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**CHAPTER 69: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**

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**APPENDIX F: SPECIALTY CARE CLAIMS FILING****PAGE(S) 10**

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**CLAIMS FILING**

Greater New Orleans Community Health Connection (GNOCHC) services are billed on the CMS-1500 claim form or electronically in the 837P transaction. Items to be completed are either **required** or **situational**.

**Required** information must be entered in order for the claim to process. Claims submitted with missing or invalid information in these fields will be returned unprocessed to the provider with a rejection letter listing the reason(s) the claims are being returned or will be denied through the system. These claims cannot be processed until corrected and resubmitted by the provider.

**Situational** information may be required (but only in certain circumstances as detailed in the instructions that follow).

Claims should be submitted to:

**Molina Medicaid Solutions  
P.O. Box 91020  
Baton Rouge, LA 70821**

**Specialty Care Reporting**

GNOCHC primary care encounter payments are computed to allow for specialty physician services, specialty laboratory and radiology services. It is required that GNOCHC providers (excluding LSU Interim Public Hospital and behavioral health-only providers) report their direct expenditures related to payment for these types of services.

Providers must use procedure code T2025 on the first line of the claim with a \$0 charge to designate that this is only to report expenses. The following claim lines will use individual Healthcare Common Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes and the actual cost incurred by the provider. Even though these services will be processed as a claim, providers will not receive additional payments as a result of submission. Upon claims adjudication, providers should only be concerned about the T2025 code being approved. (See Appendix E, page 17, for a list of applicable HCPCS and CPT codes under Specialty Services.)

**CHAPTER 69: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION****APPENDIX F: SPECIALTY CARE CLAIMS FILING****PAGE(S) 10****CMS 1500 BILLING INSTRUCTIONS FOR  
GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION SERVICES**

Locator#	Description	Instructions	Alerts
1	Medicare / Medicaid / Tricare Champus / Champva / Group Health Plan / Feca Blk Lung	<b>Required</b> -- Enter an "X" in the box marked Medicaid (Medicaid #).	<b>GNOCHC providers should mark the Medicaid indicator.</b>
1a	Insured's I.D. Number	<b>Required</b> – Enter the recipient's 13 digit GNOCHC ID number exactly as it appears when checking recipient eligibility through MEVS, eMEVS, or REVS.  <b>NOTE:</b> The recipients' 13-digit ID number <u>must</u> be used to bill claims. The CCN number from the plastic ID card is <b>NOT</b> acceptable. The ID number must match the recipient's name in Block 2.	<b>The 13-digit GNOCHC number and the 13-digit Medicaid number are the same number.</b>
2	Patient's Name	<b>Required</b> – Enter the recipient's last name, first name, middle initial.	
3	Patient's Birth Date  Sex	<b>Optional</b> – Enter the recipient's date of birth using six (6) digits (MM DD YY). If there is only one digit in this field, precede that digit with a zero (for example, 01 02 07).  Enter an "X" in the appropriate box to show the sex of the recipient.	
4	Insured's Name	<b>Leave Blank</b>	
5	Patient's Address	<b>Leave Blank</b>	
6	Patient Relationship to Insured	<b>Leave Blank</b>	
7	Insured's Address	<b>Leave Blank</b>	
8	Patient Status	<b>Leave Blank</b>	

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Locator#	Description	Instructions	Alerts
9	Other Insured's Name	Leave Blank	
9a	Other Insured's Policy or Group Number	Leave Blank	
9b	Other Insured's Date of Birth Sex	Leave Blank	
9c	Employer's Name or School Name	Leave Blank	
9d	Insurance Plan Name or Program Name	Leave Blank	
10 a. b. c.	Is Patient's Condition Related To:  Employment Auto Accident Other Accident	<b>Situational</b> – Complete if the services are related to the patient's employment, an auto accident or another type of accident.	
11	Insured's Policy Group or FECA Number	Leave Blank	
11a	Insured's Date of Birth Sex	Leave Blank	
11b	Employer's Name or School Name	Leave Blank	
11c	Insurance Plan Name or Program Name	Leave Blank	
11d	Is There Another Health Benefit Plan?	Leave Blank	

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<b>Locator#</b>	<b>Description</b>	<b>Instructions</b>	<b>Alerts</b>
12	Patient's or Authorized Person's Signature (Release of Records)	<b>Leave Blank</b>	
13	Patient's or Authorized Person's Signature (Payment)	<b>Leave Blank</b>	
14	Date of Current Illness / Injury / Pregnancy	<b>Leave Blank</b>	
15	If Patient Has Had Same or Similar Illness Give First Date	<b>Leave Blank</b>	
16	Dates Patient Unable to Work in Current Occupation	<b>Leave Blank</b>	
17	Name of Referring Provider or Other Source	<b>Leave Blank</b>	
17a	Unlabelled	<b>Leave Blank</b>	
17b	NPI	<b>Leave Blank</b>	
18	Hospitalization Dates Related to Current Services	<b>Situational</b> – Complete if appropriate or leave blank	
19	Reserved for Local Use	Reserved for future use. Do not use.	<b>Usage to be determined.</b>
20	Outside Lab?	<b>Leave Blank</b>	
21	Diagnosis or Nature of Illness or Injury	<b>Required</b> -- Enter the most current ICD-9 numeric diagnosis code and, if desired, narrative description.	<b>The most current and specific diagnosis code(s) must be entered.</b>

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Locator#	Description	Instructions	Alerts
22	Medicaid Resubmission Code	<b>Leave Blank</b>	
23	Prior Authorization Number	<b>Leave Blank</b>	
24	Supplemental Information	<p><b>Situational</b> – Applies to the detail lines for drugs and biologicals only.</p> <p>In addition to the procedure code, the <b>National Drug Code (NDC)</b> is <b>required</b> by the Deficit Reduction Act of 2005 for <b>physician-administered drugs</b> and <b>shall be entered</b> in the <b>shaded</b> section of 24A through 24G. <b><u>Claims for these drugs shall include the NDC from the label of the product administered.</u></b></p> <p>To report additional information related to HCPCS codes billed in 24D, physicians and other providers who administer drugs and biologicals must enter the <b>Qualifier N4</b> followed by the <b>NDC</b>. Do not enter a space between the qualifier and the NDC. Do not enter hyphens or spaces within the NDC.</p> <p>Providers should then leave one space then enter the appropriate <b>Unit Qualifier</b> (see below) and the <b>actual units administered</b>. Leave three spaces and then enter the brand name as the written description of the drug administered in the remaining space.</p> <p>The following qualifiers are to be used when reporting NDC units:</p> <p>F2 International Unit ML Milliliter GR Gram UN Unit</p>	<p><b>GNOCHC providers who administer drugs and biologicals must enter this drug-related information in the <b>SHADED</b> section of 24A – 24G of the appropriate detail line(s) for the drug or biological – not the encounter line.</b></p> <p><b>This information must be entered in addition to the procedure code(s).</b></p>

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Locator#	Description	Instructions	Alerts
24A	Date(s) of Service	<p><b>Required</b> -- Enter the date of service for each procedure.</p> <p>Either six-digit (MM DD YY) or eight-digit (MM DD YYYY) format is acceptable.</p>	<p><b>Six-digit or 8-digit dates can be used on paper claims.</b></p> <p><b>Only 8-digit dates can be used for electronic (EDI) claims.</b></p>
24B	Place of Service	<p><b>Required</b> -- Enter the appropriate place of service code for the services rendered.</p>	<p><b>Claims submitted with no Place of Service Code will deny.</b></p>
24C	EMG	<b>Leave Blank</b>	
24D	Procedures, Services, or Supplies	<p><b>Required</b> -- Enter the procedure code(s) for services rendered.</p> <p>Enter the GNOCHC Specialty Care Services encounter procedure code on the first line:</p> <p><b>Encounter Code = T2025</b> Enter for Specialty Care Services In addition to the encounter code, it is necessary to indicate on subsequent lines the specific services provided by entering the individual procedure code and description for each service rendered.</p> <p>Report in the encounter each CPT code for covered services ordered by the participating provider and provided to the enrollee, whether provided 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><b>The encounter code must be present on the claim, accompanied by at least one detail line for a covered service.</b></p> <p><b>All services should be included as detail lines.</b></p> <p><b>If the detail line is for drugs or biologicals, entering the appropriate information from Block 24 is required.</b></p> <p><b>When specialty care services are reported (T2025), the encounter should be billed with "0" charges and the detail lines should be billed with the actual incurred fee for each service as charges.</b></p>

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Locator#	Description	Instructions	Alerts
24E	Diagnosis Pointer	<p><b>Required</b> – Indicate the most appropriate diagnosis for each procedure by entering the appropriate reference number (“1”, “2”, etc.) in this block.</p> <p>More than one diagnosis/reference number may be related to a single procedure code.</p>	
24F	\$Charges	<p><b>Required</b> – When specialty care services are billed (T2025), the encounter should be billed with “0” Charges and the detail lines should be billed with the actual fee for each service as Charges</p>	<p><b>Use of encounter code T2025 is solely to report specialty care expenses incurred as required by the GNOCHC program.</b></p> <p><b>Providers should not expect direct compensation for any expenses listed.</b></p>
24G	Days or Units	<p><b>Required</b> -- Enter the number of units billed for the procedure code entered on the same line in 24D</p>	
24H	EPSDT Family Plan	<b>Leave Blank</b>	
24I	I.D. Qual.	<p><b>Optional</b> - The I.D. Qualifier indicates what type of identifying provider number is being entered in 24J.</p>	<b>This field can be left blank for GNOCHC.</b>

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Locator#	Description	Instructions	Alerts
24J	Rendering Provider I.D. #	<p><b>Required</b> - Enter the Rendering Provider's Medicaid Provider Number in the shaded portion of the block, if available. Otherwise, leave blank.</p> <p>Entering the Rendering Provider's NPI in the non-shaded portion of the block.</p>	<p><b>An attending provider number/NPI must be entered.</b></p> <p><b>If the attending provider is a type that cannot enroll in Louisiana Medicaid, enter the GNOCHC billing provider number/NPI as the attending provider.</b></p> <p><b>If provider cannot be an attending provider or does not have an official linkage to the GNOCHC provider, enter the GNOCHC billing provider number/NPI as the attending provider.</b></p>
25	Federal Tax I.D. Number	<b>Optional.</b>	
26	Patient's Account No.	<b>Situational</b> – Enter the provider specific identifier assigned to the recipient. This number will appear on the Remittance Advice (RA). It may consist of letters and/or numbers and may be a maximum of 20 characters.	
27	Accept Assignment	<b>Leave Blank</b> - Claim filing acknowledges acceptance of Medicaid assignment.	
28	Total Charge	<b>Required</b> – Enter the total of all charges listed on the claim.	



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Locator#	Description	Instructions	Alerts
29	Amount Paid	Leave Blank	
30	Balance Due	Leave Blank	
31	Signature of Physician or Supplier Including Degrees or Credentials  Date	Optional.  Optional.	It is no longer necessary for providers to sign claim forms submitted to legacy Medicaid and Bayou Health Shared Health Plans.
32	Service Facility Location Information	Leave Blank	
32a	NPI	Leave Blank	
32b	Unlabelled	Leave Blank	
33	Billing Provider Info & Ph #	Required -- Enter the provider name, address including zip code and telephone number.	
33a	NPI	Required – Enter the GNOCHC billing provider's NPI.	
33b	Unlabelled	Required – Enter the billing provider's 7-digit GNOCHC Provider Number.	Claims will be rejected if this information is not present on the claim form.

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