



New York State UB04 Billing Guidelines

DAY TREATMENT SERVICES



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 Day Treatment 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

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

2.1 Electronic Claims

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

2.2 Paper Claims

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

2.3 Day Treatment Services Billing Instructions

This subsection of the Billing Guidelines covers the specific NYS Medicaid billing requirements for Day Treatment 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

Value Codes (Form Locators 39-41)

837I Ref: Loop 2300 HI0x-2

Medicaid Covered Days – Value Code 80

Value Code

Code 80 must be used to indicate the total number of days that are covered by Medicaid. If only Medicare co-insurance days are claimed, do not report code 80.

Value Amount

Enter the actual number of days covered by Medicaid. The Covered Days must be entered to the left of the dollars/cents delimiter.

Note: The sum of Medicaid Full covered days, Medicaid non-covered days and Medicare co-insurance days must correspond to the Statement Covers Period in Form Locator 6 and should not reflect the day of discharge.

Other (Form Locator 78)

837I Ref: Loop 2310F NM1

NYS Medicaid uses this field to report the Referring/ Previous Provider.

Enter the NPI of the practitioner who made the determination that the patient should be placed in another facility.

Completion of this field is required if an admission or a discharge occurred during the service period covered by this statement (Form Locator 6).

For an Admission

Enter the NPI of the referring practitioner who determined that residential care was appropriate.

NOTE: If the patient is admitted from home, enter the NPI of the physician who last examined the patient and determined that ICF/DD nursing home care was appropriate. See instructions for entering an NPI below.

For a Discharge

Enter the NPI of the practitioner who made the discharge determination.

Instructions for entering an NPI

Enter the code **“DN”** in the unlabeled field between the words **“OTHER”** and **“NPI”** to indicate the 10-digit NPI of the provider is entered in the box labeled **“NPI”**.

On the line below the ID numbers, enter the last name and first name of the provider. See the example in Exhibit 2.4.2-12.

Exhibit 2.3.1-1

The referring provider is John Smith with an NPI number 1234567890.

78 OTHER	DN	NPI 1234567890	QUAL		
LAST SMITH			FIRST JOHN		

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.

Day Treatment – UB-04 Sample Claim																				APPROVED OMB NO. 0938-0279									
1 Anytown Day Treatment Facility 1 Maple Avenue Anytown, NY 11111-1111										2	3a PAT. CNTL# AB1234567				4 TYPE OF BILL 0230			6 STATEMENT COVERS PERIOD FROM 04012007 THROUGH 04052007											
8 PATIENT NAME a SMITH, WILLIAM										9 PATIENT ADDRESS a					c					d					e				
10 BIRTHDATE 04191940	11 SEX M	12 ADMISSION DATE			13 HR	14 TYPE	15 SRC	16 CHR	17 STAT	18 CONDITION CODES 22 23 24 25 26 27 28							29 ACOT STATE 30												
31 OCCURRENCE CODE 32 OCCURRENCE DATE		33 OCCURRENCE CODE 34 OCCURRENCE DATE		35 OCCURRENCE CODE 36 OCCURRENCE DATE		37 OCCURRENCE CODE 38 OCCURRENCE DATE		39 OCCURRENCE CODE 40 OCCURRENCE DATE			41 OCCURRENCE CODE 42 OCCURRENCE DATE			43 OCCURRENCE CODE 44 OCCURRENCE DATE															
39 VALUE CODES CODE AMOUNT										40 VALUE CODES CODE AMOUNT					41 VALUE CODES CODE AMOUNT														
a 61 003.										b 24 4170.					c A3 00.00														
d 80 5.										e					f														
42 REV CD 0001	43 DESCRIPTION				44 HCPCS / RATE / HIPPS CODE				45 SERV. DATE	46 SERV. UNITS			47 TOTAL CHARGES			48 NON-COVERED CHARGES			49										
1													3000.00			.			1										
2													.			.			2										
3													.			.			3										
4													.			.			4										
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PAGE ___ OF ___										CREATION DATE					TOTALS →														
50 PAYERNAME Blue Cross Medicaid				51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS			55 EST. AMOUNT DUE			56 NPI 1234567890			57 OTHER PRV ID													
58 INSURED'S NAME				59 P.REL	60 INSURED'S UNIQUE ID None AB12345C			61 GROUP NAME			62 INSURANCE GROUP NO.																		
53 TREATMENT AUTHORIZATION CODES							54 DOCUMENT CONTROL NUMBER					55 EMPLOYER NAME																	
65 DX A	66	67	68			69			70			71			72			73											
74 PRINCIPAL PROCEDURE CODE DATE		a OTHER PROCEDURE CODE DATE			b OTHER PROCEDURE CODE DATE			75			76 ATTENDING NPI LAST			QUAL			FIRST												
c OTHER PROCEDURE CODE DATE		d OTHER PROCEDURE CODE DATE			e OTHER PROCEDURE CODE DATE			76 ATTENDING NPI LAST			77 OPERATING NPI LAST			QUAL			FIRST												
80 REMARKS						81 CC a		b			78 OTHER LAST SMITH			DN NPI: 1234567890 QUAL			FIRST JOHN												
						c		79 OTHER LAST			NPI QUAL			FIRST															
						d		LAST			NPI QUAL			FIRST															
UB04 03/14/03 2005 NUBC OIG APPROVAL REQUIRED NUBC 0000-0000-0000-0000-0000-0000-0000-0000-0000-0000 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.																													

DAY TREATMENT SERVICES