



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 eMedNY and DOH. 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 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 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 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)

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 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 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.

