



New York State UB04 Billing Guidelines

**OFFICE OF MENTAL HEALTH (OMH)
CERTIFIED RESIDENTIAL REHAB SERVICES**



eMedNY is the name of the electronic New York State Medicaid system. The eMedNY system allows New York Medicaid providers to submit claims and receive payments for Medicaid-covered services provided to eligible members.

eMedNY offers several innovative technical and architectural features, facilitating the adjudication and payment of claims and providing extensive support and convenience for its users.

The information contained within this document was created in concert by DOH and eMedNY. More information about eMedNY can be found at www.emedny.org.

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*For eMedNY Billing Guideline questions, please contact the
eMedNY Call Center 1-800-343-9000.*

1. Purpose Statement

The purpose of this document is to augment the General Billing Guidelines for institutional claims with the NYS Medicaid specific requirements and expectations for the Office of Mental Health (OMH) Certified Residential Rehab Services.

For providers new to NYS Medicaid, it is required to read the General Institutional Billing Guidelines available at www.emedny.org or by clicking: [General Institutional Billing Guidelines](#).

2. Claims Submission

OMH Certified Residential Rehab Services providers can submit their claims to NYS Medicaid in electronic or paper formats.

2.1 Electronic Claims

OMH Certified Residential Rehab Services providers who choose to submit their Medicaid claims electronically are required to use the HIPAA 837 Institutional (837I) transaction.

2.2 Paper Claims

OMH Certified Residential Rehab Services providers who choose to submit their claims on paper forms must use the National Uniform Billing Committee (NUBC) UB-04 claim form.

To view a sample OMH Certified Residential Rehab Services UB-04 claim form, see Appendix A. The displayed claim form is a sample and is for illustration purposes only.

2.3 OMH Certified Residential Rehab Services Billing Instructions

This subsection of the Billing Guidelines covers the specific NYS Medicaid billing requirements for OMH Certified Residential Rehab Services providers. Although the instructions that follow are based on the UB-04 paper claim form, they are also intended as a guideline for electronic billers to find out what information they need to provide in their claims. For further electronic claim submission information, refer to the eMedNY 5010 Companion Guide which is available at www.emedny.org by clicking: [eMedNY Transaction Information Standard Companion Guide](#).

It is important that providers adhere to the instructions outlined below. Claims that do not conform to the eMedNY requirements as described throughout this document may be rejected, pending, or denied.

2.3.1 UB-04 Claim Form Field Instructions

Statement Covers Period From/Through (Form Locator 6)

837I Ref: Loop 2300 DTP03 when DTP01 = 434

For *monthly* rates, only *one* date of service can be billed per claim form.

Enter the date of service in the FROM box according to the instructions below. The THROUGH box may contain the same date of service or be left blank.

Dates must be entered in the format MMDDYYYY.

NOTE: Claims must be submitted within 90 days of the date of service entered in this field unless acceptable circumstances for the delay can be documented. Information about billing claims over 90 days or two years from the Date of Service is available in the 'All Providers General Billing Guideline Information' section available at www.emedny.org by clicking on the link to the webpage as follows: Information for All Providers.

Date of Service Rules

For monthly and semi-monthly rate codes, the date of service should be as follows:

- **Monthly (Full month) = 21 Days in residence with 4 services delivered**

The date of service must be the last day of the month in which the services were rendered.

- **Semi-Monthly (1st half) = 11 Days in residence with 2 services delivered**

The patient must be admitted prior to the 11th day of the month. The date of service is the last day of the month in which the services were rendered.

- **Semi-Monthly (2nd half) = 11 Days in residence with 2 services delivered**

The patient must be admitted on or after the 11th day of the month. The date of service is the second to last day of the month in which the services were rendered.

If the patient loses eligibility before the last day of the service month, the date on which the last of the required face-to-face contacts was made should be entered as service date. Providers are required to verify patient eligibility through MEVS in order to ensure payment.

The discharge day will not count toward the 11 days or 21 days required for semi-monthly and monthly billings, respectively. Also, patient days in a hospital or any Medicaid reimbursable facility will not count toward days in residence within these licensed residential/housing programs.

Untitled [Principal Diagnosis Code] (Form Locator 67)

837I Ref: Loop2300 HI0x-2

Using the *International Classification of Diseases, Ninth Edition, Clinical Modification (ICD-9-CM)* coding system, enter the appropriate code that describes the main condition or symptom of the patient as indicated in the service order form.

Only designated OMH diagnosis codes will be accepted. The ICD-9-CM code must be entered exactly as it is listed in the manual. The remaining Form Locators labeled A – Q may be used to indicate secondary diagnosis information.

3. Remittance Advice

The Remittance Advice is an electronic, PDF or paper statement issued by eMedNY that contains the status of claim transactions processed by eMedNY during a specific reporting period. Statements contain the following information:

- A listing of all claims (identified by several items of information submitted on the claim) that have entered the computerized processing system during the corresponding cycle
- The status of each claim (denied, paid or pending) after processing
- The eMedNY edits (errors) that resulted in a claim denied or pending
- Subtotals and grand totals of claims and dollar amounts
- Other pertinent financial information such as recoupment, negative balances, etc.

The General Remittance Advice Guidelines contains information on selecting a remittance advice format, remittance sort options, and descriptions of the paper Remittance Advice layout. This document is available at www.emedny.org by clicking: [General Remittance Billing Guidelines](#).

APPENDIX A CLAIM SAMPLES

The eMedNY Billing Guideline Appendix A: Claim Samples contains images of claims with sample data.

OMH Certified Rehabilitation Services – UB-04 Sample Claim

APPROVED OMB NO. 0938-0279

1 City Home Care		2		3a PAT. CNTL# AB1234567		4 TYPE OF BILL 340	
111 Main Street		b. MED. REC #		5 FED. TAX NO.		6 STATEMENT COVERS PERIOD FROM 04/01/2007 THROUGH	
Anytown, NY 11111-1111		8 PATIENT NAME a. SMITH, WILLIAM		9 PATIENT ADDRESS b.			
10 BIRTH DATE 04/19/40	11 SEX M	12 ADMISSION DATE	13 HR	14 TIME	15 SRC	16 DHR	17 STAT
ADMISSION CONDITION CODES		18		19		20	
21	22	23	24	25	26	27	28
31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE		34 OCCURRENCE DATE	
35 OCCURRENCE SPAN FROM		36 OCCURRENCE SPAN THROUGH		37 OCCURRENCE CODE		38 OCCURRENCE SPAN FROM	
39 VALUE CODES CODE		40 VALUE CODES AMOUNT		41 VALUE CODES CODE		42 VALUE CODES AMOUNT	
a. 61	003.	24	4369.	A3	00.00		
b.	.	.	.	.	.
c.	.	.	.	.	.
d.	.	.	.	.	.
43 REV CD 0001	44 DESCRIPTION	45 HCPCS / RATE / HIPPS CODE	46 SERV. DATE	47 SERV. UNITS	48 TOTAL CHARGES 2000.00	49 NON-COVERED CHARGES	50
1							1
2							2
3							3
4							4
5							5
6							6
7							7
8							8
9							9
10							10
11							11
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16							16
17							17
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21							21
22							22
PAGE 1 OF 1		CREATION DATE		TOTALS			
51 PAYER NAME Blue Cross	52 HEALTH PLAN ID	53 REL INFO	54 PRIOR PAYMENTS +	55 EST. AMOUNT DUE +	56 NPI 1234567890	57 OTHER PRIV ID	
58 INSURED'S NAME		59 P-REL	60 INSURED'S UNIQUE ID None	61 GROUP NAME		62 INSURANCE GROUP NO. AB12345C	
63 TREATMENT AUTHORIZATION CODES		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME			
66 DK 309.0		A	B	C	D	E	F
67		G	H	I	J	K	L
68 ADMIT DX	69 PATIENT REASON DX	a	b	c	70 PPS CODE	71 ECI	a b c
74 PRINCIPAL PROCEDURE CODE	75 OTHER PROCEDURE CODE	76 ATTENDING NPI	77 OPERATING NPI	78 OTHER DN	79 OTHER NPI	80 REWARDS	81 CC a b c d
QUAL	QUAL	QUAL	QUAL	QUAL	QUAL		
LAST	FIRST	LAST	FIRST	LAST	FIRST		
82		83		84		85	
86		87		88		89	
90		91		92		93	
94		95		96		97	
98		99		00		01	

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OFFICE OF MENTAL HEALTH (OMH) CERTIFIED RESIDENTIAL REHAB SERVICES