New York State
UB-04 Billing Guidelines

MANAGED CARE

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 Managed Care plans.

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

Managed Care plans can submit their claims to NYS Medicaid in electronic or paper formats.

2.1   Electronic Claims

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

2.2   Paper Claims

Managed Care plans 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 Managed Care UB-04 claim form, see Appendix A.

2.3   Managed Care Services Billing Instructions

This subsection of the Billing Guidelines covers the specific NYS Medicaid billing requirements for Managed Care plans. 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 to 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

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 a monthly premium, 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 earliest date (From date) entered in this field unless acceptable circumstances for the delay can be documented. For more 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.

Value Codes (Form Locators 39-41)

837I Ref: Loop 2300 HI0x-2

NYS Medicaid uses Value Codes to report the following information:

- Locator Code (required: see note for conditions)
- Rate Code (required)

Value Codes have two components: Code and Amount. The *Code* component is used to indicate the type of information reported. The *Amount* component is used to enter the information itself. Both components are required for each entry.

Locator Code - Value Code 61

Locator codes are assigned to the provider for each service address registered at the time of enrollment in the Medicaid program or at anytime, afterwards, that a new location is added.

Value Code

Code *61* should be used to indicate that a Locator Code is entered under Amount.

Value Amount

Entry must be three digits and must be placed to the left of the dollars/cents delimiter.

Locator codes 001 and 002 are for administrative use only and are not to be entered in this field. The entry may be 003 or a higher locator code. Enter the locator code that corresponds to the client's county of fiscal responsibility. (The client's county of fiscal responsibility is represented by a two-digit code that is listed on the Monthly Managed Care Enrollee Roster.).

Rate Code - Value Code 24

Rates are established by the Department of Health and other State agencies.

Value Code

Code *24* should be used to indicate that a rate code is entered under Amount.

Value Amount

Enter the rate code that applies to the service rendered. The four-digit rate code must be entered to the left of the dollars/cents delimiter.

For Inpatient Newborn Delivery Claims

Costs for inpatient newborn delivery are excluded from the monthly capitation reimbursement for newborns.

The rate code for newborn delivery claims is 2298. The service date must be the same as the date of birth.

The claim will appear on the Medicaid remittance for the cycle (week) in which it is processed.

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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.

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Managed Care - UB-04 Sample Claim

APPROVED OMB NO. 0938-0279

1 City Managed Care Plan 111 Main Street Anytown, NY 11111-1111	2	3a PAT. CNTL# AB1234567	4 TYPE OF BILL
		b. MED. REC#	890
		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM 04012007 THROUGH	7

| 8 PATIENT NAME a SMITH, WILLIAM | 9 PATIENT ADDRESS a | | | |

| 10 BIRTHDATE 04191949 | 11 SEX M | 12 DATE | ADMISSION 13 HR 14 TYPE 15 SRC | 16 DHR | 17 STAT | 18 19 20 21 | CONDITION CODES 22 23 24 25 26 27 28 | 29 ACDT STATE | 30 |

| 31 OCCURRENCE CODE DATE | 32 OCCURRENCE CODE DATE | 33 OCCURRENCE CODE DATE | 34 OCCURRENCE CODE DATE | 35 OCCURRENCE SPAN CODE FROM THROUGH | 36 OCCURRENCE SPAN CODE FROM THROUGH | 37 |

38		39 VALUE CODES CODE AMOUNT	40 VALUE CODES CODE AMOUNT	41 VALUE CODES CODE AMOUNT
	a	61 003.	24 2210.	.
	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
1 0001					80.00	.	1
2					.	.	2
3					.	.	3
4					.	.	4
5					.	.	5
6					.	.	6
7					.	.	7
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19					.	.	19
20					.	.	20
21					.	.	21
22					.	.	22
23	PAGE ___ OF ___	CREATION DATE		TOTALS ➡	.	.	23

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 ASG BEN	54 PRIOR PAYMENTS	55 EST. AMOUNT DUE	56 NPI	
A Medicaid				.	.	00123456	A
B				.	.	57 OTHER PRV ID	B
C				.	.		C

58 INSURED'S NAME	59 P REL	60 INSURED'S UNIQUE ID AB12345C	61 GROUP NAME	62 INSURANCE GROUP NO.	
A					A
B					B
C					C

63 TREATMENT AUTHORIZATION CODES	64 DOCUMENT CONTROL NUMBER	65 EMPLOYER NAME	
A			A
B			B
C			C

66 DX	67	A	B	C	D	E	F	G	H	68
		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	76 ATTENDING NPI QUAL LAST FIRST
c OTHER PROCEDURE CODE DATE	d OTHER PROCEDURE CODE DATE	e OTHER PROCEDURE CODE DATE		77 OPERATING NPI QUAL LAST FIRST
80 REMARKS	81 CC a b c d			78 OTHER NPI QUAL LAST FIRST
				79 OTHER NPI QUAL LAST FIRST

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