



# **New York State 150003 Billing Guidelines**

**MIDWIFE**



**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](http://www.emedny.org).**

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***For eMedNY Billing Guideline questions, please contact  
the eMedNY Call Center 1-800-343-9000.***

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# 1. Purpose Statement

The purpose of this document is to augment the General Billing Guidelines for professional claims with the NYS Medicaid specific requirements and expectations for Midwife services.

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

## 2. Claims Submission

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

### 2.1 Electronic Claims

Midwives who choose to submit their Medicaid claims electronically are required to use the HIPAA 837 Professional (837P) transaction.

### 2.2 Paper Claims

Midwives who choose to submit their claims on paper forms must use the New York State eMedNY-150003 claim form.

To view a sample Midwife eMedNY - 150003 claim form, see Appendix A below. The displayed claim form is a sample and is for illustration purposes only.

### 2.3 Midwife Services Billing Instructions

This subsection of the Billing Guidelines covers the specific NYS Medicaid billing requirements for Midwives. Although the instructions that follow are based on the eMedNY-150003 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](http://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, pended, or denied.

#### 2.3.1 eMedNY - 150003 Claim Form Field Instructions

There are no exceptions or unique instructions for Midwife services. All applicable instructions are included in the General Professional Billing Guidelines.

### 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](http://www.emedny.org) by clicking: [General Remittance Billing Guidelines](#).