

New York State
UB04 Billing Guidelines

HOME HEALTH SERVICES

Version 2026 - 02

8/14/2026

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 eMedNY and DOH. 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 Home Health Services Billing Instructions 5
2.3.1 UB-04 Claim Form Field Instructions 5
3. Remittance Advice 7
Appendix A Claim Samples 8
Appendix B Modification Tracking 10

***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 Home Health 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

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

2.1 Electronic Claims

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

2.2 Paper Claims

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

2.3 Home Health Services Billing Instructions

This subsection of the Billing Guidelines covers the specific NYS Medicaid billing requirements for Home Health 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, pended, or denied.

2.3.1 UB-04 Claim Form Field Instructions

Medical Record Number (Form Locator 3b)

837I Ref: Loop 2300, REF01(EA) & REF02(ID#)

For Medicaid Home Health Aide, Personal Care, and CDPAS claims, Direct Care Worker information must be included in the Medical Record Number loops. Direct Care Workers will be identified using Home Care Registry IDs for all Home Health Aide and Personal Care claims and using SFI Personal Assistant IDs for all CDPAS claims.

If billing for services provided by multiple Direct Care Workers on the same claim, providers should submit the information with a semicolon (;) between each Home Care Registry ID or SFI Personal Assistant ID.

Serv. Units (Form Locator 46)

837I Ref: Loop 2400 SV205

If billing for more than one unit of service, 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. The service units must be reported as full units only. Partial hours of service must be rounded to the nearest whole hour. In situations where the total amount of service rendered is less than 30 minutes, 0 units of service may be claimed.

For example, 4 units would be used for services rendered in 3 hours and 30 minutes. 3 units would be used for services rendered in 3 hours and 25 minutes. 0 units would be used for services rendered in 15 minutes.

15-Minute Based Rate

If the rate is based on 15-minute service increments, enter the number of units that reflect the total of long-term home health care time being claimed. The service units must be reported as full units only. Partial 15-minute increments of service must be rounded to the nearest whole unit. In situations where the total amount of service rendered is less than 8 minutes, zero units of service may be claimed.

Rounding Guidelines: Services are rounded to the nearest whole unit based on the midpoint of a 15-minute increment (7.5 minutes, rounded to 8 minutes). If the service time reaches or exceeds 8 minutes into the next unit, round up to that unit. If the service time is 7 minutes or less into the next unit, round down to the previous unit.

For example, 4 units would be used for services rendered in 53 minutes. 3 units would be used for services rendered in 51 minutes.

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.

Home Health – UB-04 Sample Claim

APPROVED OMB NO. 0938-0279

1 City Home Care 111 Main Street Anytown, NY 11111-1111	2	3a PAT. CNTL# AB1234567 b. MED. REC.#		4 TYPE OF BILL 340
		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM 04012007 THROUGH 04302007	7

8 PATIENT NAME	9 PATIENT ADDRESS
SMITH, WILLIAM	

10 BIRTHDATE	11 SEX	12 ADMISSION DATE	13 HR	14 TYPE	15 SRC	16 DHR	17 STAT	18–28 CONDITION CODES	29 ACDT STATE	30
04191940	M						30	A5		

31–34 OCCURRENCE CODE / DATE	35–36 OCCURRENCE SPAN CODE / FROM / THROUGH	37

38

	39 CODE	39 VALUE CODES AMOUNT	40 CODE	40 VALUE CODES AMOUNT	41 CODE	41 VALUE CODES AMOUNT
a	61	003.	24	2610.	A3	00.00
b		.		.		.
c		.		.		.
d		.		.		.

42 REV CD	43 DESCRIPTION	44 HCPCS / RATE / HIPPS CODE	45 SERV. DATE	46 SERV. UNITS	47 TOTAL CHARGES	48 NON-COVERED CHARGES	49
0001					180.00	.	
0240			04022007	4	40.00	.	
0240			04062007	4	40.00	.	
0240			04092007	6	60.00	.	
0240			04132007	4	40.00	.	
					.	.	
					.	.	
					.	.	
					.	.	
					.	.	
					.	.	
					.	.	
					.	.	
					.	.	
					.	.	
					.	.	
					.	.	
					.	.	
					.	.	
					.	.	
					.	.	
					.	.	
	PAGE ___ OF ___	CREATION DATE		TOTALS	.	.	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	57 OTHER PRV ID
A Blue Cross				.	.	1234567890	
B Medicaid				.	.		
C				.	.		

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID	61 GROUP NAME	62 INSURANCE GROUP NO.
		None AB12345C		

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME

66 DX	A	B	C	D	E	F	G	H	68
820.09									
I	J	K	L	M	N	O	P	Q	

69 ADMIT DX	70 PATIENT REASON DX	a	b	c	71 PPS CODE	72 ECI	a	b	c	73

74 PRINCIPAL PROCEDURE CODE / DATE	a OTHER PROCEDURE CODE / DATE	b OTHER PROCEDURE CODE / DATE	75
c OTHER PROCEDURE CODE / DATE	d OTHER PROCEDURE CODE / DATE	e OTHER PROCEDURE CODE / DATE	

80 REMARKS	81 CC			
	a			
	b			
	c			
	d			

76 ATTENDING	NPI		QUAL
LAST		FIRST	
77 OPERATING	NPI		QUAL
LAST		FIRST	
78 OTHER DN	NPI 0123456789		QUAL
LAST SMITH		FIRST JOHN	
79 OTHER	NPI		QUAL
LAST		FIRST	

UB-04 CMS-1450 © 2006 NUBC — OMB APPROVAL PENDING — NUBC — THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.

APPENDIX B
MODIFICATION TRACKING

1/3/2011 Version 2011-01

Initial version of the Home Health Services Billing Guidelines.

5/4/2026 Version 2026-01

UB-04 Claim Form Field Instructions

- Added Medical Record Number (Form Locator 3b) section.