



# **New York State UB04 Billing Guidelines**

**HOSPICE**



**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).**

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***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 Hospice Services.

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) by clicking: [General Institutional Billing Guidelines](#).

## 2. Claims Submission

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

### 2.1 Electronic Claims

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

### 2.2 Paper Claims

Hospice providers who choose to submit their claims on paper forms must use the National Uniform Billing Committee (NUBC) standard UB-04 claim form.

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

### 2.3 Hospice Services Billing Instructions

This subsection of the Billing Guidelines covers the specific NYS Medicaid billing requirements for Hospice 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 eMedNY 5010 Companion Guide which is available at [www.emedny.org](http://www.emedny.org) by clicking on the link: [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)

##### 837I Ref: Loop 2300 DTP03 when DTP01 = 434

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

- When billing for one date of service, enter the same date in the FROM and THROUGH boxes
- When billing for multiple consecutive 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. Instructions for billing multiple dates of service are provided below in Form Locators 42 – 47.

Dates must be entered in the format MMDDYYYY.

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## Hospice Claims for Nursing Home - Room and Board Only

A separate claim must be completed if the period of service includes therapeutic or hospital leave days.

### NOTES:

- *Do not include full days covered by Medicare or other third-party insurers as part of the period of service.*
- *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: [General Billing](#).*

## Value Codes (Form Locators 39-41)

### 837I Ref: Loop 2300 HI0x-2

## Recurring Monthly Income - Value Code 23

### Value Code

Code **23** should be used to indicate that the member's Net Available Monthly Income (NAMI) amount is entered under Amount.

### Value Amount

Enter the NAMI amount approved by the local Social Services agency as the member's monthly budget.

In cases where the member's budget has increased, the new amount, rather than the current budgeted amount, should be entered.

If billing occurs more than once a month, enter the full NAMI amount on the *first* claim submitted for the month.

## Medicaid Covered Days – Value Code 80

### Value Code

Code 80 must be used to indicate the total number of days that are covered by Medicaid. If only Medicare co-insurance days are claimed, do not report code 80.

### Value Amount

Enter the actual number of days covered by Medicaid. The Covered Days must be entered to the left of the dollars/cents delimiter.

*Note: The sum of Medicaid Full covered days, Medicaid non-covered days and Medicare co-insurance days must correspond to the Statement Covers Period in Form Locator 6 and should not reflect the day of discharge.*

## Rev. Cd. [Revenue Code] (Form Locator 42)

### 837I Ref: Loop 2400 SV201

NYS Medicaid uses Revenue Codes to identify the following information:

- 0001 (Total Charge) must be present on paper claims and is not used for electronic
- 0185 – Hospital Leave
- 0183 – Therapeutic Leave
- Any other revenue codes applicable to the services rendered

#### Total Charges

Use Revenue Code **0001** to indicate that total charges are entered in Form Locator 47. (Paper claims only)

#### Hospital Leave (Only When Billing for Nursing Home - Room and Board)

To indicate the number of Hospital Leave days entered in Form Locator 46, use revenue code **0185** to indicate the member was hospitalized during the billing period and bed retention was involved.

Hospital Leave must not be claimed together with regular billing; these claims must be submitted on a separate form.

#### Therapeutic Leave (Only When Billing for Nursing Home - Room and Board)

To indicate that the number of Therapeutic Leave days is entered in Form Locator 46, use Revenue Code **0183** to indicate overnight absences, including leave for personal reasons or to participate in medically acceptable therapeutic or rehabilitative plans of care.

Therapeutic Leave must not be claimed together with regular billing; these claims must be submitted on a separate form.

## Serv. Units (Form Locator 46)

### 837I Ref: Loop2400 SV205

If Revenue Code **0185** (Hospital Leave) was used in Form Locator 42, enter the total number of Hospital Leave days on the same line where the revenue code appears. The number of units entered in this field must match the entry in Form Locators 39 – 41, Value Code 80, “Covered Days”.

If Revenue Code **0183** (Therapeutic Leave) was used in Form Locator 42, enter the total number of Therapeutic Leave days on the same line where the revenue code appears. The number of therapeutic days must match the entry in Form Locators 39 – 41, Value Code 80, “Covered Days”.

Otherwise, leave this field blank.

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### 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.

