New York State
UB04 Billing Guidelines

DAY TREATMENT SERVICES

Version 2011 - 01

6/1/2011

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.

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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 Day Treatment 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

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

2.1 Electronic Claims

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

2.2 Paper Claims

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

2.3 Day Treatment Services Billing Instructions

This subsection of the Billing Guidelines covers the specific NYS Medicaid billing requirements for Day Treatment 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

Value Codes (Form Locators 39-41)

837I Ref: Loop 2300 HI0x-2

Medicaid Covered Days – Value Code 80

Value Code

Code 80 must be used to indicate the total number of days that are covered by Medicaid. If only Medicare co-insurance days are claimed, do not report code 80.

Value Amount

Enter the actual number of days covered by Medicaid. The Covered Days must be entered to the left of the dollars/cents delimiter.

Note: The sum of Medicaid Full covered days, Medicaid non-covered days and Medicare co-insurance days must correspond to the Statement Covers Period in Form Locator 6 and should not reflect the day of discharge.

Other (Form Locator 78)

837I Ref: Loop 2310F NM1

NYS Medicaid uses this field to report the Referring/ Previous Provider.

Enter the NPI of the practitioner who made the determination that the patient should be placed in another facility.

Completion of this field is required if an admission or a discharge occurred during the service period covered by this statement (Form Locator 6).

For an Admission

Enter the NPI of the referring practitioner who determined that residential care was appropriate.

NOTE: If the patient is admitted from home, enter the NPI of the physician who last examined the patient and determined that ICF/DD nursing home care was appropriate. See instructions for entering an NPI below.

For a Discharge

Enter the NPI of the practitioner who made the discharge determination.

Instructions for entering an NPI

Enter the code ***"DN"*** in the unlabeled field between the words "OTHER" and "NPI" to indicate the 10-digit NPI of the provider is entered in the box labeled "NPI".

On the line below the ID numbers, enter the last name and first name of the provider. See the example in Exhibit 2.4.2-12.

Exhibit 2.3.1-1

The referring provider is John Smith with an NPI number 1234567890.

78 OTHER	DN	NPI 1234567890	QUAL		
LAST SMITH			FIRST JOHN		

3. Remittance Advice

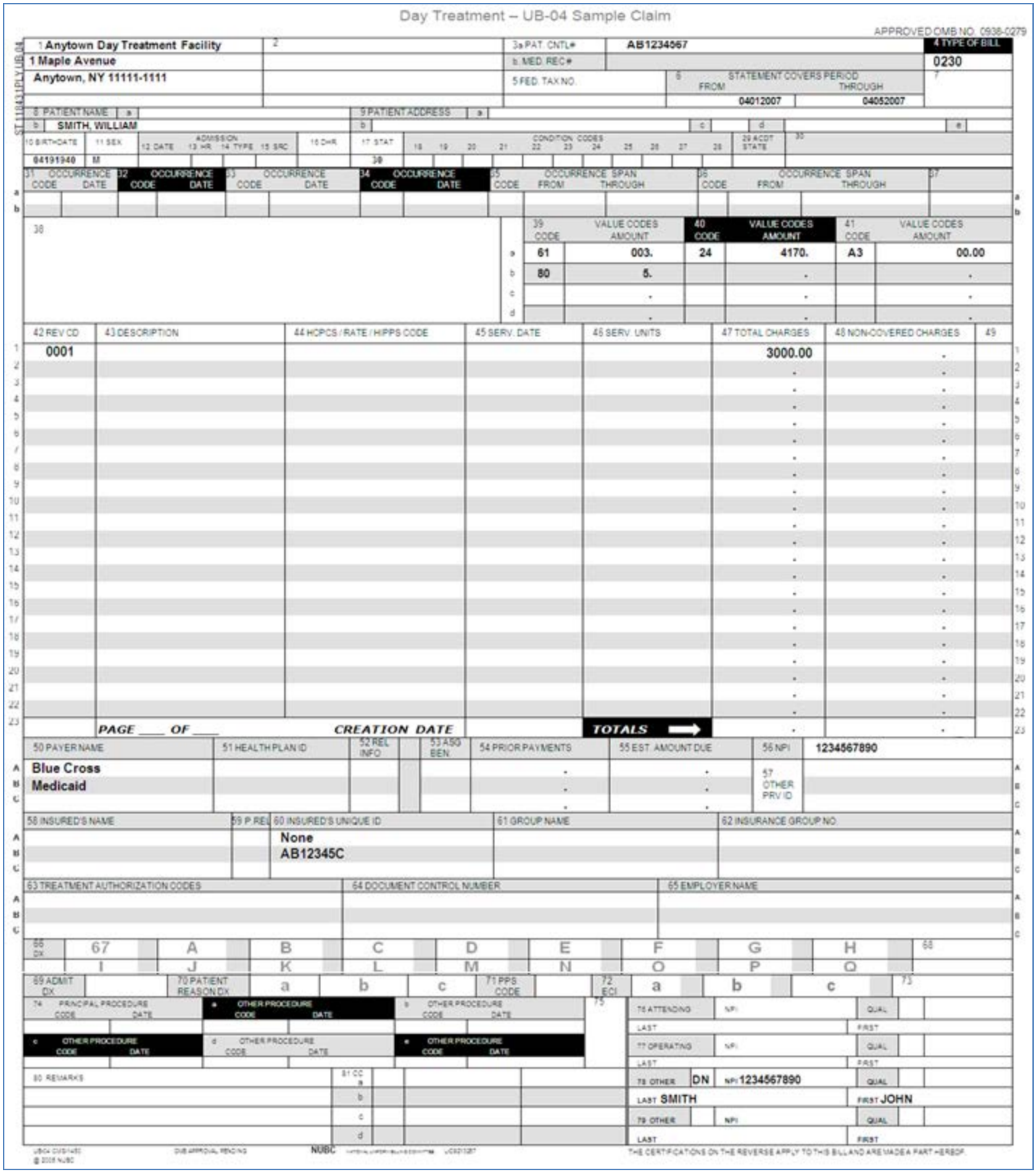
The Remittance Advice is an electronic, PDF or paper statement issued by eMedNY that contains the status of claim transactions processed by eMedNY during a specific reporting period. Statements contain the following information:

- 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.



Day Treatment – UB-04 Sample Claim

APPROVED OMB NO. 0938-0279

1 Anytown Day Treatment Facility 1 Maple Avenue Anytown, NY 11111-1111	2	3a PAT. CNTL# AB1234567 b. MED. REC #	4 TYPE OF BILL 0230
		5 FED. TAX NO.	6 STATEMENT COVERS PERIOD FROM 04012007 THROUGH 04052007

8 PATIENT NAME: b SMITH, WILLIAM

9 PATIENT ADDRESS

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			

31-34 OCCURRENCE CODE / DATE	35-36 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	4170.	A3	00.00
b	80	5.		.		.
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					3000.00	.	
2						.	.	
3						.	.	
4						.	.	
5						.	.	
6						.	.	
7						.	.	
8						.	.	
9						.	.	
10						.	.	
11						.	.	
12						.	.	
13						.	.	
14						.	.	
15						.	.	
16						.	.	
17						.	.	
18						.	.	
19						.	.	
20						.	.	
21						.	.	
22						.	.	
23		PAGE ___ OF ___ CREATION DATE			TOTALS	.	.	

50 PAYER NAME	51 HEALTH PLAN ID	52 REL INFO	53 A/S/O 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	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
c OTHER PROCEDURE CODE / DATE	d OTHER PROCEDURE CODE / DATE	e OTHER PROCEDURE CODE / DATE	

76 ATTENDING	NPI	QUAL
LAST		FIRST
77 OPERATING	NPI	QUAL
LAST		FIRST
78 OTHER DN	NPI 1234567890	QUAL
LAST SMITH		FIRST JOHN
79 OTHER	NPI	QUAL
LAST		FIRST

80 REMARKS

81 CC	
a	
b	
c	
d	

NUBC

THE CERTIFICATIONS ON THE REVERSE APPLY TO THIS BILL AND ARE MADE A PART HEREOF.