



New York State UB04 Billing Guidelines

**OFFICE OF MENTAL HEALTH (OMH)
CERTIFIED REHABILITATION SERVICES**



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 Office of Mental Health (OMH) Certified Rehabilitation services.

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

OMH Certified Rehabilitation Services providers can submit their claims to NYS Medicaid in electronic or paper formats.

2.1 Electronic Claims

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

2.2 Paper Claims

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

2.3 OMH Certified Rehabilitation Services Billing Instructions

This subsection of the Billing Guidelines covers the specific NYS Medicaid billing requirements for OMH Certified Rehabilitation Services 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

For *monthly* rates, only *one* date of service can be billed per claim form.

Enter the date of service in the FROM box according to the instructions below. The THROUGH box may contain the same date of service or be left blank.

Dates must be entered in the format MMDDYYYY.

NOTE: 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.

Date of Service Rules

For monthly and semi-monthly rate codes, the date of service should be as follows:

- **Monthly (Full month) = 21 Days in residence with 4 services delivered**

The date of service must be the first day of the month subsequent to the month in which the services were rendered.

- **Semi-Monthly (1st half) = 11 Days in residence with 2 services delivered**

The patient must be admitted prior to the 11th day of the month. The date of service is the first day of the subsequent month.

- **Semi-Monthly (2nd half) = 11 Days in residence with 2 services delivered**

The patient must be admitted on or after the 11th day of the month. The date of service is the 2nd day of the subsequent month.

If the patient loses eligibility before the first of the month subsequent to the service month, the date on which the last of the required face-to-face contacts was made should be entered as service date. Providers are required to verify patient eligibility through MEVS in order to ensure payment.

The discharge day will not count toward the 11 days or 21 days required for semi-monthly and monthly billings, respectively. Also, patient days in a hospital or any Medicaid reimbursable facility will not count toward days in residence within these licensed residential/housing programs.

Untitled [Principal Diagnosis Code] (Form Locator 67)

837I Ref: Loop2300 HI0x-2

Using the *International Classification of Diseases, Tenth Edition, Clinical Modification (ICD-10-CM)* coding system, enter the appropriate code that describes the main condition or symptom of the patient as indicated in the service order form.

Only designated OMH diagnosis codes will be accepted. The ICD-10-CM code must be entered exactly as it is listed in the manual. The remaining Form Locators labeled A – Q may be used to indicate secondary diagnosis information.

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.

OMH Certified Rehabilitation Services - UB-04 Sample Claim																																										
1 City Home Care 111 Main Street Anytown, NY 11111-1111													2		3a PAT. CNTL# AB1234567		4 TYPE OF BILL 340																									
8 PATIENT NAME b SMITH, WILLIAM													9 PATIENT ADDRESS																													
10 BIRTH DATE 04191948										11 SEX M			12 DATE			13 HR			14 TYPE			15 SRC			16 CHR			17 STAT			18-21			22-25			26-29			30 ACOT STATE		
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58 INSURED'S NAME				59 P.REL			60 INSURED'S UNIQUE ID None AB12345C			61 GROUP NAME			62 INSURANCE GROUP NO.																													
63 TREATMENT AUTHORIZATION CODES				64 DOCUMENT CONTROL NUMBER						65 EMPLOYER NAME																																
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74 PRINCIPAL PROCEDURE CODE		DATE		75		76 ATTENDING		NPI		QUAL		77 OPERATING		NPI		QUAL		78 OTHER		DN		NPI		1234567890		QUAL																
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