



New York State UB-04 Billing Guidelines

**HOME AND COMMUNITY BASED SERVICES
WAIVER FOR PERSONS WITH TRAUMATIC
BRAIN INJURIES (HCBS/TBI WAIVER)**



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 institutional claims with the NYS Medicaid specific requirements and expectations for the Home and Community Based Services Waiver for Persons with Traumatic Brain Injuries (HCBS/TBI).

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

HCBS/TBI providers can submit their claims to NYS Medicaid in electronic or paper formats.

2.1 Electronic Claims

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

2.2 Paper Claims

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

2.3 HCBS/TBI Services Billing Instructions

This subsection of the Billing Guidelines covers the specific NYS Medicaid billing requirements for HCBS/TBI 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)

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

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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 monthly service coordination, enter the first day of the month subsequent to the month in which the service coordination was rendered.

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 by clicking on the link to the webpage as follows: [Information for All Providers](#).*

Serv. Units (Form Locator 46)

837I Ref: Loop2400 SV205

If billing for more than one unit of service, enter the number of units on the same line where a Revenue Code other than Revenue Code 0001 was entered in Form Locator 42. For determining the number of units, follow the guidelines below.

If the rate is based on increments, such as one-hour of service, enter the units that reflect the total HCBS/TBI Waiver service time being claimed.

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](#).

APPENDIX A CLAIM SAMPLES

The eMedNY Billing Guideline Appendix A: Claim Samples contains images of claims with sample data.

HCBS/TBI Waiver - UB-04 Sample Claim

1 City Home Care 111 Main Street Anytown, NY 11111	2		3a PAT. CNTL# AB1234567		APPROVED OMB NO. 0938-0279		4 TYPE OF BILL 340												
8 PATIENT NAME b SAM H. WELLS			9 PATIENT ADDRESS b			6 STATEMENT COVERS PERIOD FROM 04012007 THROUGH 04302007		7											
10 BIRTHDATE 04191940	11 SEX M	12 DATE 04191940	13 HR 15	14 TYPE 15 SRC	16 DHR 30	17 STAT 18	19	20	21	22	23	24	25	26	27	28	29 ACCT STATE	30	
31 OCCURRENCE CODE 0001	32 OCCURRENCE DATE 04022007	33 OCCURRENCE CODE 0240	34 OCCURRENCE DATE 04062007	35 OCCURRENCE CODE 0240	36 OCCURRENCE DATE 04092007	37 OCCURRENCE CODE 0240	38 OCCURRENCE DATE 04132007	39 VALUE CODES 61	40 VALUE CODES 24	41 VALUE CODES A3	42 REY CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49	
39 CODE	AMOUNT	40 CODE	AMOUNT	41 CODE	AMOUNT	0001	04022007	0240	04062007	0240	04092007	0240	04132007	4	180.00	40.00	40.00	60.00	40.00
61	003.	24	9858.	A3	00.00														
50 PATERNAME	51 HEALTH PLAN ID	52 REL INFO	53 AS-G BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	1234567890	57 OTHER PRY ID	None	80123456									
58 INSURED'S NAME	59 P. REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.															
None		AB12345C																	
63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME																	
66 DX 854.05 07	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q		
69 ADMIT DX	70 PATIENT REASON DX	71 PPS CODE	72 ECI	73															
74 PRINCIPAL PROCEDURE CODE DATE	75 OTHER PROCEDURE CODE DATE	76 ATTENDING NPI	77 OPERATING NPI	78 OTHER NPI	79 OTHER NPI	LAST	FIRST	LAST	FIRST	LAST	FIRST	LAST	FIRST	LAST	FIRST	LAST	FIRST	LAST	FIRST
80 REMARKS	81 CC a	b	c	d															

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