



New York State UB04 Billing Guidelines

**LONG TERM HOME HEALTH CARE PROGRAM
(LTHHCP)**



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 LTHHCP Services Billing Instructions.....	5
2.3.1 UB-04 Claim Form Field Instructions.....	5
3. Remittance Advice.....	7
Appendix A Claim Samples.....	8

***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 Long Term Home Health Care Program (LTHHCP).

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

2. Claims Submission

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

2.1 Electronic Claims

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

2.2 Paper Claims

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

2.3 LTHHCP Services Billing Instructions

This subsection of the Billing Guidelines covers the specific NYS Medicaid billing requirements for LTHHCP 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 CAQH - CORE CG X12](#).

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)

When billing for monthly rates, only one date of service can be billed per claim form. Enter the date in the FROM and THROUGH Box box.

NOTE: *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.*

Condition Codes (Form Locators 18–28)

Possible Disability – A5

LONG TERM HOME HEALTH CARE PROGRAM (LTHHCP)

If applicable, enter Condition Code **A5** to indicate that the member's condition appeared to be of a disabling nature.

Occurrence Code/Date (Form Locators 31–34)

Code

If applicable, enter the appropriate Accident Code to indicate whether the service rendered to the member was for a condition resulting from an accident or crime. Select the code from the UB-04 Manual, Form Locators 31-34, Accident Related Codes.

Date

If an entry was made under Code, enter the date when the accident occurred in the format MMDDYY.

Serv. Units (Form Locator 46)

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. Partial hours of service must be rounded to the nearest whole hour. When the total amount of service rendered is less than 30 minutes, one (1) hour of service may be claimed.

For example, a service that took 3 hours and 30 minutes would be entered as 4 units. A service that took 3 hours and 25 minutes would be entered as 3 units. A service of 15 minutes would be entered as 1 unit.

Visit-based Rate

- If the *rate allows more than one visit per day*, enter the number of visits that occurred on the date of service. If claiming only one visit, this field may be left blank.
- If the *rate allows only one visit per day*, and the billing period entered in Form Locator 6 covers multiple consecutive service dates, enter the number of days in the billing period.
- If claiming only one visit, this field may be left blank.

NOTE: *If the Service Units field is blank, payment will be made for one unit of service.*

Other

Prior Authorized Waivered Services such as social transportation, housing improvement, and home maintenance for which discrete rates cannot be set due to the varying nature of the services are billed by \$2.00-value units. A maximum of 99 units can be billed per claim form. If service exceeded 99 units (\$198.00), the excess should be billed on additional claim forms with successive dates of service.

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.

