



# **New York State UB04 Billing Guidelines**

**PERSONAL EMERGENCY RESPONSE  
SERVICES (PERS)**



**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 institutional claims with the NYS Medicaid specific requirements and expectations for Personal Emergency Response Services.

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

## 2. Claims Submission

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

### 2.1 Electronic Claims

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

### 2.2 Paper Claims

PERS providers who choose to submit their claims on paper forms must use the Centers for Medicare and Medicaid Services (CMS) standard UB-04 claim form.

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

### 2.3 PERS Billing Instructions

This subsection of the Billing Guidelines covers the specific NYS Medicaid billing requirements for PERS 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](http://www.emedny.org) by clicking on the link to the webpage as follows: [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 monthly rates*, only **one** date of service can be billed per claim form. Enter the date in the FROM box. The THROUGH box may contain the same date or may 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](http://www.emedny.org) by clicking on the link to the webpage as follows: Information for All Providers.*

### 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](#).

# APPENDIX A CLAIM SAMPLES

The eMedNY Billing Guideline Appendix A: Claim Samples contains images of claims with sample data.



Personal Emergency Response Services - UB-04 Sample Claim										APPROVED OIG NO. 0935-0279											
1 City HomeCare 111 Main Street Anytown, NY 11111				3 PAT CNTL# AB1234567		4 TYPE OF BILL 340															
8 PATIENT NAME a) SMITH, WILLIAM				9 PATIENT ADDRESS b)				5 STATEMENT COVERS PERIOD FROM 1/4/12/11 THROUGH		7											
10 BIRTHDATE 04/19/40	11 SEX M	12 DATE	13 HR	14 TIME	15 SPC	16 DHR	17 STAT	18	19	20	21	22	23	24	25	26	27	28	29	30	
31 OCCURRENCE DATE		32 OCCURRENCE DATE		33 OCCURRENCE DATE		34 OCCURRENCE DATE		35 OCCURRENCE FROM		36 OCCURRENCE THROUGH		37 OCCURRENCE FROM		38 OCCURRENCE THROUGH		39		40		41	
39 CODE		40 CODE		41 CODE		42		43		44		45		46		47		48		49	
61		003.		24		2513.		A3		00.00											
42 REV CD		43 DESCRIPTION		44 HCRS / RATE / HRRS CODE		45 SERV DATE		46 SERV UNITS		47 TOTAL CHARGES		48 NON-COVERED CHARGES		49							
0001										83.00											
PAGE		OF		CREATION DATE		TOTALS															
50 PAYER NAME Blue Cross Medicaid		51 HEALTH PLAN ID		52 REL INFO		53 PGM BEN		54 PRIOR PAYMENTS		55 EST AMOUNT DUE		56 NR		57 OTHER PRV ID None 00123456							
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 12345678901		64 DOCUMENT CONTROL NUMBER		65 EMPLOYER NAME																	
66		67		A		B		C		D		E		F		G		H		68	
69 ADULT DX		70 PATIENT REASON DX		a		b		c		71 ICD CODE		72 ICD		a		b		c		73	
74 PRINCIPAL PROCEDURE CODE DATE		75 OTHER PROCEDURE CODE DATE		76 OTHER PROCEDURE CODE DATE		77 OTHER PROCEDURE CODE DATE		78 ATTENDING NR: QUAL		79 OPERATING NR: QUAL		80 OTHER NR: QUAL		81 OTHER NR: QUAL		82 OTHER NR: QUAL		83 OTHER NR: QUAL		84 OTHER NR: QUAL	
85 REMARKS		86		87		88		89		90		91		92		93		94		95	

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