



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

**COMPREHENSIVE MEDICAID CASE  
MANAGEMENT (CMCM)**



**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 the Comprehensive Case Management Program (CMCM).

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

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

### 2.1 Electronic Claims

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

### 2.2 Paper Claims

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

### 2.3 CMCM Services Billing Instructions

This subsection of the Billing Guidelines covers the specific NYS Medicaid billing requirements for CMCM 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](#).

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 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 for the same rate code**, 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.

- *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.

### Special Instructions for ICM/CMCM Only

Enter the first day of the month subsequent to the month in which services were rendered in the FROM box, unless the patient loses Medicaid eligibility during the service month. If the patient loses eligibility before the first of the month subsequent to the service month, enter the last date the member was eligible.

Only one ICM (Intensive Case Management) claim can be submitted per claim form.

### NOTES:

- *The provider's paper remittance statement will only contain the date of service in the "FROM" box with the total number of units for the sum of all dates of service reported below. Providers who receive an electronic 835 remittance will receive only the claim level dates of service (from and through) as reported on the incoming claim transaction.*
- *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: [Information for All Providers](#).*

## Condition Codes (Form Locators 18–28)

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

NYS Medicaid uses Condition Codes to indicate the following:

- Family Planning
- Possible Disability
- Abortion/Sterilization

**NOTE:** *EPSDT/CTHP and Abortion Sterilization do NOT apply to CMCM claims.*

### Family Planning – A4

If applicable, enter Condition Code **A4** to indicate that the claim relates to family planning.

Under CMCM, the case manager does not provide medical family planning services such as diagnosis, treatment, drugs, supplies and related counseling. These services are furnished, prescribed by, or administered under the supervision of a physician. For the purpose of CMCM billing, except programs with monthly rates, services related to family planning are those that the case manager offers and arranges for to enable individuals to plan their families in accordance with their wishes. CMCM family planning services include, but are not limited to:

- Disseminating information either orally or in writing about available family planning health services;
- Providing for individual or group discussion regarding the need for family planning health services;
- Providing assistance in accessing services by arranging visits with medical family planning providers.

**Possible Disability – A5**

If applicable, enter Condition Code A5 to indicate that the patient's condition appeared to be of a disabling nature.

If neither Family Planning nor Possible Disability are applicable conditions, leave this field blank.

**Value Codes (Form Locators 39-41)****837I Ref: Loop 2300 HI0x-2****Rate Code - Value Code 24**

Rates are established by the Department of Health and other State agencies. At the time of enrollment in Medicaid, providers receive notification of the rate codes and rate amounts assigned to their category of service. Any time that rate codes or amounts change, providers also receive notification from the Department of Health.

**Value Code**

Code **24** should be used to indicate that a rate code is entered under Amount.

**Value Amount**

Enter the rate code that applies to the service rendered. The four-digit rate code must be entered to the left of the dollars/cents delimiter.

**Rate Code Special Instructions**

- ICM/CMCM Only

The ICM (Intensive Case Management) rate code (5200) is a monthly rate representing a minimum of four face-to-face encounters with the patient within a calendar month.

- SCM/CMCM Only

The SCM (Supportive Case Management) rate codes - 5205 and 5206 - are monthly rates representing a minimum of two face-to-face encounters with the patient within a calendar month.

- Blended/CMCM Only

The Blended rate codes - 5250 through 5259 – are monthly rates representing an aggregate minimum number of face-to-face encounters with patients within a calendar month. The minimum number of face-to-face encounters is based on the configuration of the Blended Team. The minimum encounters for each type of team will be based on a schedule provided to Blended Case Management programs by the NYS Office of Mental Health.

- OPWDD/CMCM Only

For the OPWDD (Office for People With Developmental Disabilities) rate code (5221), a minimum of one monthly encounter per case is required in all cases except for patients residing with their families; in that case, a minimum of one quarterly encounter may be maintained instead, if:

- The patient is a child who attends a residential school during the school term and requires intensive case management services only part of the year; or
- The family has requested less frequent contact and the case manager determines that this is appropriate.

- First-time Mothers/Newborns (CMCM Only)

The First-time Mothers/Newborns rate code (5260) is a 15 minute unit rate. Up to four (4) 15 minute units may be billed per service date when one or more of the CMCM services are provided. Each client is allowed a maximum of 260 units (which can be billed over a two and a half year time period).

## Serv. Units (Form Locator 46)

### 837I Ref: Loop2400 SV205

#### Billing for One Date of Service – Multiple Units

If only one date of service was entered in form locator 6 and multiple units of service were performed on that date, enter the number of units on the same line where a Revenue Code other than Revenue Code 0001 was entered in Form Locator 42. To determine the number of units, follow the guidelines below.

All CMCM services, *except as noted below*, are billed in units of 15-minute intervals at a rate determined by the NYS Department of Health and other state departments and approved by the NYS Division of the Budget. The number of units should be calculated in accordance to Exhibit 2.4.1-11.

#### Exhibit 2.4.1-11

1 unit	=	from 5 minutes to 15 minutes
2 units	=	from 16 minutes to 30 minutes
3 units	=	from 31 minutes to 45 minutes
4 units	=	from 46 minutes to 60 minutes, etc.

For example, if the time spent providing case management is 20 min, enter two (2) units of service in this field. If one hour of case management service is provided, enter four (4) units of service in this field.

#### COMPREHENSIVE MEDICAID CASE MANAGEMENT (CMCM)



**Service Units Special Instructions****For First-time Mothers/Newborns Only**

Up to four (4) 15 minute units can be billed per service date. Each client is allowed a maximum of 260 units (which can be billed over a two and a half year time period). The number of units should be calculated in accordance with the chart below

Exhibit 2.4.1-12

1 unit	=	from 5 minutes to 15 minutes
2 units	=	From 16 minutes to 30 minutes
3 units	=	From 31 minutes to 45 minutes
4 units	=	From 46 minutes to 60 minutes

**For TASA Only**

The units are computed as shown in Exhibit 2.4.1-13.

Exhibit 2.4.1-13

1 unit	=	6 minutes	to	21 minutes
2 units	=	22 minutes	to	36 minutes
3 units	=	37 minutes	to	51 minutes
4 units	=	52 minutes	to	1 hour 6 minutes
5 units	=	1 hour 7 minutes	to	1 hour 21 minutes, etc.

**Billing for Multiple Dates of Service**

If a range of service dates was entered in form locator 6, enter the number of units of service corresponding to each date of service in this field on the same lines where Revenue Code 0240 was entered in form locator 42.

**For ICM/CMCM, SCM/CMCM, Blended/CMCM, and OMH/CMCM Only**

Leave this field blank.

**NOTE:** *If the Service Units field is blank, payment will be made for one unit of service.*

### 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.

<b>CMCM UB-04 Claim Sample</b>										APPROVED OMB NO. 0938-0275	
1 City Home Care		2		3 PAT ONTL#			AB1234567			4 TYPE OF BILL	
111 Main Street				5 MED REC#						340	
Anytown, NY 11111				5 FED. TAX NO.			6 STATEMENT COVERS PERIOD			7	
							FROM 84012007			THROUGH 84302007	
8 PATIENT NAME SMITH, WILLIAM				9 PATIENT ADDRESS							
10 BIRTH DATE	11 SEX	12 DATE	13 HR	14 TYPE	15 SRC	16 CHR	17 STAT	18	19	20	21
04191948	M										
22 CONDITION CODES											
23											
24											
25											
26											
27											
28											
29 ACDT STATE											
30 A5											
31 OCCURRENCE CODE	32 OCCURRENCE DATE	33 OCCURRENCE DATE	34 OCCURRENCE DATE	35 OCCURRENCE DATE	36 OCCURRENCE DATE	37 OCCURRENCE DATE	38 OCCURRENCE DATE	39 OCCURRENCE DATE	40 OCCURRENCE DATE	41 OCCURRENCE DATE	42 OCCURRENCE DATE
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