



# **New York State UB04 Billing Guidelines**

**CHILD CARE**



**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 Child Care providers.

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

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

### 2.1 Electronic Claims

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

### 2.2 Paper Claims

Child Care 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 Hospice UB-04 claim form, see Appendix A. The displayed claim form is a sample and the information it contains is for illustration purposes only.

### 2.3 Child Care Services Billing Instructions

This subsection of the Billing Guidelines covers the specific NYS Medicaid billing requirements for Child Care 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

There are no exceptions or unique instructions for Child Care services. All applicable instructions are included in the General Institutional Billing Guidelines.

### 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.

Child Care - UB-04 Sample Claim

APPROVED OMB NO. 0938-0279

1 Anytown Children's Home 1 Maple Avenue Anytown, NY 11111-1111	2	3a PAT. CNTL# AB1234567	4 TYPE OF BILL 860
b. MED. REC #	5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM 04012007 THROUGH 04302007	7
8 PATIENT NAME SMITH, WILLIAM	9 PATIENT ADDRESS	c	d
10 BIRTHDATE	11 SEX M	12 DATE	13 HR
14 TYPE	15 SRC	16 DHR	17 STAT
18	19	20	21
22	23	24	25
26	27	28	29
30	31	32	33
34	35	36	37
38	39	40	41
a	b	c	d
e	f	g	h
i	j	k	l
m	n	o	p
q	r	s	t
u	v	w	x
y	z	aa	ab
ac	ad	ae	af
ag	ah	ai	aj
ak	al	am	an
ao	ap	aq	ar
as	at	au	av
aw	ax	ay	az
ba	bb	bc	bd
be	bf	bg	bh
bi	bj	bk	bl
bm	bn	bo	bp
bq	br	bs	bt
bu	bv	bw	bx
by	bz	ca	cb
cc	cd	ce	cf
cg	ch	ci	cj
ck	cl	cm	cn
co	cp	cq	cr
cs	ct	cu	cv
cw	cx	cy	cz
da	db	dc	dd
de	df	dg	dh
di	dj	dk	dl
dm	dn	do	dp
dq	dr	ds	dt
du	dv	dw	dx
dy	dz	ea	eb
ec	ed	ee	ef
eg	eh	ei	ej
ek	el	em	en
eo	ep	eq	er
es	et	eu	ev
ew	ex	ey	ez
fa	fb	fc	fd
fe	ff	fg	fh
fi	fj	fk	fl
fm	fn	fo	fp
fq	fr	fs	ft
fu	fv	fw	fx
fy	fz	ga	gb
gc	gd	ge	gf
gg	gh	gi	gj
gk	gl	gm	gn
go	gp	gq	gr
gs	gt	gu	gv
gw	gx	gy	gz
ha	hb	hc	hd
he	hf	hg	hh
hi	hj	hk	hl
hm	hn	ho	hp
hq	hr	hs	ht
hu	hv	hw	hx
hy	hz	ia	ib
ic	id	ie	if
ig	ih	ii	ij
ik	il	im	in
io	ip	iq	ir
is	it	iu	iv
iw	ix	iy	iz
ja	jb	jc	jd
je	jf	jg	jh
ji	jj	jk	jl
jm	jn	jo	jp
jq	jr	js	jt
ju	jv	jw	jx
jy	jz	ka	kb
kc	kd	ke	kf
kg	kh	ki	kj
kk	kl	km	kn
ko	kp	kq	kr
ks	kt	ku	kv
kw	kx	ky	kz
la	lb	lc	ld
le	lf	lg	lh
li	lj	lk	ll
lm	ln	lo	lp
lq	lr	ls	lt
lu	lv	lw	lx
ly	lz	ma	mb
mc	md	me	mf
mg	mh	mi	mj
mk	ml	mm	mn
mo	mp	mq	mr
ms	mt	mu	mv
mw	mx	my	mz
na	nb	nc	nd
ne	nf	ng	nh
ni	nj	nk	nl
nm	nn	no	np
nq	nr	ns	nt
nu	nv	nw	nx
ny	nz	oa	ob
oc	od	oe	of
og	oh	oi	oj
ok	ol	om	on
oo	op	oq	or
os	ot	ou	ov
ow	ox	oy	oz
pa	pb	pc	pd
pe	pf	pg	ph
pi	pj	pk	pl
pm	pn	po	pp
pq	pr	ps	pt
pu	pv	pw	px
py	pz	qa	qb
qc	qd	qe	qf
qg	qh	qi	qj
qk	ql	qm	qn
qo	qp	qq	qr
qs	qt	qu	qv
qw	qx	qy	qz
ra	rb	rc	rd
re	rf	rg	rh
ri	rj	rk	rl
rm	rn	ro	rp
rq	rr	rs	rt
ru	rv	rw	rx
ry	rz	sa	sb
sc	sd	se	sf
sg	sh	si	sj
sk	sl	sm	sn
so	sp	sq	sr
ss	st	su	sv
sw	sx	sy	sz
ta	tb	tc	td
te	tf	tg	th
ti	tj	tk	tl
tm	tn	to	tp
tq	tr	ts	tt
tu	tv	tw	tx
ty	tz	ua	ub
uc	ud	ue	uf
ug	uh	ui	uj
uk	ul	um	un
uo	up	uq	ur
us	ut	uu	uv
uw	ux	uy	uz
va	vb	vc	vd
ve	vf	vg	vh
vi	vj	vk	vl
vm	vn	vo	vp
vq	vr	vs	vt
vu	vv	vw	vx
vy	vz	wa	wb
wc	wd	we	wf
wg	wh	wi	wj
wk	wl	wm	wn
wo	wp	wq	wr
ws	wt	wu	wv
ww	wx	wy	wz
xa	xb	xc	xd
xe	xf	xg	xh
xi	xj	xk	xl
xm	xn	xo	xp
xq	xr	xs	xt
xu	xv	xw	xx
xy	xz	ya	yb
yc	yd	ye	yf
yg	yh	yi	yj
yk	yl	ym	yn
yo	yp	yq	yr
ys	yt	yu	yv
yw	yx	yy	yz
za	zb	zc	zd
ze	zf	zg	zh
zi	zj	zk	zl
zm	zn	zo	zp
zq	zr	zs	zt
zu	zv	zw	zx
zy	zz	aa	ab
ac	ad	ae	af
ag	ah	ai	aj
ak	al	am	an
ao	ap	aq	ar
as	at	au	av
aw	ax	ay	az
ba	bb	bc	bd
be	bf	bg	bh
bi	bj	bk	bl
bm	bn	bo	bp
bq	br	bs	bt
bu	bv	bw	bx
by	bz	ca	cb
cc	cd	ce	cf
cg	ch	ci	cj
ck	cl	cm	cn
co	cp	cq	cr
cs	ct	cu	cv
cw	cx	cy	cz
da	db	dc	dd
de	df	dg	dh
di	dj	dk	dl
dm	dn	do	dp
dq	dr	ds	dt
du	dv	dw	dx
dy	dz	ea	eb
ec	ed	ee	ef
eg	eh	ei	ej
ek	el	em	en
eo	ep	eq	er
es	et	eu	ev
ew	ex	ey	ez
fa	fb	fc	fd
fe	ff	fg	fh
fi	fj	fk	fl
fm	fn	fo	fp
fq	fr	fs	ft
fu	fv	fw	fx
fy	fz	ga	gb
gc	gd	ge	gf
gg	gh	gi	gj
gk	gl	gm	gn
go	gp	gq	gr
gs	gt	gu	gv
gw	gx	gy	gz
ha	hb	hc	hd
he	hf	hg	hh
hi	hj	hk	hl
hm	hn	ho	hp
hq	hr	hs	ht
hu	hv	hw	hx
hy	hz	ia	ib
ic	id	ie	if
ig	ih	ii	ij
ik	il	im	in
io	ip	iq	ir
is	it	iu	iv
iw	ix	iy	iz
ja	jb	jc	jd
je	jf	jg	jh
ji	jj	jk	jl
jm	jn	jo	jp
jq	jr	js	jt
ju	jv	jw	jx
jy	jz	ka	kb
kc	kd	ke	kf
kg	kh	ki	kj
km	kn	ko	kp
kq			