

IPA Billing Instructions

NYS DOH and OMH have resolved issues that had prevented the proper payment of Collaborative Care services, and claims can now be submitted. Of course, any claims from the past year that you were unable to submit may now be submitted retroactively.

The providers at your site for which you are able to bill are listed below. If this list has changed in anyway, or you have providers that are no represented on this list, please send us their billing information so we can activate the Specialty Code for them.

Please submit claims according to the following instructions to prevent denials.

- Claim format - 837 Professional electronic, ePACES 837 Professional Real-Time, eMedNY 150003 Paper claim form
- Billable categories of service -Physician (0460).
- Procedure Code - T2022
- *Modifiers - Do not enter U modifiers. Note: OMH wanted modifiers in the U series, but T2022 does not allow U modifiers.*
- Specialty Code - 333 required on provider enrollment file as is noted on the list of providers above.
- **Service Authorization Exception Code - Use SA EXCP Code 7**
- Date of Service - Use 1st of the month (There is editing that looks at dates of service and denies if done to close to another date of service.)
- Timely filing Delay Reason - Providers should refer to the timely filing policy information found on eMedNY.org and select an appropriate delay reason if the date of service is over 90 day old. For these claims, Delay Code 3 is approved due to the administrative issues with the State system that cause the delays; however, practitioner claims over 90-days old need to be submitted on paper claim form with a 90-day letter indicating an appropriate delay reason. *We will be sending a letter that you will need to attach to paper claims, showing that the use of the Delay Code has been approved.*
- Provider NPI -
 - Electronic 837 Professional claims:
 - Billing Provider - Loop 2010AA NM109
 - Rendering Provider - Loop 2310B NM109
 - Supervising Provider - Loop 2310D NM109
 - Example 1 - if there is a group that should receive payment then enter the Group NPI in Billing Provider, and enter the Physician NPI in the Rendering Provider.
 - Example 2 - If the Physician Assistant rendered care and Physician is to be paid (if no group), enter the Physician NPI in Billing Provider, enter the Physician Assistant in Rendering Provider and enter the Physician in Supervising Provider.

- Example 3 - If the Physician Assistant rendered Care and there is a group that should receive payment, enter the Group NPI in Billing Provider, enter the Physician Assistant NPI in Rendering and enter the Physician in Supervising.
- eMedNY 150003 Paper Claims:
 - Billing Provider Identification Number- Enter the provider's individual 10-digit National Provider Identifier (NPI) in Field 25A
 - Medicaid Group Identification Number - For a Group Practice, enter the NPI assigned to the group in Field 25B
 - Service Provider - Enter the Physician Assistant or Social Worker NPI in field 22C
 - Refer to Provider Manual on www.emedny.org for additional claim completion information

If you continue to have issues, contact the eMedNY Call Center at 800-343-9000 and they can help troubleshoot and walk you through the process.