



New York State UB04 Billing Guidelines

HOSPICE



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.

TABLE OF CONTENTS

1. Purpose Statement.....	4
2. Claims Submission.....	5
2.1 Electronic Claims.....	5
2.2 Paper Claims.....	5
2.3 Hospice Services Billing Instructions.....	5
2.3.1 UB-04 Claim Form Field Instructions.....	5
3. Remittance Advice.....	8
Appendix A Claim Samples.....	9

***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 Hospice Services.

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](#).

2. Claims Submission

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

2.1 Electronic Claims

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

2.2 Paper Claims

Hospice providers who choose to submit their claims on paper forms must use the National Uniform Billing Committee (NUBC) standard UB-04 claim form.

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

2.3 Hospice Services Billing Instructions

This subsection of the Billing Guidelines covers the specific NYS Medicaid billing requirements for Hospice 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 eMedNY 5010 Companion Guide which is available at www.emedny.org by clicking on the link: [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 same date in the FROM and THROUGH boxes
- When billing for multiple consecutive dates of service, 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 the same calendar month. Instructions for billing multiple dates of service are provided below in Form Locators 42 – 47.

Dates must be entered in the format MMDDYYYY.

HOSPICE

Hospice Claims for Nursing Home - Room and Board Only

A separate claim must be completed if the period of service includes therapeutic or hospital leave days.

NOTES:

- *Do not include full days covered by Medicare or other third-party insurers as part of the period of service.*
- *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: [General Billing](#).*

Value Codes (Form Locators 39-41)

837I Ref: Loop 2300 HI0x-2

Recurring Monthly Income - Value Code 23

Value Code

Code **23** should be used to indicate that the member's Net Available Monthly Income (NAMI) amount is entered under Amount.

Value Amount

Enter the NAMI amount approved by the local Social Services agency as the member's monthly budget.

In cases where the member's budget has increased, the new amount, rather than the current budgeted amount, should be entered.

If billing occurs more than once a month, enter the full NAMI amount on the *first* claim submitted for the month.

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.

HOSPICE

Rev. Cd. [Revenue Code] (Form Locator 42)

837I Ref: Loop 2400 SV201

NYS Medicaid uses Revenue Codes to identify the following information:

- 0001 (Total Charge) must be present on paper claims and is not used for electronic
- 0185 – Hospital Leave
- 0183 – Therapeutic Leave
- Any other revenue codes applicable to the services rendered

Total Charges

Use Revenue Code **0001** to indicate that total charges are entered in Form Locator 47. (Paper claims only)

Hospital Leave (Only When Billing for Nursing Home - Room and Board)

To indicate the number of Hospital Leave days entered in Form Locator 46, use revenue code **0185** to indicate the member was hospitalized during the billing period and bed retention was involved.

Hospital Leave must not be claimed together with regular billing; these claims must be submitted on a separate form.

Therapeutic Leave (Only When Billing for Nursing Home - Room and Board)

To indicate that the number of Therapeutic Leave days is entered in Form Locator 46, use Revenue Code **0183** to indicate overnight absences, including leave for personal reasons or to participate in medically acceptable therapeutic or rehabilitative plans of care.

Therapeutic Leave must not be claimed together with regular billing; these claims must be submitted on a separate form.

Serv. Units (Form Locator 46)

837I Ref: Loop2400 SV205

If Revenue Code **0185** (Hospital Leave) was used in Form Locator 42, enter the total number of Hospital Leave days on the same line where the revenue code appears. The number of units entered in this field must match the entry in Form Locators 39 – 41, Value Code 80, “Covered Days”.

If Revenue Code **0183** (Therapeutic Leave) was used in Form Locator 42, enter the total number of Therapeutic Leave days on the same line where the revenue code appears. The number of therapeutic days must match the entry in Form Locators 39 – 41, Value Code 80, “Covered Days”.

Otherwise, leave this field blank.

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.

Hospice - UB-04 Claim Sample

1 Anytown Hospice		2		3a PAT. CNTL#		AB1234567		APPROVED OMB NO. 0938-0279	
1 Maple Avenue		b. MED. REC#		5 FED. TAX NO.		6 STATEMENT COVERS PERIOD		7	
Anytown, NY 11111-1111						FROM 64012007		THROUGH 64302007	
8 PATIENT NAME a				9 PATIENT ADDRESS a					
b SMITH, WILLIAM									
10 BIRTHDATE		11 SEX		12 DATE		13 HR		14 TYPE	
15 SRC		16 DHR		17 STAT		18		19	
20		21		22		23		24	
25		26		27		28		29 ACCT STATE	
30		31		32		33		34	
35		36		37		38		39	
39		40		41		42		43	
44		45		46		47		48	
49		50		51		52		53	
54		55		56		57		58	
59		60		61		62		63	
64		65		66		67		68	
69		70		71		72		73	
74		75		76		77		78	
79		80		81		82		83	
84		85		86		87		88	
89		90		91		92		93	
94		95		96		97		98	
99		100		101		102		103	
104		105		106		107		108	
109		110		111		112		113	
114		115		116		117		118	
119		120		121		122		123	
124		125		126		127		128	
129		130		131		132		133	
134		135		136		137		138	
139		140		141		142		143	
144		145		146		147		148	
149		150		151		152		153	
154		155		156		157		158	
159		160		161		162		163	
164		165		166		167		168	
169		170		171		172		173	
174		175		176		177		178	
179		180		181		182		183	
184		185		186		187		188	
189		190		191		192		193	
194		195		196		197		198	
199		200		201		202		203	
204		205		206		207		208	
209		210		211		212		213	
214		215		216		217		218	
219		220		221		222		223	
224		225		226		227		228	
229		230		231		232		233	
234		235		236		237		238	
239		240		241		242		243	
244		245		246		247		248	
249		250		251		252		253	
254		255		256		257		258	
259		260		261		262		263	
264		265		266		267		268	
269		270		271		272		273	
274		275		276		277		278	
279		280		281		282		283	
284		285		286		287		288	
289		290		291		292		293	
294		295		296		297		298	
299		300		301		302		303	
304		305		306		307		308	
309		310		311		312		313	
314		315		316		317		318	
319		320		321		322		323	
324		325		326		327		328	
329		330		331		332		333	
334		335		336		337		338	
339		340		341		342		343	
344		345		346		347		348	
349		350		351		352		353	
354		355		356		357		358	
359		360		361		362		363	
364		365		366		367		368	
369		370		371		372		373	
374		375		376		377		378	
379		380		381		382		383	
384		385		386		387		388	
389		390		391		392		393	
394		395		396		397		398	
399		400		401		402		403	
404		405		406		407		408	
409		410		411		412		413	
414		415		416		417		418	
419		420		421		422		423	
424		425		426		427		428	
429		430		431		432		433	
434		435		436		437		438	
439		440		441		442		443	
444		445		446		447		448	
449		450		451		452		453	
454		455		456		457		458	
459		460		461		462		463	
464		465		466		467		468	
469		470		471		472		473	
474		475		476		477		478	
479		480		481		482		483	
484		485		486		487		488	
489		490		491		492		493	
494		495		496		497		498	
499		500		501		502		503	
504		505		506		507		508	
509		510		511		512		513	
514		515		516		517		518	
519		520		521		522		523	
524		525		526		527		528	
529		530		531		532		533	
534		535		536		537		538	
539		540		541		542		543	
544		545		546		547		548	
549		550		551		552		553	
554		555		556		557		558	
559		560		561		562		563	
564		565		566		567		568	
569		570		571		572		573	
574		575		576		577		578	
579		580		581		582		583	
584		585		586		587		588	
589		590		591		592		593	
594		595		596		597		598	
599		600		601		602		603	
604		605		606		607		608	
609		610		611		612		613	
614		615		616		617		618	
619		620		621		622		623	
624		625		626		627		628	
629		630		631		632		633	
634		635		636		637		638	
639		640		641		642		643	
644		645		646		647		648	
649		650		651		652		653	
654		655		656		657		658	
659		660		661		662		663	
664		665		666		667		668	
669		670		671		672		673	
674		675		676		677		678	
679		680		681		682		683	
684		685		686		687		688	
689		690		691		692		693	
694		695		696		697		698	
699		700		701		702		703	
704		705		706		707		708	
709		710		711		712		713	
714		715		716		717		718	
719		720		721		722		723	
724		725		726		727		728	
729		730		731		732		733	
734		735		736		737		738	
739		740		741		742		743	
744		745		746		747		748	
749		750		751		752		753	
754		755		756		757		758	
759		760		761		762		763	
764		765		766		767		768	
769		770		771		772		773	
774		775		776		777		778	
779		780		781		782		783	
784		785		786		787		788	
789		790		791		792		793	
794		795		796		797		798	
799		800		801		802		803	
804		805		806		807		808	
809		810		811		812		813	
814		815		816		817		818	
819		820		821		822		823	
824		825		826		827		828	
829		830		831		832		833	
834		835		836		837		838	
839		840		841		842		843	
844		845		846		847		848	
849		850		851		852		853	
854		855		856		857		858	
859		860		861		862		863	
864		865		866		867		868	
869		870		871		872		873	
874		875		876		877		878	
879		880		881		882		883	
884		885		886		887		888	
889		890		891		892		893	
894		895		896		897		898	
899		900		901		902		903	
904									