

Form GNOCHC-1 Excel Encounter Data Instructions

GNOCHC participating providers are required to report enrollee encounter data for covered services. Effective October 1, 2011, providers must report encounter data for enrollees directly to the State’s fiscal intermediary on Form CMS-1500 (paper or electronic). For the period October 1, 2010 through September 30, 2011, providers may report encounter data via either Form CMS-1500 to the fiscal intermediary or Form GNOCHC-1 to the Bureau of Health Services Financing. Form CMS-1500 may be submitted daily. Form GNOCHC-1 must be submitted *quarterly*. Below are instructions for Form GNOCHC-1.

Description	Instructions
GNOCHC Prov. Org. Name	Enter the organization name
Site Name	Enter the site name
Address	Enter the site’s street address
City, Zip	Enter the site’s city and zip code
Phone	Enter the site’s phone number
GNOCHC Prov. Number	Enter the site’s 7-digit GNOCHC provider ID (Billing Provider)
GNOCHC NPI	Enter the site’s 10-digit NPI number associated with the GNOCHC provider ID
Medicaid Prov. Number	Enter the site’s 7-digit Medicaid provider ID (Billing Provider)
Medicaid NPI	Enter the site’s 10-digit NPI number associated with the Medicaid provider ID
Report Beginning Date – Report Ending Date	Enter the first and last days of the quarter being reported in the following format: MM/DD/YY
Patient SSN	Enter the patient’s Social Security Number on the first row for each encounter
Patient DOB	Enter the patient’s date of birth on the first row for each encounter
Date of Service	Enter the date of service on the first row for each encounter and on any subsequent line for services associated with that encounter (e.g. specialty care, laboratory, or radiology) that occurred on a different date in the following format: MM/DD/YYYY
Patient Last Name	Enter the patient’s last name
Middle Initial	Enter the patient’s middle initial if one
Patient First Name	Enter the patient’s first name
GNOCHC Enrollee ID	Enter the patient’s 13-digit GNOCHC enrollee ID if known

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Place of Service	<p>Enter the place of service code from the following list:</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 10%;">Code</th> <th style="text-align: left;">Definition</th> </tr> </thead> <tbody> <tr><td>04</td><td>Homeless Shelter</td></tr> <tr><td>11</td><td>Office</td></tr> <tr><td>12</td><td>Home</td></tr> <tr><td>15</td><td>Mobile Unit</td></tr> <tr><td>49</td><td>Independent Clinic</td></tr> <tr><td>50</td><td>Federally Qualified Health Center</td></tr> <tr><td>53</td><td>Community Mental Health Center</td></tr> <tr><td>57</td><td>Non-Residential Substance Abuse Treatment Facility</td></tr> <tr><td>71</td><td>State or Local Public Health Clinic</td></tr> <tr><td>72</td><td>Rural Health Clinic</td></tr> <tr><td>81</td><td>Independent Laboratory</td></tr> </tbody> </table>	Code	Definition	04	Homeless Shelter	11	Office	12	Home	15	Mobile Unit	49	Independent Clinic	50	Federally Qualified Health Center	53	Community Mental Health Center	57	Non-Residential Substance Abuse Treatment Facility	71	State or Local Public Health Clinic	72	Rural Health Clinic	81	Independent Laboratory
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Procedure Codes	<p>Enter HCPCS/CPTIV Code for the encounter and each detail line associated with the encounter. The first line of the encounter must be T1015 to designate an encounter. Report each additional CPT code on a row below the initial encounter without entering the data for columns before</p> <p>Report in the encounter each CPT code for covered services rendered to the enrollee directly by the participating provider or indirectly by referral and paid for by the participating provider (i.e., lab, radiology and specialty services).</p> <p>A new encounter on the Excel Spreadsheet is designated by a change in date of service, a change in encounter modifier, or a new patient name</p>																								
Modifier	<p>For the encounter line (T1015) enter appropriate modifier</p> <p>TF – Basic Behavioral Health</p> <p>TG – Serious Mental Illness</p>																								
Diagnosis Codes	<p>Enter up to six ICD 9 CM Diagnosis codes – Report each diagnosis code on a row below the initial encounter line without entering the data for columns before</p>																								
NDC for Drugs and Biologicals administered by Physicians	<p>Enter the NDC for drugs and biological administered during the encounter/procedure</p>																								
Days/Units	<p>Enter the number of units billed for the procedure code entered</p>																								

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	on the same line. The encounter T1015 unit value is always one.
Charges	Enter the usual and customary charges for the encounter and the detail lines. The detail must sum to the encounter T1015 billed charge
Attending Provider ID	Enter the attending provider Medicaid ID for the procedure (7 digit)
Attending Provider NPI	Enter the attending provider Medicaid NPI (10 digit)
Signature and Date	Provide the rendering provider signature and date for the encounter line only