



New York State 150003 Billing Guidelines

CLINICAL SOCIAL WORKER



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 professional claims with the NYS Medicaid specific requirements and expectations for Clinical Social Worker services.

For providers new to NYS Medicaid, it is required to read the General Professional Billing Guidelines available at www.emedny.org by clicking: [General Professional Billing Guidelines](#).

2. Claims Submission

Clinical Social Workers can submit their claims to NYS Medicaid in electronic or paper formats.

2.1 Electronic Claims

Clinical Social Workers who choose to submit their Medicaid claims electronically are required to use the HIPAA 837 Professional (837P) transaction.

2.2 Paper Claims

Clinical Social Workers who choose to submit their claims on paper forms must use the New York State eMedNY-150003 claim form.

To view a sample eMedNY - 150003 claim form, see Appendix A below.

2.3 Clinical Social Worker Services Billing Instructions

This subsection of the Billing Guidelines covers the specific NYS Medicaid billing requirements for Clinical Social Workers. Although the instructions that follow are based on the eMedNY-150003 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, pended, or denied.

NOTE: Clinical Social Workers require that the client be a QMB (Qualified Medicare Beneficiary) and that Medicare approve the service in order to receive coinsurance and deductible payment from Medicaid.

2.3.1 eMedNY - 150003 Claim Form Field Instructions

There are no exceptions or unique instructions for Clinical Social Worker services. All applicable instructions are included in the General Professional 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 by clicking: [General Remittance Billing Guidelines](#).