



New York State UB04 Billing Guidelines

**PERSONAL EMERGENCY RESPONSE
SERVICES (PERS)**



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 Personal Emergency Response 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

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

2.1 Electronic Claims

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

2.2 Paper Claims

PERS providers who choose to submit their claims on paper forms must use the Centers for Medicare and Medicaid Services (CMS) standard UB-04 claim form.

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

2.3 PERS Billing Instructions

This subsection of the Billing Guidelines covers the specific NYS Medicaid billing requirements for PERS 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 by clicking on the link to the webpage as follows: [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 monthly rates, only **one** date of service can be billed per claim form. Enter the date in the FROM box. The THROUGH box may contain the same date or may 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](#).

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 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.

| Personal Emergency Response Services - UB-04 Sample Claim | | | | | | | | | | | | | | | | | | | | | | | | | APPROVED OIG NO. 0935-0279 | | | | | | | | | | | | | | | | |
|--|--|------------------------------|--|------------------------------|-------------------|------------------------------|--|------------------------------|--|--------------------------------------|--|------------------------------|--|-----------------|--------------------|---------|--------------|---------|--|---|--|-----------------|--|---------|----------------------------|------------|------------------------|----------|--|-------------------------------|--|------------------------|--|---------|--|----------|----|------------|--|--|--|
| 1 City HomeCare 111 Main Street Anytown, NY 11111 | | | | | | | | | | 3 PAT CNTL# AB1234567 | | | | | 4 TIME OF BILL 340 | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 PATIENT NAME MURPHY, WILLIAM | | | | | | | | | | 8 PATIENT ADDRESS | | | | | | | | | | 7 STATEMENT COVERS PERIOD FROM 1/4/12 TO 1/4/12 | | | | | | | | | | | | | | | | | | | | | |
| 10 BIRTH DATE 04/19/40 | | 11 SEX M | | 12 DATE | | 13 ADMISSION 13 HR 14 TIME | | 15 BCD | | 16 DHR | | 17 STAT | | 18 | | 19 | | 20 | | 21 | | 22 | | 23 | | 24 | | 25 | | 26 | | 27 | | 28 | | 29 | | 30 | | | |
| 31 OCCURRENCE CODE | | 32 DATE | | 33 OCCURRENCE CODE | | 34 DATE | | 35 OCCURRENCE CODE | | 36 DATE | | 37 OCCURRENCE FROM | | 38 THROUGH | | 39 CODE | | 40 FROM | | 41 THROUGH | | 42 CODE | | 43 FROM | | 44 THROUGH | | 45 CODE | | 46 FROM | | 47 THROUGH | | 48 CODE | | 49 FROM | | 50 THROUGH | | | |
| 39 CODE 61 | | VALUE CODES AMOUNT 003. | | 40 CODE 24 | | VALUE CODES AMOUNT 2513. | | 41 CODE A3 | | VALUE CODES AMOUNT 00.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43 REV CD 0001 | | 43 DESCRIPTION | | | | | | | | | | 44 HOURS / RATE / HPRS CODE | | | | | 45 SERV DATE | | | | | 46 SERV UNITS | | | | | 47 TOTAL CHARGES 83.00 | | | | | 48 NON-COVERED CHARGES | | | | | 49 | | | | |
| PAGE 1 OF 1 CREATION DATE 1/4/12 TOTALS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 50 PAYER NAME Blue Cross Medicaid | | | | | 51 HEALTH PLAN ID | | | | | 52 REL INFO | | | | | 53 PRIOR PAYMENTS | | | | | 54 EST AMOUNT DUE | | | | | 55 NR | | | | | 56 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 12345678901 | | | | | | | | | | 64 DOCUMENT CONTROL NUMBER | | | | | | | | | | 65 EMPLOYER NAME | | | | | | | | | | | | | | | | | | | | | |
| 66 DX 67 | | A | | B | | C | | D | | E | | F | | G | | H | | I | | J | | K | | L | | M | | N | | O | | P | | Q | | R | | | | | |
| 69 ADULT DX | | 70 PATIENT REASON DX | | a | | b | | c | | 71 RPS CODE | | 72 RCI | | a | | b | | c | | 73 | | | | | | | | | | | | | | | | | | | | | |
| 74 INITIAL PROCEDURE CODE DATE | | 75 OTHER PROCEDURE CODE DATE | | 76 OTHER PROCEDURE CODE DATE | | 77 OTHER PROCEDURE CODE DATE | | 78 OTHER PROCEDURE CODE DATE | | 79 OTHER PROCEDURE CODE DATE | | 80 OTHER PROCEDURE CODE DATE | | 81 ATTENDING NP | | 82 QUAL | | 83 LAST | | 84 FIRST | | 85 OPERATING NP | | 86 QUAL | | 87 LAST | | 88 FIRST | | 89 OTHER NP | | 90 QUAL | | 91 LAST | | 92 FIRST | | | | | |
| 80 REMARKS | | | | | | | | | | 81 ICD 9 | | | | | 82 ICD 10 | | | | | 83 ICD 11 | | | | | 84 ICD 12 | | | | | | | | | | | | | | | | |
| THE CERTIFICATIONS ON THE REVERSE APPLY TO THE BILL AND ARE MADE A PART HEREOF | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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