



New York State UB04 Billing Guidelines

**CERTIFIED HOME HEALTH AGENCY (CHHA)
EPISODIC PAYMENT SERVICES
EFFECTIVE FOR DATES OF SERVICE AS OF MAY 1, 2012**



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 CHHA Episodic Payment services.

The instructions provided in this Billing Guideline are intended for all episodic claims and is effective for dates of service as of May 1, 2012.

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

For non-episodic Home Health Claims, consult the Home Health Billing Guidelines available at www.emedny.org by clicking: [Home Health Manual](#).

2. Claims Submission

CHHA Episodic Payment providers can submit their claims to NYS Medicaid in electronic or paper formats.

For non-episodic Home Health Claims, consult the Home Health Billing Guidelines available at www.emedny.org by clicking: [Home Health Manual](#).

2.1 Electronic Claims

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

2.2 Paper Claims

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

2.3 CHHA Episodic Payment Services Billing Instructions

The instructions provided in this Billing Guideline are intended for all episodic claims effective for dates of service as of [May 1, 2012](#).

This subsection of the Billing Guidelines covers the specific NYS Medicaid billing requirements for CHHA Episodic Payment service 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.

CHHA Episodic Payment claims must be submitted as one of the following:

- **Partial claim** - care ends before the end of the 60 day episode.
- **Final claim** - the client has completed 60 or more days during the episode of care. If there are more than 60 days, the payment is still based on a 60-day period.
- **Interim claim** - This claim type is submitted for the purposes of receiving payments when waiting for the end of the 60-day episode of care.
 - All Interim claims must be resubmitted as adjustments to become a Partial or Final claim within 150 days of the Interim claim's adjudication date.

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- After 150 days and a Partial or Final adjustment claim has not been received, all Interim claims are automatically voided.

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

Type of Bill (Form Locator 4)

837I Ref: Loop2300 CLM05-1 and CLM05 -3

The first two digits of the Bill Type should be in the 32 through 34 range.

The third digit of the Bill Type and the number of days determines if the claim is Interim, Partial or Final.

- For Interim claims, enter **XX2**. For example, 322.
- For Partial or Final claims, enter **XX9**. For example, 329.

Refer to the UB-04 manual, available at www.nubc.org, for the proper completion of this field.

Occurrence Code/Date (Form Locators 31–34)

837I Ref: Loop 2300 HI0x-2

Enter the value of **50** for the Occurrence Code and the date on which the assessment occurred.

If entering Rate Code 4920, leave this field blank.

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.

Hour-based Rate

If the rate is based on one-hour service, enter the number of hours that reflect the total of long term home health care time being claimed. The service units must be reported as full units only. Partial hours of service must be rounded to the nearest whole hour. In situations where the total amount of service rendered is less than 30 minutes, one (1) hour of service may be claimed.

For example, 4 units would be used for services rendered in 3 hours and 30 minutes. 3 units would be used for services rendered in 3 hours and 25 minutes. 1 unit would be used for services rendered in 15 minutes.

Document Control Number (Form Locators 64 A, B, C)

837I Ref: Loop2300 REF02 when REF01 = F8

Leave this field blank when submitting an original claim or resubmitting a denied claim.

If submitting an **Adjustment (Replacement) or a Void** to a previously paid claim, this field must be used to enter the **Transaction Control Number (TCN)** assigned to the claim intended to be adjusted or voided. The TCN is the claim identifier and is found in the Remittance Advice.

The TCN must be entered in the line (A, B, or C) that matches the line assigned to Medicaid in Form Locators 50 and 57.

Adjustments

An adjustment is submitted to correct one or more fields of a previously paid claim or to adjust an interim claim to a final or partial claim. Any field, except the **Provider ID number** or the **Member's Medicaid ID number**, can be adjusted. The adjustment must be submitted in a new claim form (copy of the original form is unacceptable) and all applicable fields must be completed.

Adjustments cause the correction of the adjusted information in the claim history records as well as the cancellation of the original claim payment and the re-pricing of the claim based on the adjusted information.

To adjust an Interim claim to a Final or Partial claim, the claim must contain Bill Type **XX9**.

To adjust an Interim claim for a reason other than the final or partial claim, the claim must contain Bill Type **XX2**.

The Bill Type 7 (adjustment) cannot be used adjust episodic claims.

Voids

A void is submitted to nullify a paid claim. The void must be submitted in a new claim form and all applicable fields must be completed.

Voids cause the cancellation of the original claim history records and payment.

To submit a void for an Episodic claim, enter **8** in the third digit of the Bill Type (Form Locator 4).

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.

For CHHA Episodic Payment claims, the Header Service End Date and the Base Rate Source Code are displayed on the Home Health paper remittance.

For electronic remittances, the Base Rate Source Code is located in the Loop 2100 REF - OTHER CLAIM RELATED IDENTIFICATION segment. The REF01 field defaults to CE (Class of Contract Code). The REF02 field displays the Base Rate Source Code.

The Claim Base Source Code indicates which method was used to calculate the payment:

- HI – Interim Claim, a ‘temporary’ claim.
- HL – LUPA Claim, Low Utilization Price Adjustment (LUPA).
- HE – Episodic Claim, payment based on a 60-day episode of care.
- PE – Pro rated Episode Claim.
- SE – Episode claim with less than 60 days that received full payment.
- HO – Outlier Claim, the value of the claim exceeds a set amount on file.
- PO – Pro rated Outlier Claim.
- SO – Outlier Claim with less than 60 days that received full payment.

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.

CHHA Episodic Payment Services – UB-04 Sample Claim

APPROVED OMB NO. 0938-0279

ST-11843-1PL-UB-04

1 City Home Care 111 Main Street Anytown, NY 11111-1111		2		3a PAT. CNTL# AB12345C		4 TYPE OF BILL 332	
8 PATIENT NAME				9 PATIENT ADDRESS			
10 BIRTHDATE		11 SEX		12 ADMISSION DATE		13 HR	
14 TYPE		15 BRD		16 DHR		17 STAT	
18		19		20		21	
22		23		24		25	
26		27		28		29 ADJT STATE	
30		31 OCCURRENCE CODE		32 OCCURRENCE DATE		33 OCCURRENCE CODE	
34		35 OCCURRENCE DATE		36 OCCURRENCE CODE		37 OCCURRENCE DATE	
38		39 VALUE CODES		40 VALUE CODES		41 VALUE CODES	
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		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	
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	

UB-04 CMS-1483 OMB APPROVAL PENDING NUBC NATIONAL UNIFORM BILLING INSTRUMENT LIC9213257 THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

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APPENDIX B MODIFICATION TRACKING

4/23/2012

Version 2012-01

Initial version of the CHHA Episodic Payment Services Billing Guideline posted.