



# **New York State UB-04 Billing Guidelines**

**ASSISTED LIVING PROGRAM (ALP)**



**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](http://www.emedny.org).**

## TABLE OF CONTENTS

1. Purpose Statement.....	4
2. Claims Submission .....	5
2.1 Electronic Claims.....	5
2.2 Paper Claims.....	5
2.3 ALP Services Billing Instructions.....	5
2.3.1 UB-04 Claim Form Field Instructions.....	5
3. Remittance Advice.....	7
Appendix A Claim Samples.....	8

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

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# 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 Assisted Living Program (ALP).

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

## 2. Claims Submission

ALP providers can submit their claims to NYS Medicaid in electronic or paper formats.

### 2.1 Electronic Claims

ALP providers who choose to submit their Medicaid claims electronically are required to use the HIPAA 837 Institutional (837I) transaction.

### 2.2 Paper Claims

ALP 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 ALP UB-04 claim form, see Appendix A. The displayed claim form is a sample and is for illustration purposes only.

### 2.3 ALP Services Billing Instructions

This subsection of the Billing Guidelines covers the specific NYS Medicaid billing requirements for ALP 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](http://www.emedny.org) by clicking: [eMedNY Transaction Information Standard Companion Guide CAQH - CORE CG X12](#).

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)

Enter the date(s) of service claimed in accordance with the instructions provided below.

- **When billing for one date of service**, enter the date in the FROM box. The THROUGH box may contain the same date or may be left blank.
- **When billing for multiple dates of service**, enter the first service date of the billing period in the FROM box and the last service date in the THROUGH box. The FROM/THROUGH dates must be in the same calendar month.

Dates must be entered in the format MMDDYYYY.

**NOTES:**

- *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](http://www.emedny.org) by clicking on the link to the webpage as follows: [General Billing](#).*
- *Do not include full days covered by Medicare or other third-party insurers as part of the period of service.*

**Other (Form Locator 78)**

NYS Medicaid uses this field to report the Referring Provider.

Complete this field if an admission or a discharge (other than to home or self care) occurred during the service period covered by this statement (Form Locator 6).

**For an Admission**

Enter the NPI of the referring/previous provider.

*NOTE: If the patient is admitted from home, enter the NPI of the physician who last examined the patient and determined that nursing home care was appropriate.*

**For a Bed Reservation**

Enter the NPI of the practitioner who admitted the patient to the hospital.

### 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 pended) after processing
- The eMedNY edits (errors) that resulted in a claim denied or pended
- 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](http://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.



### Assisted Living Program - UB-04 Sample Claim

APPROVED OMB NO. 0938-0279

1 Anytown Assisted Living										2										3a PAT. CNTL# AB1234567										4 TYPE OF BILL 250																			
1 Maple Avenue										b MED. REC#										5 FED. TAX NO.										6 STATEMENT COVERS PERIOD FROM 04012007 THROUGH 04302007																			
7 Anytown, NY 11111										8 PATIENT NAME a SMITH, WILLIAM										9 PATIENT ADDRESS b										c																			
10 BIRTH DATE 04191940										11 SEX M										12 DATE OF ADMISSION										13 HR 14 TYPE 15 SAC 16 DHR 17 STAT 18 19 20 21 22 23 24 25 26 27 28 29 ACCT STATE 30																			
31 OCCURRENCE CODE DATE					32 OCCURRENCE CODE DATE					33 OCCURRENCE CODE DATE					34 OCCURRENCE CODE DATE					35 OCCURRENCE SPAN FROM THROUGH					36 OCCURRENCE SPAN FROM THROUGH					37																			
38										39 VALUE CODES CODE AMOUNT					40 VALUE CODES CODE AMOUNT					41 VALUE CODES CODE AMOUNT																													
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										b A3 00.00					80 30.																																		
										c																																							
										d																																							
42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49																																										
1 0001					3000.00	.																																											
2					.	.																																											
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23	PAGE ___ OF ___					CREATION DATE					TOTALS																																						
50 PAYER NAME Blue Cross Medicaid										51 HEALTH PLAN ID										52 REL INFO										53 ASO BEN																			
54 PRIOR PAYMENTS										55 EST. AMOUNT DUE										56 NPI										57 OTHER PRV ID None 00123456																			
58 INSURED'S NAME										59 P. REL										60 INSURED'S UNIQUE ID None AB12345C										61 GROUP NAME										62 INSURANCE GROUP NO									
63 TREATMENT AUTHORIZATION CODES NONE 31425364119										64 DOCUMENT CONTROL NUMBER										65 EMPLOYER NAME																													
66 DX		67		A		B		C		D		E		F		G		H		68																													
		I		J		K		L		M		N		O		P		Q																															
69 ADMIT DX					70 PATIENT REASON DX					71 PPS CODE					72 ECI					73																													
74 PRINCIPAL PROCEDURE CODE DATE										OTHER PROCEDURE CODE DATE										75																													
76 ATTENDING NPI										QUAL										77 OPERATING NPI										QUAL																			
78 OTHER NPI										QUAL										79 OTHER NPI										QUAL																			
80 REMARKS										81 CC										LAST										FIRST																			
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UB-04 CUS1450 © 2008 NUBC      DUB APPROVAL PENDING      NUBC      THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF

ASSISTED LIVING PROGRAM (ALP)