

CareBridge and Electronic Visit Verification (EVV) Implementation for Home Health Claim Denial(s)

UnitedHealthcare Community Plan of Tennessee

UnitedHealthcare Community Plan of Tennessee has been working closely with CareBridge to create an EVV solution that will work best for you.

Effective, October 1, 2024, UnitedHealthcare Community Plan will require home health providers* to utilize CareBridge (EVV) to document visits for Phase 2 home health services* listed below. In addition, claims must be generated through CareBridge (EVV), or they will be denied causing payment delays.

Phase 2 Home Health codes include the following services:

G0151 G0152 G0153 G0155 G0156
G0157 G0158 G0159 G0160 G0162
G0299 G0300 G0493 G0494 G0495
G0496 S9127 S9129 S9131 S9474

*Hospice providers providing **hospice services** are **excluded** from this EVV requirement, including claim submission. Claims for hospice services should not be submitted via CareBridge.

We encourage you to begin using EVV immediately to allow time to prepare for this change. Being comfortable with EVV will be important so you don't experience a disruption in claims reimbursement and to ensure you are fully operational by the deadline.

Important Information

As we prepare for this new phase in the EVV process, we wanted share additional information we believe to be important for home health providers.

Authorization request-

For services that sometimes require the ability to interchange due to staffing or member needs, we encourage providers to request the appropriate amount of each service needed at the time of your request. If a provider determines they need to provide a specific service not included in the initial request, it will be necessary for you to submit a new request for the additional service(s). Each service authorized (RN and/or LPN) will be required to be documented per visit and to allow for the claim to be generated in CareBridge (EVV).

Codes that could be impacted by this are below:

S9123 (RN) /S9124 (LPN)
G0299 (RN)/G0300 (LPN)

G0493 (RN)/G0494 (LPN)

G0495(RN)/G0496 (LPN)

UnitedHealthcare Community Plan of Tennessee has historically provided a single “parent” authorization ID number when approving services even if multiple services were authorized. While those additional services have a different authorization ID number, this was not required for providers to submit with their claim, prior to EVV. This has created an unintended consequence for providers in the CareBridge EVV system where they are unable to find the additional “child” authorization ID number in EVV.

Beginning [DATE] the CareBridge system will connect the “parent” authorization received at approval with any “child” authorizations so that providers can find all services by using the “parent” authorization number provided at the time of the initial request. Services authorized with date(s) of service starting, August 1,2023, will be retroactively updated within CareBridge to reflect this change.

If a service does not require an authorization, providers will continue to receive a decision ID (Example: DECISION ID #: D123456789), confirming communication with the provider. These decision IDs are not in the CareBridge system and should not be used when providers complete a visit and/or submit a claim.

CareBridge Billing Frequency-

Providers who have not yet signed up with CareBridge can select their preferred billing frequency option via the Request for Login Information form. Providers who have already received their login credentials can select or change their frequency selection directly in the CareBridge portal through the settings tab.

All providers, regardless of user type are required to setup their billing frequency before being able to bill for EVV services. This can be initially selected on the Request for Login Information form. UnitedHealthcare Community Plan offers providers three billing frequency options through CareBridge- daily (nightly claim submission), weekly (Sunday night claim submission for billing week (Sun-Sat)), and monthly (claims for the entire month will be held and billed on 1st day of the following month). Please visit CareBridge [here](#) to learn more.

CareBridge Pre-Billing Rejections-

CareBridge has removed pre-billing rejections for the following:

Exceeding authorized units

- CareBridge will now issue a pre-billing warning stating services provided are exceeding authorized units.
- Providers will be able to submit claims with the units the provider completed. UnitedHealthcare Community Plan will process the claim per the authorized units allowed.

Member eligibility termed

- CareBridge will now issue a pre-billing warning stating member eligibility has terminated.
- Providers will be able to submit claims per the services completed. UnitedHealthcare Community Plan will process the claim per the members eligibility.

Weekly ICN Spans-

CareBridge standard weekly span defaults with the start day of the week as **Sunday** and weekly ICNs span from **Sunday through Saturday**. If you would like to submit weekly ICNs with a **different start day** of week (e.g. weeks that run Monday - Sunday), please reach out to evvintegration@carebridgehealth.com.

EVV Resources

[TN Home Health Provider Agencies – CareBridge \(carebridgehealth.com\)](#) – here you will find additional print and video resources to assist you in getting started using CareBridge.

If you have questions, please feel free to contact **CareBridge** at tnevv@carebridgehealth.com or **844-482-0256**.

Questions? We are here to help.

Chat with a live advocate 24/7 from the [UnitedHealthcare Provider Portal](#). You can also contact UnitedHealthcare Provider Services at **800-690-1606**, 7 a.m.–5 p.m. CT, Monday–Friday.