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ATTACHMENT 4.19E

DEFINITION OF A CLAIM BY TYPE OF SERVICE

A claim is defined as a request for reimbursement for medical services rendered to an eligible Medicaid recipient.

Claims must be submitted on acceptable claim forms.

- 1) **Claim Form A** – used by Practitioners (physicians, podiatrists, private duty nurses, therapists, clinical psychologists), Clinics (Outpatient and Free-Standing), Dental providers, (private practicing, schools and clinics), Laboratories, HMO's Referred Ambulatory, Home Health, Personal Care Services, Transportation and Eye Care providers.
- 2) **Practitioner Claim Form** – used by Physicians.
- 3) **Claim Form B** – used by Skilled Nursing Facilities, Health Related Facilities, Child Care Agencies and Intermediate Care Facilities.
- 4) **Claim Form C** – used by Hearing Aid dealers and Durable Medical Supplies, Equipment and Appliances vendors.
- 5) **UBF-1-81** – used by Inpatient Hospital providers.
- 6) **Pharmacy Claim Form** – used by pharmacy providers.
- 7) **Child Health Assurance Program Claims and report Form** – used by physicians and clinics to bill for services rendered under the CHAP (EPSDT) program.
- 8) **Universal Physician Claim Form** – (New York State's modification of the HCFA-1500) (when implemented will be used by physicians).

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Claims are submitted either using the approved rate for each service or billing on a fee-for-service basis.

Providers which submit claims on a fee-for-service basis include:

Physicians/CHAP physicians
Podiatrists
Private Duty Nurses
Therapists
Clinical Psychologists
Pharmacies
Dentists (private practice, dental school)
Laboratories
Eye Care
Referred Ambulatory
Transportation
Durable Medical Supplies, Equipment, Appliances
Hearing Aid Dealers

Providers which submit claims based on a rate include:

Outpatient Clinics
Free Standing Clinics
Inpatient Hospital
Skilled Nursing Facilities
Health Related Facilities
HMO
Home Health Agencies (including Long Term Home Health)
Personal Care Services
Child Care Agencies
Intermediate Care Facilities/MR

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