New York State
150003 Billing Guidelines

PHYSICIAN

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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 professional claims with the NYS Medicaid specific requirements and expectations for Physician services.

For providers new to NYS Medicaid, it is required to read the General Professional Billing Guidelines available at www.emedny.org by clicking: General Professional Billing Guidelines.

2. Claims Submission

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

2.1 Electronic Claims

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

2.2 Paper Claims

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

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

2.3 Physician Services Billing Instructions

This subsection of the Billing Guidelines covers the specific NYS Medicaid billing requirements for Physicians. 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 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

Sterilization/Abortion Code (Field 22D)

837P Ref: Loop 2300 HI01-2

If applicable, enter the appropriate code to indicate whether the service being claimed was related to an induced abortion or sterilization.

If the procedure is unrelated to abortion/sterilization, leave this field blank.

When billing for procedures performed for the purpose of sterilization (Code F), a completed Sterilization Consent Form, ***LDSS-3134***, is required and must be attached to the paper claim form (See Appendix B - Sterilization Consent Form LDSS-3134) in the General Professional Billing Guidelines.

NOTES:

- ***The following medical procedures are not induced abortions; therefore when billing for these procedures, leave this field blank.***
  - ***Spontaneous abortion (miscarriage);***
  - ***Termination of ectopic pregnancy;***
  - ***Drugs or devices to prevent implantation of the fertilized ovum;***
  - ***Menstrual extraction.***
- ***Medicaid does not reimburse providers for hysterectomies performed for the purpose of sterilization. Please refer to the Policy Guidelines on the web page for this manual, which can be found at www.emedny.org by clicking on the link to the webpage as follows:*** Policy Guidelines.

EPSDT C/THP (Field 22G)

837P Ref: Loop 2400 SV111

This field must be completed if the physician bills for a periodic health supervision (well care) examination for a member under 21 years of age, whether billing a Preventive Medicine Procedure Code or a Visit Code with a well care diagnosis. If applicable, place an 'X' in the Y box for YES.

Family Planning (Field 22H)

837P Ref: Loop 2400 SV112

Medical family planning services include diagnosis, treatment, drugs, supplies and related counseling which are furnished or prescribed by, or are under the supervision of a physician or nurse practitioner. The services include, but are not limited to:

- Physician, clinic or hospital visits during which birth control pills, contraceptive devices or other contraceptive methods are either provided during the visit or prescribed.
- Periodic examinations associated with a contraceptive method.
- Visits during which sterilization or other methods of birth control are discussed.
- Sterilization procedures.

This field must always be completed. Place an 'X' in the YES box if ***all*** services being claimed are family planning services. Place an 'X' in the NO box if ***at least one*** of the services being claimed is not a family planning service.

If some of the services being claimed, but not all, are related to Family Planning, ***place the modifier FP*** in the two-digit space following the procedure code in Field 24D to designate those specific procedures which are family planning services.

Days or Units (Field 24I)

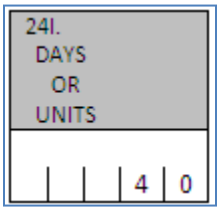
837P Ref: Loop 2400 SV104

Enter the appropriate number of units.

Instructions for Anesthesia Claims Only

Enter the total minutes of reportable anesthesia right justified in the field as shown in exhibit 2.4.2-10. The exhibit shows how 40 minutes of anesthesiology would be reported.

Exhibit 2.4.2-10



The minutes entered must represent the time in which the anesthesiologist or the supervising anesthesiologist was present with the member during the procedure. If the anesthesiologist is supervising or medically directing, the minutes entered must represent the time that the resident or CRNA was present with the member during the procedure.

Consecutive Billing Section: Fields 24M to 24O

This section may be used for block-billing consecutive daily visits made to a member during a hospital inpatient stay.

Inpatient Hospital Visit [From/Through Dates] (Field 24M)

837P Ref: Loop 2400 DTP03 when DTP01 = 472

In the FROM box, enter the date of the first hospital visit in the format MM/DD/YY. In the THROUGH box, enter the date of the last hospital visit in the format MM/DD/YY.

Proc Code [Procedure Code] (Field 24N)

837P Ref: Loop 2400 SV101-2

If dates were entered in 24M, enter the appropriate five-character procedure code for the visit. Block billing may be used with the following procedure codes:

- 90238
- 90240 through 90282
- 94997
- 99231 through 99233
- 99296 through 99297
- 99433

MOD [Modifier] (Field 24O)

837P Ref: Loop 2400 SV101-3, 4, 5, 6, and 7

If the procedure code entered in 24N requires the addition of a modifier to further define the procedure, enter the modifier in this field.

NOTE: The last row of Fields 24H, 24J, 24K, and 24L must be used to enter the appropriate information to complete the block billing of Inpatient Hospital Visits. For Fields 24J, 24K, and 24L enter the total Charges/Medicare Approved Amount, Medicare Paid Amount or Other Insurance Paid Amount that results from multiplying the amount for each individual visit times the number of days entered in field 24M.

3. Remittance Advice

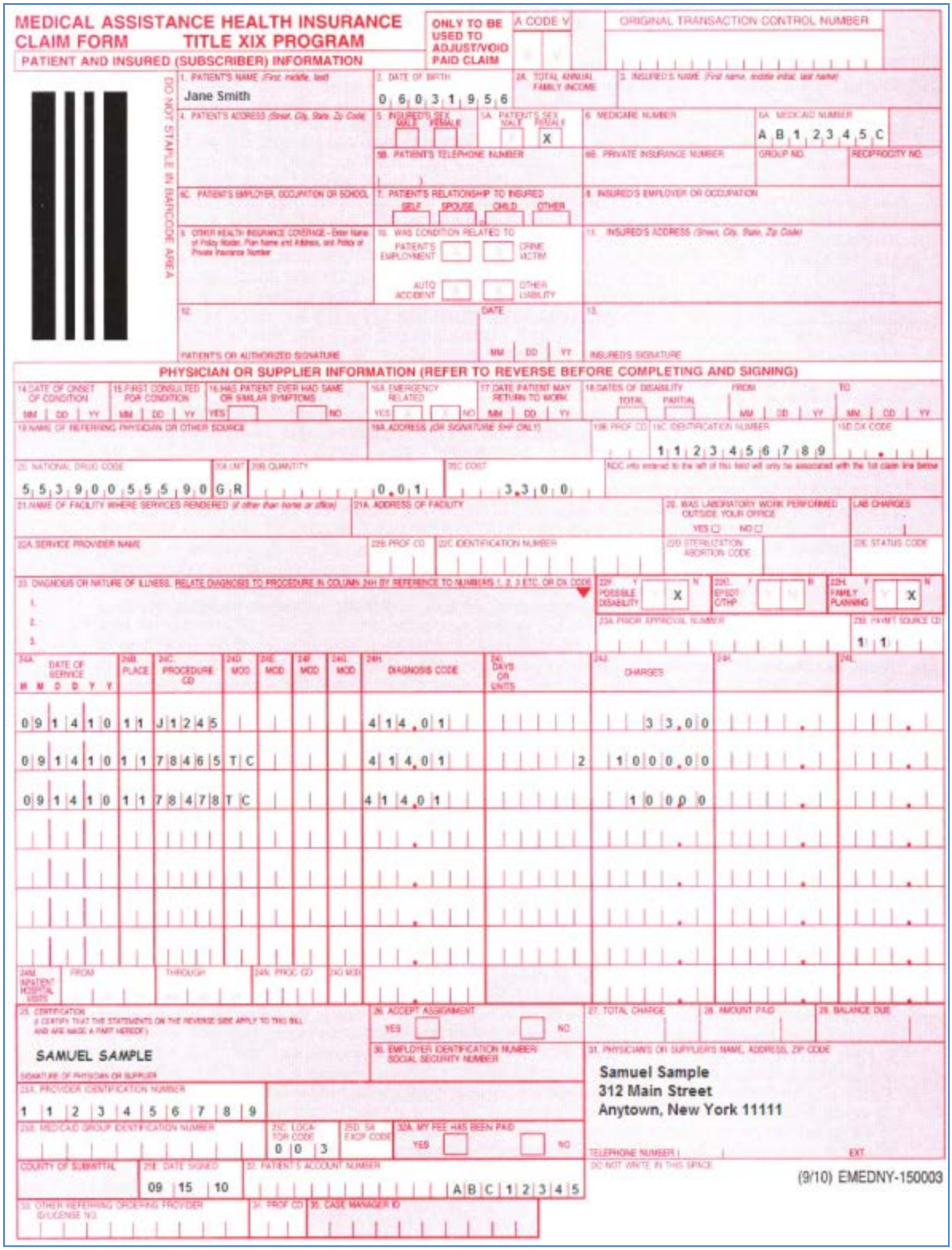
The Remittance Advice is an electronic, PDF or paper statement issued by eMedNY that contains the status of claim transactions processed by eMedNY during a specific reporting period. Statements contain the following information:

- 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 Billing Guidelines contains information on selecting a remittance advice format, remittance sorting options, and descriptions of the paper Remittance Advice layout. This document is available 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.



MEDICAL ASSISTANCE HEALTH INSURANCE CLAIM FORM TITLE XIX PROGRAM

ONLY TO BE USED TO ADJUST/VOID PAID CLAIM | A CODE V | ORIGINAL TRANSACTION CONTROL NUMBER

PATIENT AND INSURED (SUBSCRIBER) INFORMATION

DO NOT STAPLE IN BARCODE AREA

1. PATIENT'S NAME (First, middle, last): Jane Smith
2. DATE OF BIRTH: 06 03 1956
3. INSURED'S NAME (First name, middle initial, last name)
4. PATIENT'S ADDRESS (Street, City, State, Zip Code)
5. INSURED'S SEX: MALE / FEMALE
5A. PATIENT'S SEX: MALE / FEMALE: X
6. MEDICARE NUMBER
6A. MEDICAID NUMBER: AB123456C
7. PATIENT'S RELATIONSHIP TO INSURED: SELF / SPOUSE / CHILD / OTHER
8. INSURED'S EMPLOYER OR OCCUPATION
9. OTHER HEALTH INSURANCE COVERAGE - Enter Name of Policy Holder, Plan Name and Address, and Policy or Private Insurance Number
10. WAS CONDITION RELATED TO: PATIENT'S EMPLOYMENT / CRIME VICTIM / AUTO ACCIDENT / OTHER LIABILITY
11. INSURED'S ADDRESS (Street, City, State, Zip Code)
12. PATIENT'S OR AUTHORIZED SIGNATURE — DATE MM DD YY
13. INSURED'S SIGNATURE

PHYSICIAN OR SUPPLIER INFORMATION (REFER TO REVERSE BEFORE COMPLETING AND SIGNING)

14. DATE OF ONSET OF CONDITION MM DD YY
15. FIRST CONSULTED FOR CONDITION MM DD YY
16. HAS PATIENT EVER HAD SAME OR SIMILAR SYMPTOMS YES / NO
16A. EMERGENCY RELATED YES / NO
17. DATE PATIENT MAY RETURN TO WORK MM DD YY
18. DATES OF DISABILITY TOTAL / PARTIAL FROM MM DD YY TO MM DD YY
19. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE
19A. ADDRESS (OR SIGNATURE SHE ONLY)
19B. PROF CD
19C. IDENTIFICATION NUMBER: 1123456789
19D. DX CODE
20. NATIONAL DRUG CODE: 55390055590
20A. UNIT: GR
20B. QUANTITY: 001
20C. COST: 3300
NDC info entered to the left of this field will only be associated with the 1st claim line below
21. NAME OF FACILITY WHERE SERVICES RENDERED (if other than home or office)
21A. ADDRESS OF FACILITY
22. WAS LABORATORY WORK PERFORMED OUTSIDE YOUR OFFICE YES / NO
LAB CHARGES
23A. SERVICE PROVIDER NAME
23B. PROF CD
23C. IDENTIFICATION NUMBER
23D. STERILIZATION ABORTION CODE
23E. STATUS CODE
23. DIAGNOSIS OR NATURE OF ILLNESS. RELATE DIAGNOSES TO PROCEDURE IN COLUMN 24H BY REFERENCE TO NUMBERS 1, 2, 3 ETC. OR DX CODE
1.
2.
3.
22F. POSSIBLE DISABILITY Y / N: X
22G. EPSDT CTHP Y / N
22H. FAMILY PLANNING Y / N: X
23A. PRIOR APPROVAL NUMBER
23B. PAYMT SOURCE (3): 11

24A. DATE OF SERVICE MM DD YY	24B. PLACE	24C. PROCEDURE CD	24D. MOD	24E. MOD	24F. MOD	24G. MOD	24H. DIAGNOSIS CODE	24I. DAYS OR UNITS	24J. CHARGES	24K.	24L.
091410	11	J1245					4140.1		3300		
091410	11	78465	TC				4140.1	2	100000		
091410	11	78478	TC				4140.1		1000		

24M. INPATIENT HOSPITAL VISITS FROM THROUGH
24N. PROC CD
24O. MOD

25. CERTIFICATION (I CERTIFY THAT THE STATEMENTS ON THE REVERSE SIDE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.)
SAMUEL SAMPLE
SIGNATURE OF PHYSICIAN OR SUPPLIER
26. ACCEPT ASSIGNMENT YES / NO
27. TOTAL CHARGE
28. AMOUNT PAID
29. BALANCE DUE
30. EMPLOYER IDENTIFICATION NUMBER/ SOCIAL SECURITY NUMBER
31. PHYSICIAN'S OR SUPPLIER'S NAME, ADDRESS, ZIP CODE
Samuel Sample
312 Main Street
Anytown, New York 11111
TELEPHONE NUMBER EXT
23F. PROVIDER IDENTIFICATION NUMBER: 112345678 9
23E. MEDICAID GROUP IDENTIFICATION NUMBER
23C. LOCATION CODE: 003
23D. SA EXCP CODE
32A. MY FEE HAS BEEN PAID YES / NO
COUNTY OF SUBMITTAL
29E. DATE SIGNED: 09 15 10
32. PATIENT'S ACCOUNT NUMBER: ABC12345
DO NOT WRITE IN THIS SPACE
33. OTHER REFERRING/ORDERING PROVIDER (LICENSE NO.)
34. PROF CD
35. CASE MANAGER ID

(9/10) EMEDNY-150003

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