2020 |
| | CP2120 | T2027 | CP2015 | | CP2000 |
| T1003 | CP2100 | | CP2005 | | CP2015 |
| | CP2095 | | CP2075 | | CP2045 |
| | CP2125 | | CP2135 | | CP2050 |
| | CP2115 | | CP2010 | | CP2055 |
| | CP2130 | | CP2030 | | CP2060 |
| | CP2110 | | CP2080 | | CP2135 |
| | CP2105 | | CP2091 | | CP2040 |
| | CP2080 | | CP2131 | | CP2065 |
| | CP2085 | | CP2011 | | CP2090 |
| | CP2120 | | CP2155 | | CP2070 |
| T1004 | CP2020 | S5135 | CP2005 | S5150 | CP2020 |
| | CP2000 | | CP2025 | | CP2000 |
| | CP2015 | | CP2035 | | CP2015 |
| | CP2050 | | CP2010 | | CP2045 |
| | CP2045 | | CP2030 | | CP2050 |
| | CP2060 | | CP2080 | | CP2055 |
| | CP2055 | | CP2092 | | CP2060 |
| | CP2135 | | CP2071 | | CP2135 |
| | CP2040 | | CP2131 | | CP2040 |
| | CP2065 | | CP2011 | | CP2065 |
| | CP2090 | T1005 | CP2015 | | CP2090 |
| | CP2070 | | CP2005 | | CP2070 |
| | | | CP2075 | | |
| | | | CP2135 | | |
| | | | CP2140 | | |
| | | | CP2085 | | |
| | | | CP2030 | | |
| | | | CP2080 | | |



Survey/Observed Changes Question

| Code | Task Description |
|--------|--|
| SQ1000 | Did the member's health or illness worsen since your last visit? |
| SQ1005 | Did you notice or were you told about any safety risks in the home today? |
| SQ1010 | Does the member have any problems taking their medication? |
| SQ1015 | Has the member been admitted to the hospital or emergency room since the last visit? |
| SQ1020 | Has the member fallen since the last visit? |
| SQ1025 | Is the member looking or acting different than they usually do? |

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**