



GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION PROVIDER MANUAL

Chapter Forty-seven of the Medicaid Services Manual

Issued September 1, 2011

Claims/authorizations for dates of service on or after October 1, 2015 must use the applicable ICD-10 diagnosis code that reflects the policy intent. References in this manual to ICD-9 diagnosis codes only apply to claims/authorizations with dates of service prior to October 1, 2015.

**State of Louisiana
Bureau of Health Services Financing**

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OVERVIEW

In the aftermath of Hurricanes Katrina and Rita, Louisiana's Department of Health and Hospitals (DHH) was awarded a \$100 million Primary Care Access Stabilization Grant (PCASG) for the period July 2007 through September 30, 2010 for the Greater New Orleans area. This three year grant was designed to restore and expand access to primary care services, mental health, and dental care services without regard to a patient's ability to pay. The PCASG was also intended to decrease costly reliance on emergency room usage for primary care services for patients who were uninsured, underinsured, or receiving Medicaid.

Outpatient provider organizations were required to create referral relationships with local specialists and hospitals, establish a quality assurance or improvement program, and provide a long-term sustainability plan. They were also required to be operational and serving patients at one or more health care sites; be a public or private nonprofit organization; have a formal policy to serve all people regardless of the patient's ability to pay for services; establish a system to collect, organize and report the data to DHH through the Louisiana Public Health Institute (LPHI); and provide plans if the organization intended to relocate or renovate health care sites.

On August 6, 2010, the state of Louisiana submitted a proposal to the Centers for Medicare and Medicaid Services (CMS) for a Medicaid Section 1115 demonstration waiver for the continued funding of the PCASG provider organizations, achieve a reduction in discretionary Disproportionate Share Hospital (DSH) funding, and increase support for primary care medical homes (PCMH). CMS approved the Greater New Orleans Community Health Connection (GNOCHC) 1115 demonstration effective October 1, 2010 through December 31, 2013. The demonstration waiver's funding approach would permit DHH to use up to \$30 million (total computable) in demonstration years (DY) 1, 2, and 3 and \$7.5 million (total computable) in DY 4 for specified PCMH providers. To maintain budget neutrality, the state would ensure that these amounts, when added to DSH payments, would not exceed the DSH allotment calculated in accordance with section 1923 of the Social Security Act. In September 2013, CMS approved a 12-month extension of the demonstration to December 31, 2014. In addition to extending the GNOCHC program, CMS approved changes to the eligibility criteria and reimbursement methodology. The income eligibility guidelines decreased from 200% to 100% of the Federal Poverty Level (FPL) and targeted and incentive payments to providers (reimbursement for Shared Services expenditures, payments for those clinics who are on the path to attain National Center for Quality Assurance Patient-Centered Medical Home recognition, and infrastructure investment awards) ended. In addition, the year-end adjustment for supplemental encounter rate payments ended. Encounter rates for primary care reduced as well. To compensate for the extension, CMS approved an increase to the expenditures permitted under the budget neutrality limit for 2014. On November 25, 2014, CMS approved a two-year extension of the demonstration waiver to December 31, 2016 and the removal of the requirement to be uninsured

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for six months as a condition of eligibility. As a result of extending the waiver, CMS raised the budget neutrality limit an additional \$51.5 million.

The GNOCHC demonstration covers residents of the Greater New Orleans area, comprised of Orleans, Jefferson, St. Bernard and Plaquemines parishes. It is one of the largest population centers in the state. It is home to over 800,000 individuals and represents roughly 20 percent of the state's population. According to the 2012 U.S. Census Bureau's American Community Survey estimate for this area, nearly 20 percent of individuals aged 18-64 had incomes below poverty and 53 percent of the unemployed were uninsured. The Louisiana Health Insurance Survey shows 124,904 individuals living in the GNOCHC service area have incomes below 100 percent of the federal poverty level (FPL) and uninsured rates are highest for adults at this income level. Almost a decade after Hurricane Katrina, the Greater New Orleans area continues to be significantly impacted.

The GNOCHC demonstration was implemented in two phases. Phase 1 was October 2010 – December 2011 and Phase 2 continues through December 31, 2014. The GNOCHC demonstration accomplished its Phase 1 goals that focused on access preservation and evolution planning by enrolling thousands of low-income, uninsured adults into basic health care coverage; transforming PCASG awardees into coverage model-driven health care providers with routine Medicaid enrollment, billing processes and encounter rate payments; and substantially completing program start-up, paving the way for routine program operations and further evolution in Phase 2.

In Phase 2, DHH continued to enroll thousands of eligible adults into the GNOCHC demonstration, applied key elements of the terms and conditions of the demonstration; and established and maintained routine operations to enable providers to move further toward the goal of self-sustainability.

The goal of the two-year extension period is to preserve and further increase access to healthcare in the GNOCHC coverage area, support GNOCHC providers in their efforts to transform and become self-sustainable, and reduce the need for more costly emergency care.

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COVERED SERVICES

The array of services described below is provided under the Greater New Orleans Community Health Connection (GNOCHC) Waiver and must be delivered on an outpatient basis. Requests for pre-admission certification for inpatient hospitalization and inpatient hospital services are not covered.

GNOCHC services fall into two broad categories: core services and specialty services.

- Core services are medically necessary services coverable under section 1905(a) of the Social Security Act which each GNOCHC provider is expected to provide or purchase on behalf of recipients. Core services include both primary care and behavioral health care services.
- Specialty services are medically necessary services which each GNOCHC primary care provider is expected to provide to recipients directly or by referral from the primary care provider.

There is no annual visit limit; however, only one primary care visit and/or one behavior health care visit is allowed for the same date of service.

NOTE: When a GNOCHC certification temporarily overlaps a Medicaid certification, the limits of the Medicaid certification apply.

Core Services

Primary Care Services

Primary care provides health care services that maintain wellness and are not in the nature of specialty care. Primary care is the ongoing source of care for each recipient and the access point for referral to specialized services.

Standards

Providers of primary care must be:

- A licensed physician in:
 - Family medicine,

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- Internal medicine,
 - General practice, or
 - Pediatrics (for individuals ages 19-21 only).
-
- An advanced practice nurse who is operating within the scope of his/her licensure in Louisiana as a:
 - Physician assistant,
 - Clinical nurse specialist, or
 - Nurse practitioner.

Service Limitations

See Appendix E for applicable Healthcare Procedure Coding System (HCPCS) and Current Procedural Terminology (CPT) codes.

Preventive Care Services

Preventive care includes the following services:

- Immunizations,
- Screening,
- Pap smears (if the recipient is not concurrently enrolled in Take Charge Plus family planning services),
- Tobacco cessation,
- Diet, lifestyle and exercise programs,
- Well woman exams,
- Sexually transmitted disease counseling,
- Self-examination teaching programs,
- Remote testing, and
- Behavior modification.

Standards

Providers of preventive care must be:

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- A licensed physician in:
 - Family medicine,
 - Internal medicine,
 - General practice, or
 - Pediatrics (for individuals ages 19-21 only).
- An advanced practice nurse who is operating within the scope of his/her licensure in Louisiana as a:
 - Physician assistant,
 - Clinical nurse specialist, or
 - Nurse practitioner.

Service Limitations

See Appendix E for applicable HCPCS and CPT codes.

Care Coordination

The primary care encounter core service includes care coordination delivered by health providers (or teams) in the recipient's health care home which:

- Engages the recipient in preventing disease and maintaining his/her own health,
- Assists in navigating the health care system, including assistance with navigating pharmacy assistance programs, state and local government funded programs, and privately funded sources for prescription medications,
- Provides health education and coaching,
- Coordinates with other providers, and
- Supports the recipient with the social determinants of health such as access to healthy food, smoking cessation and exercise.

Standards

Providers of care coordination must be:

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- A licensed physician in:
 - Family medicine,
 - Internal medicine,
 - General practice, or
 - Pediatrics (for individuals ages 19-21 only).
- An advanced practice nurse who is operating within the scope of his/her licensure in Louisiana as a:
 - Physician assistant,
 - Clinical nurse specialist, or
 - Nurse practitioner.
- A registered nurse,
- A licensed social worker,
- An individual with a bachelors level health related degree, or
- An individual with five years case management experience in a health related setting.

Service Limitations

See Appendix E for applicable HCPCS and CPT codes.

Immunizations and Influenza Vaccines

Immunizations are covered services for the vaccine and administration of the vaccine. Immunizations and influenza vaccines must be ordered by the primary care provider.

Standards

Providers of immunizations must be either a registered nurse or a licensed practical nurse.

Service Limitations

See Appendix E for applicable HCPCS and CPT codes.

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NOTE: Immunizations are covered as a component of an encounter, but do not justify an encounter payment.

Exclusions

Immunizations for which there is another source of funding, including but not limited to the vaccines for children program, are not covered.

Laboratory Services

Primary care laboratory services must be ordered by the primary care provider. These services include laboratory testing that is routinely available in a clinic or physician office setting. Laboratory services meeting this criterion are covered services whether provided by the participating primary care provider or sent to an independent laboratory.

Payment for laboratory services sent by the participating primary care provider to an independent laboratory is the responsibility of the primary care provider.

Standards

Providers of laboratory services must be furnished by a laboratory that meets the requirements of 42 CFR 493.

Service Limitations

See Appendix E for applicable HCPCS and CPT codes.

Radiology Services

Primary care radiology services must be ordered by the primary care provider. Primary care radiology services are those radiology services that are routinely available in a clinic or physician office setting. Radiology services meeting this criterion are covered whether provided by the participating primary care provider or sent to an outside entity.

Payment for radiology services sent by the primary care provider to an outside entity is the responsibility of the primary care provider.

Standards

Providers of radiology services must be either a licensed radiologist or a certified registered radiologist technician.

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Service Limitations

See Appendix E for applicable HCPCS and CPT codes.

Basic Behavioral Health Care Services

Basic behavioral health care services include mental health and/or substance abuse screening, assessment, counseling, medication management, treatment, and follow-up for conditions treatable or manageable in primary care settings.

Recipients who meet the American Society of Addiction Medicine (ASAM) criteria for substance abuse and/or who have a major mental health disorder as defined by Medicaid or previously had a major mental health disorder and are in need of maintenance services are eligible to receive basic behavioral health care services.

Standards

These services must be performed by practitioners authorized to provide services directly or under supervision according to Medicaid Mental Health Clinic policies. This includes:

- Licensed psychiatrists,
- Licensed physicians,
- Psychologists,
- Social workers,
- Psychiatric nurse practitioners,
- Behavior and addiction specialists, and
- Behavioral health licensed practitioners.

Service Limitations

See Appendix E for applicable HCPCS and CPT codes.

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Exclusions

Residential, inpatient and outpatient hospital mental health and substance abuse services are not covered.

Serious Mental Illness Behavioral Health Care Services

Serious mental illness (SMI) behavioral health care services include mental health and/or substance abuse screening, assessment, counseling, medication management, treatment, follow-up, and community support services.

Recipients who meet the federal definition of a SMI, including those who also have a co-occurring addictive disorder and those who previously were identified as having a SMI and are in need of maintenance services, are eligible to receive SMI behavior health care services.

Standards

SMI behavioral health care services are only provided by Jefferson Parish Human Services Authority and Metropolitan Human Services District.

Practitioners are authorized to provide services directly or under supervision according to Medicaid Mental Health Clinic policies. This includes:

- Licensed psychiatrists,
- Licensed physicians,
- Psychologists,
- Social workers,
- Psychiatric nurse practitioners,
- Behavior and addiction specialists, and
- Behavioral health licensed practitioners.

Service Limitations

See Appendix E for applicable HCPCS and CPT codes.

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Exclusions

Residential, inpatient and outpatient hospital mental health and substance abuse services are not covered.

Behavioral Health Care – Laboratory Services

These services include laboratory testing that is routinely available in a clinic or physician office setting. Laboratory services meeting this criterion are covered services whether provided by the participating behavioral health care provider or sent to an independent laboratory.

Payment for laboratory services sent by the participating behavioral health care provider to an independent laboratory is the responsibility of the behavioral health care provider.

Standards

Behavioral health care laboratory services must be furnished by a laboratory that meets the requirements of 42 CFR 493.

Service Limitations

These services must be ordered by a participating behavioral health care provider.

Specialty Care

The primary care encounter rate covers:

- Specialty or subspecialty physician services, and
- Specialty laboratory and radiology services.

Specialty services may be provided either by a GNOCHC provider or by referral from a GNOCHC provider.

GNOCHC referral requirements are separate and distinct from Medicaid referral requirements. Medicaid referral requirements do not apply to GNOCHC recipients.

The GNOCHC provider is responsible for payment for specialty services by referral when the referral complies with the provider's prior authorization requirements in effect and when the provider has a contract in effect for payment of the services.

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These services are subject to dollars available to the GNOCHC provider for specialty care. (See Appendix F for claims filing instructions for specialty care services.)

The recipient is responsible for payment of specialty services not provided by a GNOCHC provider or through a referral that is paid for by a GNOCHC provider.

NOTE: The Free Care Program of the Interim LSU Public Hospital is responsible for payment of specialty services they provide to recipients eligible for their Free Care Program.

Specialty Physician Services

Specialty physician services include medically necessary services provided by a specialist physician.

Standards

Specialty physician services providers must be:

- A licensed physician with a specialty or subspecialty designation, or
- Other licensed practitioner as allowed under Medicaid policy.

Service Limitations

See Appendix E for applicable HCPCS and CPT codes.

Exclusions

Cosmetic procedures, pain management and fertility treatments are not covered. Ophthalmology services may be provided for treatment of trauma, infection, cataracts and congenital eye defects. Routine eye exams and eye glasses are not covered.

Specialty Laboratory

Specialty laboratory services include laboratory services not included in core services.

Standards

Specialty laboratory services must be furnished by a laboratory that meets the requirements of 42 CFR 493.

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Service Limitations

See Appendix E for applicable HCPCS and CPT codes.

Specialty Radiology

Specialty radiology services include radiology procedures not included in core services. They include:

- Magnetic resonance (MR)
- Computed tomography (CT)
- Nuclear cardiac imaging
- Ultrasound
- Positron emission tomography (PET)

Standards

These services must be performed by a licensed radiologist or a certified registered radiologist technician. Each provider must have a process in place for prior authorization of each procedure. A clinic may contract with the Radiology Utilization Management entity used by Medicaid.

Service Limitations

See Appendix E for applicable HCPCS and CPT codes.

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SECTION 47.2: RECIPIENT REQUIREMENTS**PAGE(S) 4**

RECIPIENT REQUIREMENTS**Eligibility Criteria**

Greater New Orleans Community Health Connection (GNOCHC) Waiver services are available to individuals who:

- Are uninsured;
- Are non-pregnant;
- Are between 19 and 64 years old;
- Are not eligible for Medicaid, Children's Health Insurance Program (CHIP), or Medicare, with the exception of recipients who receive services through Take Charge Plus and recipients who receive coverage through the Tuberculosis Infected Program;
- Are a resident of the Greater New Orleans region (parishes of Orleans, St. Bernard, Plaquemines, and Jefferson);
- Have family income up to 100 percent of the federal poverty level; and
- Meet the citizenship requirements under the Deficit Reduction Act of 2008 and the Children's Health Insurance Program Reauthorization Act of 2009.

Medicaid Verification

All GNOCHC Waiver recipients receive a medical eligibility card.

Providers must verify eligibility through the Medicaid Eligibility Verification System (MEVS) or the Recipient Eligibility Verification System (REVS) before providing services. (See Chapter 1: General Information and Administration, Section 1.2 Recipient Eligibility for more information)

NOTE: MEVS messages for GNOCHC Provider Identification Numbers are different from those for other Provider Identification Numbers.

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The following is an example of information provided in response to an inquiry made using a **GNOCHC Provider ID**:

Health Benefit Plan Coverage			
Benefit	Coverage Level	Insurance Type	Plan Coverage Description
Active Coverage	Individual	Medicaid	ELIGIBLE FOR GNOCHC SERVICES
Benefit Description	Individual	Medicaid	Preferred Language: English

The following is an example of information provided in response to an inquiry made using a **non-GNOCHC Provider ID**:

Health Benefit Plan Coverage			
Benefit	Coverage Level	Insurance Type	Plan Coverage Description
Active Coverage	Individual	Medicaid	ELIGIBLE FOR GNOCHC SERVICES
Benefit Description	Individual	Medicaid	Preferred Language: English
Service Limitations			
Coverage Level	Individual		
Service Type	Medical Care		
Insurance Type	Medicaid		
Plan Coverage Description	ELIGIBLE FOR GNOCHC SERVICES BY GNOCHC PROVIDER		

Concurrent Eligibility**GNOCHC and Family Planning or Tuberculosis-Infected**

Recipients eligible for GNOCHC may also be eligible for either Take Charge Plus family planning services or the Tuberculosis Infected Program. Eligibility is reported on the date of service for all active programs.

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In cases of concurrent eligibility, the requirements of each individual program apply. Providers may only provide services to recipients under the program for which they are enrolled.

For those recipients with concurrent eligibility, the enrollee type, service type, and provider type must match or the claim will be denied.

NOTE: GNOCHC providers **must use their GNOCHC provider number** for all GNOCHC services billed for GNOCHC recipients.

GNOCHC and Medicaid

GNOCHC recipients may be found retrospectively eligible for Medicaid. Examples include but are not limited to the following:

- Women who become pregnant after GNOCHC enrollment, and
- Recipients determined to be disabled after GNOCHC enrollment.

In such cases, the closure date for the GNOCHC certification will be the last day of the month in which Medicaid eligibility was determined, and the effective date of the Medicaid certification may precede the GNOCHC certification closure date. When this occurs, providers should submit a Medicaid claim for processing.

A recipient eligible for both GNOCHC and Medicaid can be identified in MEVS as follows:

Health Benefit Plan Coverage			
Benefit	Coverage Level	Insurance Type	Plan Coverage Description
Active Coverage	Individual	Medicaid	Eligible for Medicaid on Date of Service
Active Coverage	Individual	Medicaid	ELIGIBLE FOR GNOCHC SERVICES
Benefit Description	Individual	Medicaid	Preferred Language: English

Providers should also make note of any other service limitations as noted under “Plan Coverage Description”.

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Disenrollment

A GNOCHC waiver recipient will be disenrolled if any one of the following occurs. The recipient:

- Has family income that exceeds the income limits at redetermination,
- Voluntarily withdraws from the program,
- No longer resides in a parish within the greater New Orleans area,
- Becomes incarcerated,
- Becomes an inpatient in an institution for mental disorders,
- Obtains health insurance coverage,
- Turns 65 years old, or
- Dies.

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SECTION 47.3: SERVICE ACCESS AND AUTHORIZATION PAGE(S) 2

SERVICE ACCESS AND AUTHORIZATION

Services covered in the Greater New Orleans Community Health Connection (GNOCHC) Waiver must be accessed through a GNOCHC provider.

The Bureau of Health Services Financing will only reimburse GNOCHC providers for covered services provided to GNOCHC recipients. Claims submitted to the Bureau of Health Services Financing or its fiscal intermediary for services provided to GNOCHC recipients by non-GNOCHC providers will be denied.

Core Services

GNOCHC providers must provide recipients with core services, including primary care and behavioral health care as defined in Section 47.1. Laboratory and radiology services may be sent to an outside entity, but must be paid for by the GNOCHC provider.

Specialty Services

GNOCHC providers must also provide recipients with specialty services, as described in Section 47.1, subject to dollars available to the provider for specialty services. Specialty services may be provided either directly by a GNOCHC provider or indirectly by referral.

The Free Care Program of the Interim LSU Public Hospital is responsible for payment of specialty services they provide to recipients who are eligible for their Free Care Program.

Referrals

GNOCHC referral requirements are separate and distinct from Medicaid referral requirements. Medicaid referral requirements do not apply to GNOCHC recipients.

The GNOCHC provider is responsible for payment for specialty services provided by referral when the referral complies with the provider's prior authorization requirements and when the provider has a contract in effect for payment of the services.

The recipient is responsible for payment of specialty services not provided by a GNOCHC provider or through a referral that is paid for by a GNOCHC provider.

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SECTION 47.3: SERVICE ACCESS AND AUTHORIZATION PAGE(S) 2

Prior Authorizations

GNOCHC prior authorization requirements are separate and distinct from Medicaid prior authorization requirements. Medicaid prior authorization requirements do not apply to GNOCHC recipients. Prior authorization requests submitted to Medicaid for GNOCHC enrollees will be denied.

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SECTION 47.4: PROVIDER REQUIREMENTS**PAGE(S) 7**

PROVIDER REQUIREMENTS**Standards of Participation**

All providers participating in the delivery of services covered under the Greater New Orleans Community Health Connection (GNOCHC) Waiver must adhere to all of the applicable federal and state regulations, policy, rules and laws.

Providers must meet the following requirements:

- Be an existing Primary Care Access and Stabilization Grant (PCASG) funded clinic;
- Be operational and serving waiver recipients on October 1, 2010. Any PCASG clinic seeking to reestablish operations as a GNOCHC participating provider after October 1, 2010 shall require approval from the Centers for Medicare and Medicaid Services (CMS);
- Be a public or private not-for-profit entity that meets the following conditions:
 - The entity must not be an individual practitioner in private solo or group practice;
 - The clinic shall be currently licensed, if licensure is required by the state of Louisiana;
 - Either the clinic or its licensed practitioners are currently enrolled in the Medicaid Program;
 - All health care practitioners affiliated with the clinic that provide health care treatment, behavioral health counseling, or any other type of clinical health care services to patients must hold a current unrestricted license to practice in the state of Louisiana, and be providing such licensed services within the scope of that licensure;
- Provide full disclosure of ownership and control, including but not limited to any relative contractual agreements, partnerships, etc.;
- Have a statutory, regulatory or formally established policy commitment (e.g., through corporate bylaws) to serve all people, including those without insurance, at every level of income, regardless of the patients' ability to pay for services rendered, and be willing to accept and serve new publicly insured and uninsured individuals;

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- Maintain one or more health care access points or service delivery sites for the provision of health care services which may include medical care, behavioral health care and substance abuse services, either directly on-site or through established arrangements; and
- Be capable of implementing and evaluating the effectiveness of an organization-specific strategic plan to become a sustainable organizational entity by December 31, 2013 which is capable of permanently providing primary care or behavioral health care services to residents in the Greater New Orleans region.

NOTE: A sustainable organizational entity is an entity that actively develops, implements and evaluates the effectiveness of its organization to diversify its operating income and funding resources to include funding sources other than the demonstration.

GNOCHC providers must be responsible for collection of all data on the services rendered to recipients through encounter data or other methods so specified by the Department of Health and Hospitals.

Provider Enrollment

Eligible providers must be enrolled with the Medicaid fiscal intermediary's (FI) provider enrollment unit in both the GNOCHC Provider Type (PT-99) and a Medicaid Provider Type, such as Mental Health Clinic (PT-74), Physician Services (PT-20), or Federally Qualified Health Centers (PT-72) in order for the provider to receive reimbursement under GNOCHC. (See Appendix A for information on how to contact the Provider Enrollment Unit)

Medicaid Application Center

Participating provider organizations must be certified Medicaid Application Centers. Satellite service sites, such as mobile units, may operate under the Medicaid Application Center Identification Number of the main site.

Location

Providers must be located in one of four Greater New Orleans area parishes, which include Orleans, St. Bernard, Jefferson and Plaquemines.

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SECTION 47.4: PROVIDER REQUIREMENTS**PAGE(S) 7**

Staff Composition

The composition of staff shall be determined by the provider based on:

- An assessment of the needs of the community being served,
- The provider's goals,
- The services provided, and
- Applicable laws and regulations.

Staffing Requirements for Covered Services**Primary and Preventive Care Services**

The following are authorized to provide covered primary and preventive care services as defined in Section 47.1:

- Licensed physicians in family medicine, internal medicine, general practice, and pediatrics (only for individuals ages 19-21), and
- Physician assistants, clinical nurse specialists and nurse practitioners operating within the scope of their licensure in the state of Louisiana.

Care Coordination

The following are authorized to provide covered care coordination services as defined in Section 47.1:

- Primary Care Physicians,
- Nurse Practitioners,
- Physician Assistants,
- Clinical Nurse Specialists,
- Licensed Social Workers,

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- Registered Nurses, and
- Individuals with a bachelors level health related degree and/or five years case management experience in a health related setting.

Immunizations and Influenza Vaccines

The following are authorized to administer covered immunization and influenza vaccines ordered by a primary care provider as defined in Section 47.1:

- Registered Nurse, and
- Licensed Practical Nurse.

Laboratory Services

The following are authorized to provide covered laboratory services (primary care, behavioral health care, and/or specialty care) as defined in Section 47.1:

- Laboratories that meet the requirements of 42 CFR 493.

Radiology Services

The following are authorized to provide covered radiology services (primary care, behavioral health care, and/or specialty care) as defined in Section 47.1:

- Licensed radiologists, and
- Certified registered radiologist technicians.

Specialty Physician Services

The following professionals are authorized to provide covered specialty physician services as defined in Section 47.1:

- Licensed physicians with a specialty or subspecialty designation, and
- Other licensed practitioners as allowed under Medicaid policy and procedures.

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Basic Behavioral Health Care

The following are authorized to provide covered basic behavioral health care services as defined in Section 47.1:

- Licensed psychiatrists,
- Licensed physicians,
- Psychologists,
- Social workers,
- Psychiatric nurse practitioners,
- Behavior and addiction specialists,
- Behavioral health care licensed practitioners, and
- Practitioners authorized to provide services directly or under supervision according to Medicaid Mental Health Clinic policies.

Serious Mental Illness Behavioral Health Care

The following employees of Jefferson Parish Human Services Authority (JPHSA) or Metropolitan Human Services District (MHSD) or individuals who are under contract with JPHSA or MHSD are authorized to provide covered Serious Mental Illness behavioral health care services as defined in Section 47.1:

- Licensed psychiatrists,
- Licensed physicians,
- Psychologists,
- Social workers,
- Psychiatric nurse practitioners,
- Behavior and addiction specialists,

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- Behavioral health care licensed practitioners, and
- Practitioners authorized to provide services directly or under supervision according to Medicaid Mental Health Clinic policies.

Satellite Sites

A satellite site must enter into a separate provider agreement from the main site and obtain its own provider number for billing and reimbursement purposes.

Mobile Sites

A provider is prohibited from enrolling a mobile site in the GNOCHC Waiver. Services rendered at the mobile site must be billed using the main provider number.

Changes

When any of the following changes are anticipated, the provider must notify Medicaid in writing no later than 30 calendar days prior to the anticipated:

- Change of location, or
- Opening(s) of any service location(s).

Medicaid must approve the change(s). Failure to have change(s) approved may result in the provider's ineligibility to receive reimbursement for services provided at the unapproved location.

Providers must notify Medicaid in writing within seven working days of the closing(s) of any service location(s).

NOTE: See Appendix A for contact information.

Change in Ownership

When a change in ownership is anticipated, the provider must notify Medicaid in writing within 60 calendar days prior to the anticipated date of the ownership change. Medicaid must approve the change of ownership in order for the new owner to participate in the GNOCHC Waiver. If approved, the new owner is required to enter into a new provider agreement with the Louisiana Medicaid program. Failure to enter into a new provider agreement following a change in

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CONNECTION**

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ownership will result the provider's termination as a GNOCHC provider. (See Appendix A for contact information)

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**SECTION 47.5: REPORTING REQUIREMENTS****PAGE(S) 2****REPORTING REQUIREMENTS****Encounter Data**

Providers are required to report enrollee encounter data for covered services, as defined in Section 47.1.

Encounter data reporting requirements differ for the period ending September 30, 2011 and the period beginning October 1, 2011.

- For the period October 1, 2010 through September 30, 2011, providers may report encounter data in one of two formats specified by the Bureau of Health Services Financing:
 - Form CMS-1500 to Medicaid's fiscal intermediary (See Appendix C for claims filing information), or
 - Excel format to the Bureau of Health Services Financing (BHSF) (See Appendix D for where to access forms)
- Effective October 1, 2011, providers will report encounter data for enrollees directly to Medicaid's fiscal intermediary on Form CMS-1500 (paper or electronic).

Providers must report encounter data for dates of service applicable to the demonstration year no later than:

Demonstration Year	Deadline for Reporting
October 1, 2010 – September 30, 2011	November 14, 2011
October 1, 2011 – September 30, 2012	November 14, 2012
October 1, 2012 – September 30, 2013	November 14, 2013
October 1, 2013 – September 30, 2014	November 14, 2014
October 1, 2014 – September 30, 2015	November 14, 2015
October 1, 2015 – September 30, 2016	November 14, 2016
October 1, 2016 – December 31, 2016	February 14, 2017

NOTE: Medicaid claims filing timelines do not apply to the GNOCHC program. No payment will be made for GNOCHC encounter claims submitted after the above reporting deadlines.

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**SECTION 47.5: REPORTING REQUIREMENTS****PAGE(S) 2****Submittal Rates**

BHSF will randomly sample medical records for services provided directly by participating providers or provided indirectly and paid for by participating providers. The encounter record will be evaluated on its completeness and consistency with the medical record. BHSF reserves the right to refuse payment for primary and behavioral health care encounters to eligible providers that achieve less than a 90 percent encounter submittal rate for primary and behavioral health care.

Sustainability Plan

Providers were required to develop, implement and evaluate the effectiveness of an organization's specific strategic plan to become a self-sustaining organizational entity by December 31, 2016 that would be capable of permanently providing primary care or behavioral health care services to residents in the Greater New Orleans region. Providers were required to submit these plans to the BHSF by March 1, 2011.

"Sustainable" means actively developing, implementing and evaluating the effectiveness of the organization to diversify its operating income and funding resources independent of the demonstration funding sources.

Providers are required to submit to the BHSF semi-annual progress reports on the sustainability plan. Providers that fail to comply with this requirement will be ineligible for payments.

The following table includes the deadlines for submitting the semi-annual progress reports to the BHSF:

Deadline for Reporting					
2011	2012	2013	2014	2015	2016
9/30/2011	3/31/2012	3/31/2013	3/31/2014	3/31/2015	3/31/2016
	9/30/2012	9/30/2013	9/30/2014	9/30/2015	9/30/2016

Reporting Compliance

Providers must comply with all reporting requirements. Providers who fail to comply with these requirements shall not be eligible to receive payments from this demonstration program and may receive financial penalties for noncompliance.

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SECTION 47.6: RECORD KEEPING**PAGE(S) 2**

RECORD KEEPING

The provider must maintain all clinical and fiscal records in accordance with written policies and procedures. The records must readily distinguish one type of service from another that is provided.

A designated member of the professional staff must be responsible for maintaining the records to ensure that they are complete, accurately documented, readily accessible, and systematically organized.

For each recipient receiving health care services, the provider must maintain a record that includes the following as applicable:

- Identification and social data, consent forms, pertinent medical history, assessment of the health status and health care needs of the recipient, and a brief summary of the episode, disposition, and instructions to the recipient.
- Reports of physical examinations, diagnostic and laboratory test results, consultative findings, physician's orders, reports of treatments and medications, and other pertinent information necessary to monitor the recipient's progress, as well as, the physician or health care professional's signature.
- Data supporting the use of modifiers TF or TG on behavioral health care encounter claims and HD on inter-pregnancy care claims.
 - TF must be supported by diagnosis codes and/or other documentation that the enrollee meets the American Society of Addiction Medicine criteria for substance abuse and/or has a major mental health disorder as defined by Medicaid but does not meet the federal definition of serious mental illness.
 - TG must be supported by diagnosis codes and/or other documentation that the enrollee meets the federal definition of serious mental illness, including a co-occurring addictive disorder.

Record Maintenance and Availability

The provider is responsible for the following:

- Maintaining adequate financial and statistical records in the form that contains the data required by the Bureau of Health Services Financing (BHSF) and fiscal

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SECTION 47.6: RECORD KEEPING**PAGE(S) 2**

intermediary that supports the payment and distinguishes the type of service provided to the recipient.

- Making the records available for verification and audit by BHSF or its contracted auditing agent.

Protection of Record Information

The provider must maintain the confidentiality of records, provide safeguards against loss, destruction or unauthorized use, govern removal of records from the center and the conditions for release of information. The recipient's written consent must be obtained before the release of information not authorized by law.

Adequacy of Records

Reimbursement may be suspended if the provider does not maintain records that provide an adequate basis to support payments. The suspension will continue until the provider demonstrates to the satisfaction of the BHSF it does, and will continue to, maintain adequate records.

Retention of Records

Records must be retained for five years after the demonstration has ended.

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SECTION 47.7: REIMBURSEMENT**PAGE(S) 6**

REIMBURSEMENT

Reimbursement for services covered under the Greater New Orleans Community Health Connection (GNOCHC) Waiver is limited to only those recipients who meet the program criteria.

Federal financial participation (FFP) for this waiver program is limited to the federal share of \$30 million annually in demonstration expenditures in each of the first three years of the demonstration and \$7.5 million in the fourth year, totaling \$97.5 million for the demonstration period ending December 31, 2013. Since the demonstration was extended to December 31, 2014, additional FFP was requested and approved by CMS. The FFP increased to \$111.6 million for the entire demonstration period. The demonstration period was again extended to December 31, 2016, and the FFP was increased to \$163.1 million for the entire demonstration period. Federal funding will not be available for expenditures in excess of these annual limits even when the expenditure limit was not reached in prior years.

Reimbursement Methodologies

This demonstration waiver uses the following four reimbursement methodologies:

- Interim payments (ended 12/31/2013)
- Encounter rates
 - Primary care
 - Behavioral health care
 - Basic
 - Serious mental illness (SMI)
 - Inter-Pregnancy Care Coordination (IPC)
- Targeted payments (ended 12/31/2013)
 - Infrastructure investments – not to exceed 10 percent
 - Community care coordination – not to exceed 10 percent
- Incentive payments

National Committee on Quality Assurance Patient Centered Medical Home recognition – not to exceed 10 percent (ended October 2014)

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SECTION 47.7: REIMBURSEMENT**PAGE(S) 6**

Encounter Rates**Primary Care Encounter Rate**

Payments to GNOCHC providers for covered services defined as primary care services in Section 47.1 will be made on a per visit/encounter basis. This primary care encounter rate will be a fixed amount for all providers and all sites. It will not be provider specific or vary by patient acuity or service intensity.

The primary care encounter rate covers primary care services, including primary care, care coordination/case management, preventive care, specialty care, immunizations and influenza vaccines not covered by the vaccines for children program, and laboratory and radiology (including the professional and technical components) services that are routinely available in a primary care setting or through contracted services (e.g., physician office or Federally Qualified Health Center) (See Section 47.1). A separate fee-for-service payment will be made for vaccine administration up to the charge limit specified for Louisiana.

The primary care encounter rate does not include behavioral health care services as defined in Section 47.1, but may include screenings for mental health disorders as a component of the primary care visit.

A primary care encounter is defined as a visit to a GNOCHC provider during which the recipient receives primary care services as defined by the procedure codes or successor codes from a licensed practitioner or a person working under the supervision of a licensed practitioner including but not limited to physicians, clinical nurse specialists, nurse practitioners and physician assistants. (See Appendix E for information on covered codes).

The primary care encounter rate is all inclusive; Medicaid will not pay for any primary care medical services separate from the primary care encounter rate for recipients. Only one primary care visit may be billed per day. The sum total of payments for specialty care shall not exceed 15 percent of the total computable expenditures under the demonstration.

Behavioral Health Care Encounter Rate

Payments to GNOCHC providers for covered services defined as behavioral health care services in Section 47.1 will be made on a per visit/encounter basis. Two encounter rates, distinguished by patient acuity, are for behavioral health:

- A basic behavioral health encounter rate for services provided to recipients who meet the American Society of Addictive Medicine (ASAM) criteria for substance

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SECTION 47.7: REIMBURSEMENT**PAGE(S) 6**

abuse and/or have a major mental health disorder as defined by Medicaid but do not meet the federal definition of SMI. All GNOCHC providers are eligible for the basic behavioral health encounter rate.

- An SMI behavioral health encounter rate for services provided to recipients who meet the federal definition of SMI, including those who also have a co-occurring addictive disorder (Only two providers are eligible for the SMI behavioral health care encounter rate: Jefferson Parish Human Services Authority (JPHSA) and Metropolitan Human Services District (MHSD)).

Healthcare Common Procedure Coding System (HCPCS) code T1015 with one modifier (TF) that points to the basic behavioral health care encounter rate and a second modifier (TG) that points to the SMI behavioral health care encounter rate are used to distinguish the basic SMI behavioral health encounter rates. Jefferson Parish Human Services Authority (JPHSA) and Metropolitan Human Services District (MHSD) will identify individuals meeting the federal SMI definition and apply the appropriate modifier subject to audit.

If a GNOCHC provider other than JPHSA and MHSD identifies a recipient suspected to meet the SMI definition, the provider will refer the recipient to JPHSA or MHSD for SMI behavioral health care services.

If both a primary care encounter and a separate behavioral health care encounter occur on the same day, both the primary care encounter and the basic behavioral health care or the SMI behavioral health care encounter rate may be billed.

Basic Behavioral Health Care Encounter Rate

Payments to GNOCHC providers for covered services defined in Section 47.1 as basic behavioral health care are made on a per visit/encounter basis.

The basic behavioral health care encounter rate is a fixed amount for all providers. It is not provider specific or varies by patient acuity or service intensity.

A basic behavioral health care encounter is defined as a visit to a GNOCHC provider during which the recipient receives covered mental health and/or substance abuse services from a licensed practitioner and or other practitioner authorized under Medicaid Mental Health Clinic policies to provide services directly or under supervision to the extent permitted by the practitioner's scope of state licensure (See Section 47.4). Only one behavioral health care visit may be billed per day.

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Rates are designed to cover behavioral health care services provided to recipients who do not meet the federal definition of SMI but do meet the American Society of Addiction Medicine (ASAM) criteria and/or have a major mental health disorder as defined by Medicaid or previously had a major mental health disorder and are in need of maintenance services. Behavioral health care services include mental health and/or substance abuse screening, assessment, counseling, medication management, laboratory and follow-up services for conditions treatable or manageable in primary care settings, but do not include primary care services. Services in residential, inpatient hospital and outpatient hospital settings are not covered.

The basic behavioral health encounter rate is distinct from the primary care encounter rate and compensates providers for a different package of services. The basic behavioral health encounter rate and the primary care encounter rate may be billed on the same day if the recipient receives both types of services.

The basic behavioral health care encounter rate is all-inclusive; Medicaid will not pay for any behavioral health care services separate from the encounter rate for recipients.

Serious Mental Illness Behavioral Health Care Encounter Rate

Payments to JPHSA and MHSD for covered services defined in Section 47.1 as SMI behavioral health care services are made on a per visit/encounter basis distinct from the basic behavioral health care encounter rate. The SMI behavioral health care encounter rate is a fixed amount for both JPHSA and MHSD.

An SMI behavioral health care encounter is defined as a visit to JPHSA or MHSD during which the recipient who meets the federal SMI definition, including those who also have a co-occurring addictive disorder, receives covered mental health and/or substance abuse services from a licensed practitioner and or other practitioner authorized under Medicaid Mental Health Clinic policies to provide services directly or under supervision to the extent permitted by the practitioner's scope of state licensure (See Section 47.4).

Rates are designed to cover behavioral health care services provided to recipients who meet the federal definition of SMI, including those who also have a co-occurring addictive disorder and those who were previously identified as SMI and are in need of maintenance services. SMI behavioral health care services include mental health and/or substance abuse screening, assessment, counseling, medication management, laboratory, follow-up and community support services. Services in residential, inpatient hospital and outpatient hospital settings are not covered. Only one SMI behavioral health care visit may be billed per day.

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SECTION 47.7: REIMBURSEMENT**PAGE(S) 6**

The SMI behavioral health encounter rate is distinct from the primary care and basic behavioral health care encounter rates and compensates providers for a different pattern of services typically provided to those with SMI. JPHSA and MHSD are required to coordinate with other GNOCHC providers for the provision of primary care services to the recipient if they are unable to provide primary care services. The SMI behavioral health care encounter rate and the primary care encounter rate may be billed on the same day if the recipient receives both types of services.

The SMI behavioral health care encounter rate is all inclusive; Medicaid will not pay for any behavioral health care services separate from the encounter rate.

The sum total of payments for behavioral health care services for SMI shall not exceed 10 percent of the total computable expenditures under the demonstration.

Inter-Pregnancy Care Coordination Encounter Rate

CMS approved inter-pregnancy care coordination or IPC in June 2012. IPC covers care coordination and case management. It is separate and distinct from care coordination services provided by the primary care provider, which is reimbursed under the primary care encounter rate.

IPC enrollment efforts are provided by Healthy Start New Orleans. Healthy Start outreaches women who have had a low or very low birth weight baby, a preterm birth, fetal death, or infant death on or after January 1, 2011 and meet the eligibility criteria for GNOCHC and the Take Charge program. The goal is to improve their reproductive health, achieve optimally spaced, planned pregnancies, and avert another adverse birth outcome. Enrollment is voluntary. Enrollees are usually followed for 18 months.

Providers must possess a masters level degree in social work, or bachelor's degree in social work and supervised by a licensed case manager, or a bachelor's degree with case management experience and supervised by a licensed case manager, or have 5 years case management experience in a community setting and supervised by a licensed case manager and be a salaried employee of the New Orleans Health Department and Healthy Start New Orleans. IPC does not include any direct clinical health care service. Billable services include in-home, face-to-face, telephonic and/or electronic interaction with a participant, her family and/or her medical and behavioral providers. Billable activities do not include travel time, general employer time, training time, and/or supervisory time. Missed appointments are not billable.

IPC is paid on a per unit (15 minute) basis. Utilization per enrollee is limited to 28 units per month. Healthcare Common Procedure Coding System (HCPCS) code T1016 with one modifier (HD) is used when claiming IPC services. T1016 HD should be the only CPT code listed. The IPC unit rate is based on the independent rate model in use by Louisiana Medicaid for case

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management, support coordination, and targeted case management services. The rate is based on the 2009 Bureau of Labor Statistics 25th percentile for the category children, family and school social workers. Assumptions regarding employee related expenses were based on provider survey data and FUTA, FICA and SUTA percentages. Expenditures for IPC are limited to 5 percent of the total computable expenditures under the demonstration.

Incentive Payments

The incentive payments to GNOCHC providers for National Committee for Quality Assurance (NCQA) Patient Centered Medical Home (PCMH) Recognition ended October 2014.

Other Adjustments

Rates and payments may be adjusted as necessary to continue providing access to services while maintaining expenditures within budget neutrality limitations, or in conjunction with the various other payment mechanisms within the waiver. Such adjustments may be necessary if enrollment volume warrants a prioritization and/or limitation of services. If annual expenditures, based on actual or projected enrollment and payments, are projected to exceed the annual limit as authorized in the waiver, DHH will impose enrollment caps, encounter rate reductions and/or modifications to other payments to manage expenditures within budget neutrality limitations.

Recipient Cost Sharing

A provider may require recipients to share in the cost of their care within the limits of federal statutes, regulations and policies. Recipient cost sharing may not exceed \$3.50 per encounter as defined in this section.

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**APPENDIX A: CONTACT INFORMATION****PAGE(S) 1****CONTACT INFORMATION**

COMMON QUESTIONS	WHO TO CONTACT	CONTACT INFORMATION
Where do providers verify recipient eligibility?	MEVS or REVS	www.lamedicaid.com 1-800-766-6326 (Toll Free) 1-225-216-7387 (Local)
Who can recipients call to locate a GNOCHC provider?	Bureau of Health Services Financing	General Medicaid Hotline: 1-888-342-6207
Where do providers send their claims?	Molina Medicaid Solutions	Molina Medicaid Solutions P. O. Box 91020 Baton Rouge, LA 70821
Who do providers contact regarding billing problems?	Molina Medicaid Solutions	P. O. Box 91024 Baton Rouge, LA 70821 Phone: 1-800-473-2783 Fax: 1-225-216-6334
How to contact the Provider Enrollment Unit?	Molina Medicaid Solutions	P. O. Box 80159 Baton Rouge, LA 70821 Phone: (225) 216-6370
Who can providers call to get information about the Family Planning program?	Bureau of Health Services Financing	P. O. Box 91278 Baton Rouge, LA 70821 Phone: 1-888-342-6207 Fax: 1-877-523-2987
Where do providers report ownership changes or site openings or closures?	Bureau of Health Services Financing	GNOCHC@la.gov P.O. Box 91030 Baton Rouge, LA 70821-9030
Where do providers access the fee for service schedule?		www.lamedicaid.com under the "Fee Schedules" link

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APPENDIX B: GLOSSARY

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GLOSSARY

1115 Waiver Demonstration (Demonstration) – An experimental or pilot project which allows states to expand eligibility to individuals not otherwise eligible under the Medicaid program, provide services that are not typically covered, or use innovative service delivery systems.

Behavioral Health Care – Services provided for the treatment of mental health and substance abuse issues. This includes screening, assessment, counseling, medication management, treatment and follow-up, and community support services.

Bureau of Health Services Financing (BHSF) – The Bureau within the Department of Health and Hospitals responsible for the administration of the Louisiana Medicaid Program.

Centers for Medicare and Medicaid Services (CMS) – Formerly known as Health Care Financing Administration (HCFA). CMS is the federal agency in DHHS responsible for administering the Medicaid Program and overseeing and monitoring of the state's Medicaid Program.

Department of Health and Hospitals (DHH) – The state agency responsible for administering the Medicaid Program and health and related services including public health, behavioral health, and developmental disability services. In this manual the use of the word “department” will mean DHH.

Department of Health and Human Services (DHHS) – The federal agency responsible for administering the Medicaid Program and public health programs.

Disproportionate Share Hospital (DSH) Program – A limited allocation of state and federal Medicaid funds used to reimburse eligible providers' uncompensated care costs and finance expenditures under the GNOCHC demonstration.

Encounter – A face-to-face visit to a participating provider during which the enrollee receives covered services as defined in Section 47.1. The use of a telemedicine communications system may substitute for a face-to-face visit.

Enrollment – A determination made by DHH that a provider agency meets the necessary requirements to participate as a provider of Medicaid or other DHH-funded services. This is also referred to as provider enrollment.

Federally Qualified Health Center (FQHC) – An entity receiving a grant under Section 330 of the Public Health Service (PHS) Act; is receiving funding from such grant under a contract with

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APPENDIX B: GLOSSARY**PAGE(S) 3**

the recipients of a grant and meets the requirements to receive a grant under Section 330 of the PHS Act; is not receiving a grant under Section 330 of the PHS Act but determined by the Secretary of DHHS to meet the requirements for receiving a grant based on the recommendation of the Health Resources and Service Administration (HRSA); is operating as an outpatient health program or facility of a tribe or tribal organization under the Indian Self Determination Act or an urban Indian organization receiving funds under Title V of the Indian Health Care Improvement Act as of October 1, 1991.

Fiscal Intermediary – Is the private fiscal agent with which DHH contracts to operate the Medicaid Management Information System. It processes Title XIX claims for Medicaid services provided under the Medicaid Assistance Program, issues appropriate payment and provides assistance to providers on claims.

Free Care Program – A financial assistance program of the Interim LSU Public Hospital, financed by Disproportionate Share Hospital funding, which provides a source for payment for certain medical services they provide to eligible low-income uninsured patients.

Medicaid – A federal-state financed entitlement program which provides medical services primarily to low-income individuals under a State Plan approved under Title XIX of the Social Security Act.

Medicare – Is the health insurance program for the aged, blind and disabled under Title XVIII of the Social Security Act.

Medicaid Management Information System (MMIS) – The computerized claims processing and information retrieval system for the Medicaid Program. This system is an organized method of payment for claims for all Medicaid covered services. It includes all Medicaid providers and eligible recipients.

Mental Health Clinic – An entity licensed by BHSF's Health Standards Section to assist adults with mental illness and children with emotional/behavioral disorders through outpatient services.

National Committee on Quality Assurance – A non-profit organization dedicated to improving health care quality and which recognizes health care organizations that meet its Patient Centered Medical Home standards.

Prescription Assistance Program – Program which provides help to those individuals who are unable to afford their medications. Benefits may include free or low-cost prescriptions which may be delivered directly to the individual or the individual's doctor's office for pickup.

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APPENDIX B: GLOSSARY

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Pharmacy Navigation Assistance – Assisting enrollees with obtaining medications from low or no cost sources, such as drug manufacturer Prescription Assistance Programs, state or local government funded programs (exclusive of Medicaid), and licensed pharmacies offering a low cost generic prescription program.

Primary Care Access and Stabilization Grant (PCASG) – A three-year \$100 million grant awarded to Louisiana in the aftermath of Hurricanes Katrina and Rita to restore and expand access to primary care services, including mental health care services and dental care services, without regard to a patient's ability to pay, by providing short-term financial relief to outpatient provider organizations.

Primary Health Care – Services provided for the treatment of initial or ongoing medical conditions that are non-emergency, non-specialty care in nature.

Provider Enrollment – Is another term for enrollment.

Secretary – The secretary of the Department of Health and Hospitals or any official to whom s/he has delegated the pertinent authority.

Serious Mental Illness – A diagnosable mental, behavioral, or emotional disorder, other than substance abuse, as specified in the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV) (American Psychiatric Association [APA], 1994) that resulted in functional impairment that substantially interfered with or limited one or more major activities.

Satellite Site – A site separate of the main provider site.

STC – The Special Terms and Conditions specifying the agreement between the department and CMS on the GNOCHC demonstration, setting forth in detail the nature, character and extent of Federal involvement in the demonstration and the state's obligations to CMS during the term of the demonstration.

T1015 – Billing code used to identify a primary care encounter.

T1015 TF – Billing code used to identify a basic behavioral health encounter.

T1015 TG – Billing code used to identify a SMI behavioral health encounter.

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APPENDIX C: CLAIMS FILING

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CLAIMS FILING

Hard copy billing of Greater New Orleans Community Health Connection services are billed on the paper CMS-1500 (02/12) claim form or electronically on the 837P Professional transaction. Instructions in this appendix are for completing the CMS-1500; however, the same information is required when billing claims electronically. Items to be completed are listed as **required**, **situational** or **optional**.

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.

Paper claims should be submitted to:

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

Services may be billed using:

- The rendering provider's individual provider number as the billing provider number for independently practicing providers, or
- The group provider number as the billing provider number and the individual rendering provider number as the attending provider when the individual is working through a 'group/clinic' practice.

NOTE: Electronic claims submission is the preferred method for billing. (See the EDI Specifications located on the Louisiana Medicaid web site at www.lamedicaid.com, directory link "HIPAA Information Center, sub-link "5010v of the Electronic Transactions" – 837P Professional Guide.)

This appendix includes the following:

- Instructions for completing the CMS 1500 claim form and samples of completed CMS-1500 claim forms; and
- Instructions for adjusting/voiding a claim and samples of adjusted CMS 1500 claim forms.

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**APPENDIX C: CLAIMS FILING****PAGE(S) 18****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	Required -- Enter an "X" in the box marked Medicaid (Medicaid #).	GNOCHC providers should mark the Medicaid indicator.
1a	Insured's I.D. Number	Required – Enter the recipient's 13 digit GNOCHC I.D. number exactly as it appears when checking recipient eligibility through MEVS, eMEVS, or REVS. NOTE: The recipients' 13-digit ID number <u>must</u> be used to bill claims. The CCN number from the plastic ID card is NOT acceptable. The ID number must match the recipient's name in Block 2.	The 13-digit GNOCHC number and the 13-digit Medicaid number are the same number.
2	Patient's Name	Required – Enter the recipient's last name, first name, middle initial.	
3	Patient's Birth Date Sex	Situational – Enter the recipient's date of birth using six 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	Leave Blank	
5	Patient's Address	Leave Blank	
6	Patient Relationship to Insured	Leave Blank	
7	Insured's Address	Leave Blank	

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Locator#	Description	Instructions	Alerts
8	RESERVED FOR NUCC USE		
9	Other Insured's Name	Leave Blank	
9a	Other Insured's Policy or Group Number	Leave Blank	
9b	RESERVED FOR NUCC USE	Leave Blank	
9c	RESERVED FOR NUCC USE	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	Situational – 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	OTHER CLAIM ID (Designated by NUCC)	Leave Blank	

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Locator#	Description	Instructions	Alerts
11c	Insurance Plan Name or Program Name	Leave Blank	
11d	Is There Another Health Benefit Plan?	Leave Blank	
12	Patient's or Authorized Person's Signature (Release of Records)	Leave Blank	
13	Patient's or Authorized Person's Signature (Payment)	Leave Blank	
14	Date of Current Illness / Injury / Pregnancy	Leave Blank	
15	OTHER DATE	Leave Blank	
16	Dates Patient Unable to Work in Current Occupation	Leave Blank	
17	Name of Referring Provider or Other Source	Leave Blank	
17a	Unlabelled	Leave Blank	
17b	NPI	Leave Blank	

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**APPENDIX C: CLAIMS FILING****PAGE(S) 18**

Locator#	Description	Instructions	Alerts
18	Hospitalization Dates Related to Current Services	Situational – Complete if appropriate or leave blank	
19	ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	Leave Blank.	
20	Outside Lab?	Leave Blank	
21	ICD Indicator Diagnosis or Nature of Illness or Injury	<p>Required -- Enter the applicable ICD indicator to identify which version of ICD coding is being reported between the vertical, dotted lines in the upper right-hand portion of the field.</p> <p>9 ICD-9-CM 0 ICD-10-CM</p> <p>Required -- Enter the most current ICD-9 numeric diagnosis code and, if desired, narrative description.</p> <p>NOTE: The ICD-9-CM "E" and "M" series diagnosis codes are not part of the current diagnosis file and should not be used when completing claims to be submitted to Medicaid.</p>	<p>The most specific diagnosis code(s) must be used.</p> <p>ICD-9 diagnosis codes must be used on claims for dates of service prior to 10/1/15.</p> <p>ICD-10 diagnosis codes must be used on claims for dates of service on or after 10/1/15.</p> <p>Refer to the provider notice concerning the federally required implementation of the ICD-10 coding which is posted on the ICD-10 tab at the top of the Home page at (www.lamedicaid.com)</p>

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**APPENDIX C: CLAIMS FILING****PAGE(S) 18**

Locator#	Description	Instructions	Alerts
22	Resubmission Code	<p>Situational – If filing an adjustment or void, enter an “A” for an adjustment or a “V” for a void as appropriate AND one of the appropriate reason codes for the adjustment or void in the “Code” portion of this field.</p> <p>Enter the internal control number from the paid claim line as it appears on the remittance advice in the “Original Ref. No.” portion of this field.</p> <p>Appropriate reason codes follow:</p> <p><u>Adjustments</u></p> <p>01 = Third Party Liability Recovery 02 = Provider Correction 03 = Fiscal Agent Error 90 = State Office Use Only – Recovery 99 = Other</p> <p><u>Voids</u></p> <p>10 = Claim Paid for Wrong Recipient 11 = Claim Paid for Wrong Provider 00 = Other</p>	<p>Effective with date of processing 5/19/14, providers currently using the proprietary 213 Adjustment/Void forms will be required to use the CMS 1500 (02/12).</p> <p>To adjust or void more than one claim line on a claim, a separate form is required for each claim line since each line has a different internal control number.</p>
23	Prior Authorization Number	Leave Blank	

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION

APPENDIX C: CLAIMS FILING

PAGE(S) 18

Locator#	Description	Instructions	Alerts
24	Supplemental Information	<p>Situational – Applies to the detail lines for drugs and biologicals only.</p> <p>In addition to the procedure code, the National Drug Code (NDC) is required by the Deficit Reduction Act of 2005 for physician-administered drugs and <u>shall be entered</u> in the shaded section of 24A through 24G. <u>Claims for these drugs shall include the NDC from the label of the product administered.</u></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 Qualifier N4 followed by the NDC. 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 Unit Qualifier (see below) and the actual units administered in NDC UNITS. 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>All GNOCHC providers who administer drugs and biologicals must enter this drug-related information in the SHADED section of 24A – 24G of the appropriate detail line(s) for the drug or biological – not the encounter line.</p> <p>This information must be entered in addition to the procedure code(s) for <u>all</u> GNOCHC providers.</p> <p>Please refer to the NDC Q&A information posted on lamedicaid.com for more details concerning NDC units versus service units and entry of NDC numbers with less than 11 digits.</p>

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION

APPENDIX C: CLAIMS FILING

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Locator#	Description	Instructions	Alerts																								
24A	Date(s) of Service	<p>Required -- Enter the date of service for each procedure.</p> <p>Either 6-digit (MM DD YY) or 8-digit (MM DD YYYY) format is acceptable.</p>	<p>Six-digit or 8-digit dates can be used on paper claims.</p> <p>Only 8-digit dates can be used for electronic (EDI) claims.</p>																								
24B	Place of Service	<p>Required -- Enter the appropriate place of service code for the services rendered.</p> <p>Acceptable Place of Service Codes are:</p> <table border="1"> <thead> <tr> <th>Code</th><th>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	<p>Claims submitted with no Place of Service Code OR a code other than one from this list will deny.</p>
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																										
24C	EMG	Leave Blank																									

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**APPENDIX C: CLAIMS FILING****PAGE(S) 18**

Locator#	Description	Instructions	Alerts
24D	Procedures, Services, or Supplies	<p>Required -- Enter the procedure code(s) for services rendered.</p> <p>Enter the GNOCHC encounter procedure code on the first line.</p> <p>Encounter Code = T1015</p> <p>The appropriate modifier must be appended to the encounter code. The primary care encounter does not have a modifier. Use TF for the Basic Behavioral Health Encounter and TG for the SMI Behavioral Health Encounter.</p> <p>The primary care encounter and one behavioral health encounter may be billed on the same date of service if both types of visits occur.</p> <p>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>The encounter code must be present on the claim, accompanied by at least 1 detail line for a covered service.</p> <p>All services should be included as detail lines.</p> <p>If the detail line is for drugs or biologicals, entering the appropriate information from Block 24 is required.</p>
24E	Diagnosis Pointer	<p>Required – Indicate the most appropriate diagnosis for each procedure by entering the appropriate reference letter (“A”, “B”, etc.) in this block.</p> <p>More than one diagnosis/reference number may be related to a single procedure code.</p>	

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**APPENDIX C: CLAIMS FILING****PAGE(S) 18**

Locator#	Description	Instructions	Alerts
24F	Amount Charged	Required -- Enter usual and customary charge for encounter line and enter zero for detail lines.	Claims will be paid at the lesser of the established encounter rate and the usual and customary charge entered for the encounter line.
24G	Days or Units	Required -- Enter the number of units billed for the procedure code entered on the same line in 24D	Please refer to the NDC Q&A information posted on lamedicaid.com for more details concerning NDC units versus service units.
24H	EPSDT Family Plan	Leave Blank	
24I	I.D. Qual.	Optional - The I.D. Qualifier indicates what type of identifying provider number is being entered in 24J.	This field can be left blank for GNOCHC.
24J	Rendering Provider I.D. #	<p>Required - Enter the Rendering Provider's Medicaid Provider Number in the shaded portion of the block.</p> <p>Entering the Rendering Provider's NPI in the non-shaded portion of the block.</p>	<p>An attending provider number/NPI must be entered.</p> <p>If the attending provider is a type that cannot enroll in Louisiana Medicaid, enter the GNOCHC billing provider number/NPI as the attending provider.</p> <p>If provider cannot be an attending provider, enter the GNOCHC billing provider number/NPI as the attending provider.</p>

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**APPENDIX C: CLAIMS FILING****PAGE(S) 18**

Locator#	Description	Instructions	Alerts
25	Federal Tax I.D. Number	Optional.	
26	Patient's Account No.	Situational – 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	Leave Blank - Claim filing acknowledges acceptance of Medicaid assignment.	
28	Total Charge	Required – Enter the total of all charges listed on the claim.	
29	Amount Paid	Leave Blank	
30	Reserved for NUCC use	Leave Blank.	
31	Signature of Physician or Supplier Including Degrees or Credentials Date	Optional – The practitioner or the practitioner's authorized representative's original signature is no longer required. Required -- Enter the date of the signature.	
32	Service Facility Location Information	Leave Blank	
32a	NPI	Leave Blank	
32b	Unlabeled	Leave Blank	

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION

APPENDIX C: CLAIMS FILING**PAGE(S) 18**

Locator#	Description	Instructions	Alerts
33	Billing Provider Info & Phone #	Required -- Enter the provider name, address including zip code and telephone number.	
33a	NPI	Required – Enter the GNOCHC billing provider's NPI.	
33b	Unlabeled	Required – Enter the billing provider's 7-digit GNOCHC Provider Number. ID Qualifier - Optional. If possible, leave blank for Louisiana Medicaid billing.	Claims will be rejected if this information is not present on the claim form.

Sample forms are on the following pages.

ISSUED: 09/28/15
REPLACED: 04/30/14

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION

APPENDIX C: CLAIMS FILING

PAGE(S) 18

**SAMPLE GNOCHC CLAIM FORM WITH ICD-9 DIAGNOSIS CODE
(DATES BEFORE 10/1/15)**



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE (Medicare #) <input checked="" type="checkbox"/> MEDICAID (Medicaid #) <input type="checkbox"/> TRICARE (ID#&Do#) <input type="checkbox"/>		CHAMPVA (Member ID#) <input type="checkbox"/>		GROUP HEALTH PLAN (ID#) <input type="checkbox"/>		FECA BLK LUNG (ID#) <input type="checkbox"/>		OTHER (ID#) <input type="checkbox"/>		1a. INSURED'S ID NUMBER 1234567891234		(For Program in Item 1)																													
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) REVERE, PAUL						3. PATIENT'S BIRTH DATE MM DD YY 01 05 55		SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)																															
5. PATIENT'S ADDRESS (No., Street)						6. PATIENT RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>						7. INSURED'S ADDRESS (No., Street)																													
CITY			STATE			8. RESERVED FOR NUCC USE						CITY			STATE																										
ZIP CODE			TELEPHONE (Include Area Code)									ZIP CODE			TELEPHONE (Include Area Code)																										
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)						10. IS PATIENT'S CONDITION RELATED TO:						11. INSURED'S POLICY GROUP OR FECA NUMBER																													
a. OTHER INSURED'S POLICY OR GROUP NUMBER						a. EMPLOYMENT? (Current or Previous) YES <input type="checkbox"/> NO <input type="checkbox"/>						a. INSURED'S DATE OF BIRTH MM DD YY SEX M <input type="checkbox"/> F <input type="checkbox"/>																													
b. RESERVED FOR NUCC USE						b. AUTO ACCIDENT? <input type="checkbox"/> PLACE (State) <input type="checkbox"/>						b. OTHER CLAIM ID (Designated by NUCC)																													
c. RESERVED FOR NUCC USE						c. OTHER ACCIDENT? <input type="checkbox"/>						c. INSURANCE PLAN NAME OR PROGRAM NAME																													
d. INSURANCE PLAN NAME OR PROGRAM NAME						d. RESERVED FOR LOCAL USE						e. FURTHER/OTHER HEALTH BENEFIT PLAN? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> If yes, complete items 9, 9a and 9d.																													
READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM.														13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.																											
SIGNED _____ DATE _____														SIGNED _____																											
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL														15. OTHER DATE QUAL MM DD YY																											
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE														18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																											
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)														20. OUTSIDE LAB? <input type="checkbox"/> \$ CHARGES _____																											
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 9														22. RESUBMISSION CODE _____ ORIGINAL REF. NO. _____																											
A. 149.0 B. _____ C. _____ D. _____														23. PRIOR AUTHORIZATION NUMBER _____																											
E. _____ F. _____ G. _____ H. _____																																									
I. _____ J. _____ K. _____ L. _____																																									
24. A. DATE(S) OF SERVICE From MM DD YY To DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. SPIC/ Family Plan I. ID. QUAL J. RENDERING PROVIDER ID. #																																									
04 03 14 04 03 14 72 T1015 A 145.00 1 NPI 1236548														123654875																											
04 03 14 04 03 14 72 99213 A 0.00 1 NPI 1236548														123654875																											
														NPI																											
														NPI																											
														NPI																											
														NPI																											
														NPI																											
25. FEDERAL TAX I.D. NUMBER SSN EIN														26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For gov. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO														28. TOTAL CHARGE \$ 145.00 29. AMOUNT PAID \$ 30. BALANCE DUE \$													
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)														32. SERVICE FACILITY LOCATION INFORMATION														33. BILLING PROVIDER INFO & PH# (800) 222-3333 ALWAYS OPEN GNOCHC CLINIC 123 MAIN ST. ANY TOWN, LA 70000													
SIGNED IMA BILLER DATE 4/9/14														a. 1236547895 b. 1234567																											

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APPROVED OMB-0938-1197 FORM CMS-1500 (02-12)

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION

APPENDIX C: CLAIMS FILING

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SAMPLE GNOCHC CLAIM FORM WITH ICD-10 DIAGNOSIS CODE
(DATES ON OR AFTER 10/1/15)

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA		PICA	
1. MEDICARE (Medicare #) <input checked="" type="checkbox"/>	2. MEDICAID (Medicaid #) <input checked="" type="checkbox"/>	3. TRICARE (TRICARE #)	4. CHAMPVA (Member ID#)
5. GROUP HEALTH PLAN (ID#)		6. FECA BLK LUNG (ID#)	
7. OTHER (ID#)		8. INSURED'S I.D. NUMBER (For Program in Item 1)	
9. PATIENT'S NAME (Last Name, First Name, Middle Initial)		10. INSURED'S NAME (Last Name, First Name, Middle Initial)	
11. PATIENT'S ADDRESS (No., Street)		12. INSURED'S ADDRESS (No., Street)	
13. CITY		14. CITY	
15. STATE		16. STATE	
17. ZIP CODE		18. ZIP CODE	
19. TELEPHONE (Include Area Code)		20. TELEPHONE (Include Area Code)	
21. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		22. IS PATIENT'S CONDITION RELATED TO:	
23. a. OTHER INSURED'S POLICY OR GROUP NUMBER		24. a. EMPLOYMENT? (Current or Previous)	
25. b. RESERVED FOR NUCC USE		26. b. AUTO ACCIDENT? PLACE (State)	
27. c. RESERVED FOR NUCC USE		28. c. OTHER ACCIDENT? PLACE (State)	
29. d. INSURANCE PLAN NAME OR PROGRAM NAME		30. d. IS THERE ANOTHER HEALTH BENEFIT PLAN?	
31. READ BACK OF FORM BEFORE SIGNING THIS FORM. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.		32. I, the undersigned, authorize payment of medical benefits to the undersigned physician or supplier for services described below.	
33. SIGNED		34. SIGNED	
35. DATE		36. DATE	
37. 14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)		38. 15. OTHER DATE	
39. 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		40. 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	
41. 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		42. 20. OUTSIDE LAB? \$ CHARGES	
43. 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD-10		44. 22. RESUBMISSION CODE ORIGINAL REF. NO.	
45. 23. PRIOR AUTHORIZATION NUMBER		46. 24. A. DATE(S) OF SERVICE	
47. 25. FEDERAL TAX I.D. NUMBER SSN EIN		48. 26. PATIENT'S ACCOUNT NO.	
49. 27. ACCEPT ASSIGNMENT? (For govt. claims, see back)		50. 28. TOTAL CHARGE	
51. 29. AMOUNT PAID		52. 30. BALANCE DUE	
53. 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof)		54. 32. SERVICE FACILITY LOCATION INFORMATION	
55. 33. BILLING PROVIDER INFO & PH#		56. 34. ALWAYS OPEN GNOCHC CLINIC	
57. 123 MAIN ST		58. ANY TOWN, LA 70000	
59. a. 1326547895		60. b. 1234567	

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ADJUSTMENTS AND VOIDS

An adjustment or void may be submitted electronically or by using the CMS-1500 (02/12) form.

Only a paid claim can be adjusted or voided. Denied claims must be corrected and resubmitted – not adjusted or voided.

Only one claim line can be adjusted or voided on each adjustment/void form.

For those claims where multiple services are billed and paid by service line, a separate adjustment/void form is required for each claim line if more than one claim line on a multiple line claim form must be adjusted or voided.

The provider should complete the information on the **adjustment** exactly as it appeared on the original claim, **changing only the item(s) that was in error and noting the reason for the change in the space provided on the claim.**

If a paid claim is being voided, the provider must enter all the information on the **void** from the original claim exactly as it appeared on the original claim. After a voided claim has appeared on the Remittance Advice, a corrected claim may be resubmitted (if applicable).

Only the paid claim's most recently approved internal control number (ICN) can be adjusted or voided, thus:

- If the claim has been successfully adjusted previously, the most current ICN (the ICN of the adjustment) must be used to further adjust the claim or to void the claim.
- If the claim has been successfully voided previously, the claim must be resubmitted as an original claim. The ICN of the voided claim is no longer active in claims history.

If a paid claim must be adjusted, almost all data can be corrected through an adjustment with the exception of the Provider Identification Number and the Recipient/Patient Identification Number. **Claims paid to an incorrect provider number or for the wrong Medicaid recipient cannot be adjusted. They must be voided and corrected claims submitted.**

Adjustments/Voids Appearing on the Remittance Advice

When an Adjustment/Void Form has been processed, it will appear on the Remittance Advice under ***Adjustment or Voided Claim***. The adjustment or void will appear first. The original claim line will appear in the section directly beneath the Adjustment/Void section.

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APPENDIX C: CLAIMS FILING**PAGE(S) 18**

The approved adjustment will replace the approved original and will be listed under the "Adjustment" section on the RA. The original payment will be taken back on the same RA and appear in the "Previously Paid" column.

When the void claim is approved, it will be listed under the "Void" column of the RA.

An Adjustment/Void will generate Credit and Debit Entries which appear in the Remittance Summary on the last page of the Remittance Advice.

Sample forms are on the following pages.

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION

APPENDIX C: CLAIMS FILING

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SAMPLE GNOCHC CLAIM FORM ADJUSTMENT WITH ICD-9 DIAGNOSIS CODE
(DATES BEFORE 10/1/15)

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE (Medicare #) <input checked="" type="checkbox"/> MEDICAID (Medicaid #) <input checked="" type="checkbox"/> TRICARE (ID#DoD#) CHAMPVA (Member ID#) GROUP HEALTH PLAN (ID#) FECA BLK LUNG (ID#) OTHER (ID#)		1a. INSURED'S I.D. NUMBER (For Program in Item 1) 1234567891234	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) REVERE, PAUL		3. PATIENT'S BIRTH DATE MM DD YY 01 05 55 SEX M X F	
5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code) ()		4. INSURED'S NAME (Last Name, First Name, Middle Initial) 7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code) ()	
6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other		8. RESERVED FOR NUCC USE	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) a. OTHER INSURED'S POLICY OR GROUP NUMBER b. RESERVED FOR NUCC USE c. RESERVED FOR NUCC USE d. INSURANCE PLAN NAME OR PROGRAM NAME		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES NO b. AUTO ACCIDENT? PLACE (State) c. OTHER ACCIDENT? YES NO	
11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH MM DD YY SEX M F b. OTHER CLAIM ID (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME		12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED DATE	
13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED		14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL 15. OTHER DATE MM DD YY	
16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY		17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 17b. NPI	
18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY		19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	
20. OUTSIDE LAB? YES NO \$ CHARGES		21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 9 A. 149.0 B. C. D. E. F. G. H. I. J. K. L.	
22. RESUBMISSION CODE A 02 ORIGINAL REF. NO. 4094198765401		23. PRIOR AUTHORIZATION NUMBER	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. ICD-9 QUAL I. ID. QUAL J. RENDERING PROVIDER ID. #		25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) X YES NO	
28. TOTAL CHARGE \$ 175.00 29. AMOUNT PAID \$ 30. BALANCE DUE \$		31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED IMA BILLER DATE 4/9/14	
32. SERVICE FACILITY LOCATION INFORMATION a. b.		33. BILLING PROVIDER INFO & PH # (800) 222-3333 ALWAYS OPEN GNOCHC CLINIC 123 MAIN ST. ANY TOWN, LA 70000 a. 1326547895 b. 1234567	

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APPROVED OMB-0938-1197 FORM CMS-1500 (02-12)

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION

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SAMPLE GNOCHC CLAIM FORM ADJUSTMENT WITH ICD-10 DIAGNOSIS CODE
(DATES ON OR AFTER 10/1/15)

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

1. MEDICARE (Medicare #) <input type="checkbox"/> <input checked="" type="checkbox"/> MEDICAID (Medicaid #) <input checked="" type="checkbox"/>		TRICARE (TRICARE #) <input type="checkbox"/>		CHAMPVA (Member ID#) <input type="checkbox"/>		GROUP HEALTH PLAN (ID#) <input type="checkbox"/>		FECA BLK LUNG (ID#) <input type="checkbox"/>		OTHER (ID#) <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (For Program in Item 1) 1234567891234							
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) REVERE, PAUL				3. PATIENT'S BIRTH DATE MM DD YY 01 05 55 SEX M X F				4. INSURED'S NAME (Last Name, First Name, Middle Initial)											
5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)				6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other				7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)											
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES NO b. AUTO ACCIDENT? YES NO c. RESERVED FOR NUCC USE				11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH MM DD YY SEX M F b. OTHER CLAIM ID (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME d. IS THERE ANOTHER HEALTH BENEFIT PLAN? If yes, complete items 9, 9a and 9d.											
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.) SIGNED DATE				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED															
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL				15. OTHER DATE MM DD YY QUAL				16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY											
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. NPI 17b. NPI				18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY				19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)											
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD-10 C14.0 A. C14.0 B. C. D. E. F. G. H. I. J. K. L.				22. RESUBMISSION CODE A02 ORIGINAL REF. NO. 5299159861500				23. PRIOR AUTHORIZATION NUMBER											
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY		B. PLACE OF SERVICE		C. EMG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER		E. DIAGNOSIS POINTER		F. \$ CHARGES		G. DAYS OF UNITS		H. ICD-10 QUAL		I. RENDERING PROVIDER ID #			
1 10 08 15 10 08 15 72						T1015		A		150.00				NPI 1236548		1236549875			
2														NPI					
3														NPI					
4														NPI					
5														NPI					
6														NPI					
25. FEDERAL TAX I.D. NUMBER SSN EIN				26. PATIENT'S ACCOUNT NO. 1234				27. ACCEPT ASSIGNMENT? (For gov. (state, local)) X YES NO				28. TOTAL CHARGE \$ 150.00				29. AMOUNT PAID \$ 150.00			
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED Ima Biller DATE 10/15/15				32. SERVICE FACILITY LOCATION INFORMATION				33. BILLING PROVIDER INFO & PH# (800) 222-3333 ALWAYS OPEN GNOCHC CLINIC 123 MAIN ST ANY TOWN, LA 70000											
a. 1326547895				b. 1234567															

NUCC Instruction Manual available at: www.nucc.org

PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM CMS-1500 (02-12)

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION

APPENDIX D: FORMS**PAGE(S) 1**

FORMS

The following forms are used in the Greater New Orleans Community Health Connection program and can be downloaded from www.lamedicaid.com at the “Forms/Files/User Manuals” link:

Enrollee Encounter Data Quarterly Report (Form GNOCHC – 1)

Form GNOCHC-1 Excel Encounter Data Instructions

Infrastructure Investment Expenditures Quarterly Report (Form GNOCHC – 2)

Instructions for GNOCHC Form-2: Infrastructure Investment Expenditures

Community Care Coordination Quarterly Report (Form GNOCHC – 3)

Instructions for Form GNOCHC-3: Community Care Coordination

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**APPENDIX E: PROCEDURE CODES****PAGE(S) 17****PROCEDURE CODES**

The following are the applicable Healthcare Common Procedure Coding System (HCPCS) and Current Procedure Terminology (CPT) codes used in the Greater New Orleans Community Health Connection (GNOCHC) Program.

Core Services**Primary Care**

Code	Description
T1016	CASE MANG WAIVER SERV 15 MINUTE UVS
98966	TELEPHONE ASSESSMENT AND MANAGEMENT
98968	TELEPHONE ASSESSMENT AND MANAGEMENT
99202	OFFICE, NEW PT, EXPANDED STRAIGHT FOWD
99203	OFFICE, NEW PT, DETAILED, LOW COMPLEX
99204	OFFICE/OUTPATIENT, NEW MOD COMPLEXITY
99205	OFFICE, NEW PT, COMPREHEN, HIGH COMPX
99211	OFFICE EST PT, MINIMAL PROBLEMS
99212	OFFICE, EST PT, PROBLEM, STRAITFORWD
99213	OFFICE, EST PT, EXPANDED, LOW COMPLEX
99214	OFFICE, EST PT, DETAILED, MOD COMPLX
99215	OFFICE, EST PT, COMPREHEN, HIGH COMPLX
99241 – 99245	OFFICE CONSULTING
99354 – 99356	PROLONGED MD FACE TO FACE
99357 – 99359	PROLONGED MD NO FACE TO FACE
99366 – 99368	INTERDISCIPLINARY CONFERENCES
99385 – 99386	INIT COMP PREV MED 18 – 39 YRS, 40 – 64 YRS
99395 – 99396	PERIODIC COMP PREV MED 18 – 39 YRS, 40 – 64 YRS
99401 – 99404	COUNSELING AND/OR RISK FACTOR REDUCTION
99406	SMOKING AND TOBACCO USE CESSATION CO
99407	BEHAV CHNG SMOKING > 10 MIN
99408 – 99409	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO)
99411 – 99412	COUNSELING AND/OR RISK FACTOR REDUCT

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**APPENDIX E: PROCEDURE CODES****PAGE(S) 17****Primary Care (continued)**

Code	Description
99420	ADMINIS & INTERP HLTH RSK ASSMT INST
99429	UNLISTED PREVENTATIVE MEDICINE SERVICE
99441 – 99444	TELEPHONE/ONLINE EVALUATION AND MANAGEMENT
90471*	IMMUNIZATION ADMIN
99474*	MDW/OUT CONSULTING
90862*	MEDICATION ADMIN
G0108*	DIABETES TRAINING INDIV.
G0109*	DIABETES TRAINING GRP.
<i>Or successor codes</i>	
*Insufficient to justify an encounter payment	
The use of a telemedicine communications system may substitute for a face-to-face, "hands on" encounter for consultation, office visits, individual psychotherapy and pharmacologic management.	

Preventive Care

Code	Description
99385 – 99386	INIT COMP PREV MED 18 – 39 YRS, 40 – 64 YRS
99395 – 99396	PERIODIC COMP PREV MED 18 – 39 YRS, 40 – 64 YRS
99401 – 99404	COUNSELING AND/OR RISK FACTOR REDUCTION
99406	SMOKING AND TOBACCO USE CESSATION CO
99407	BEHAV CHNG SMOKING > 10 MIN
99408 – 99409	ALCOHOL AND/OR SUBSTANCE (OTHER THAN TOBACCO)
99411 – 99412	COUNSELING AND/OR RISK FACTOR REDUCT
99420	ADMINIS & INTERP HLTH RSK ASSMT INST
99429	UNLISTED PREVENTATIVE MEDICINE SERVICE
99441 – 99444	TELEPHONE/ONLINE EVALUATION AND MANAGEMENT
90471*	INJECTIONS WITHOUT CONSULTING
90474*	INJECTIONS WITHOUT CONSULTING
<i>Or successor codes</i>	
*Insufficient to justify an encounter payment	

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**APPENDIX E: PROCEDURE CODES****PAGE(S) 17****Immunizations and Influenza Vaccines**

Code	Description
The following are covered as a component of an encounter, but do not justify an encounter payment.	
90281 – 90399	IMMUNE GLOBULINS
90470	H1N1
90471 – 90474	INJECTIONS WITHOUT PHYSICIAN CONSULTING
90649 – 90656	HPV
90658 – 90664, 90666, 90668	INFLUENZA
90632	HEPATITIS A
90669 – 90670	PNEUMOCOCCAL
90707	MMR
90716	VARICELLA
90718	TETANUS BOOSTER
90733 – 90734	MENINGCOCCAL
90736	SHINGLES
90746	HEPATITIS B
<i>Or successor codes</i>	

Care Coordination

Code	Description
T1016	CASE MANAGEMENT
99366 – 99368	INTERDISCIPLINARY CONFERENCES
99441 – 99444	TELEPHONE AND ONLINE CONSULTATION
98966	TELEPHONE ASSESSMENT
98968	AND MANAG. NON MD
<i>Or successor codes</i>	

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**APPENDIX E: PROCEDURE CODES****PAGE(S) 17****Primary Care Laboratory**

Code	Description
The following are covered as a component of an encounter, but do not justify an encounter payment.	
80047 – 80048	Basic Metabolic Panel Calcium Total
80050	General Health Panel
80051	Electrolyte Panel
80053	Compre Metab Panel
80061	Lipid Panel
80069	Renal Function Panel
80074	Acute Hepatitis Panel
80076	Hepatic Funcj Panel
80100	Drug Scr Qual Mlt Drug Classes Chrom Ea Px *See Lab CPT Codes for Behavioral Health in Exhibits 5 and 6 for the 801XX series
80162	Digoxin
80178	Lithium
80198	Theophylline
81000	Urnl Dip Stick/Tablet Rgnt Non-Auto Mic
81001	Urnl Dip Stick/Tablet Rgnt Auto Mic
81003	Urnl Dip Stick/Tablet Rgnt Auto W/O Mic
81025	Urine Pregnancy Tst Vis Color Cmprsn Meths
82040	Albumin Serum Plasma/Whole Blood
82075	Alcohol Brth
82150	Amylase
82247	Bilirubin Total
82248	Bilirubin Direct
82270	Bld Oclt Proxidase Actv Qual Feces 1 Deter
82310	Assay Calcium In Blood
82383	Assay Blood Catecholamines
82465	Assay Serum Cholesterol
82550	Creatine Kinase Tot
82553	Creatine Kinase Mb Fxj Only

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**APPENDIX E: PROCEDURE CODES****PAGE(S) 17****Primary Care Laboratory (continued)**

Code	Description
82565	Creatinine Bld
82728	Ferritin, Specify Method
82746	Folic Acid Serum
82747	Folic Acid Rbc
82947	Gluc Quan Bld
82951	Glucose Tolerance Test (Gtt)
82952	Gtt-Added Samples
82962	Gluc Bld Gluc Mntr Dev Cleared Fda Spec Home Use
82977	Glutamyltrase Gamma
82985	Glycoprotein Electrophoresis
83036	Hgb Glycosylated
83540	Assay Serum Iron
83550	Serum Iron Binding Test
83615	Uv-Assay Blood Ldh Enzyme
83690	Lipase
83718	Blood Lipoprotein Assay
83721	Lipoprotein, Direct Measurement
83735	Magnesium
83874	Myoglobin
83880	Natriuretic Peptide
84075	Assay Alkaline Phosphatase
84100	Phosphorus Inorganic
84152	Prst8 Spec Ag
84153	Prst8 Spec Ag Tot
84154	Prst8 Spec Ag
84155	Assay Serum Protein
84425	Thiamine
84436	Thyroxine, True, Ria
84443	Thyr Stimulating Horm

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**APPENDIX E: PROCEDURE CODES****PAGE(S) 17****Primary Care Laboratory (continued)**

Code	Description
84450	Uv-Assay Transaminase (Sgot)
84460	Transferase Alanine Amino
84478	Assay Blood Triglycerides
84479	Triiodothyronine, Resin Uptake
84484	Troponin Quan
84512	Troponin, Qual
84520	Urea N Quan
84550	Uric Acid Bld
84702	Gonadotropin, Chorionic; Quantitative
84703	Gonad Chornc Qual
85025	Bld# Compl Auto Hhrwp&Auto Diffial
85027	Blood Count including HGB, HCT, RBC, WBC, and Platelet Count
85610	Prothrombin Tm
86308	Htrophl Antibodies Scr
86403	Part Aggluj Scr Ea Antb
86406	Part Aggluj Titer Ea Antb
86580	Skn Tst Tuberculosis Id
86677	Antb Helicobacter Pylori
86708	Hep Antb Haab Tot
86709	Hep Antb Haab Igm Antb
86710	Antb Inf Virus
86803	Hep C Antb
87210	Smr Prim Src Wet Mount Nfct Agt
87340	Iaad Eia Hep B Surf Ag
87390	Hiv-1 Ag, Eia
87804	Iaadiadoo Inf
87880	Iaadiadoo Streptococcus Grp
88150	Cytopathology, Pap Smear
<i>Or successor codes</i>	

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**APPENDIX E: PROCEDURE CODES****PAGE(S) 17****Primary Care Radiology**

Code	Description
The following are covered as a component of an encounter, but do not justify an encounter payment.	
70030	X-Ray Eye; Detect Foreign Body
70110	Radex Mndbl Compl Minimum 4 Views
70150	Radex Facial B1S Compl Minimum 3 Views
70160	Radex Nsl B1S Compl Minimum 3 Views
70200	Radex Orbits Compl Minimum 4 Views
70210	Radex Sinuses Paransl < 3 Views
70220	Radex Sinuses Paransl Compl Minimum 3 Views
70250	Radex Skl < 4 Views
70260	X-Ray Skull; Complete
70360	Radex Nck Soft Tiss
71010	Radex Ch 1 View Frnt
71020	Radex Ch 2 Views Frnt&Lat
71022	X-Ray Chest; Oblique Projections
71035	Chest X-Ray
71101	Radex Ribs Uni W/Posteroant Ch Minimum 3 Views
71111	X-Ray Ribs, Bilat; Posteroanteri Chest
71120	X-Ray Exam Of Breastbone
72020	Radex Spi 1 View Spec Lvl
72040	Radex Spi Crv 2/3 Views
72050	Radex Spi Crv Minimum 4 Views
72052	X-Ray Exam Of Neck Spine
72070	X-Ray Exam Of Thorax Spine
72074	Radex Spi Thrc Minimum 4 Views
72090	X-Ray Exam Of Trunk Spine
72100	Radex Spi Lumbosac 2/3 Views
72110	L-Spine 4 Views
72114	X-Ray Exam Of Lower Spine
72120	X-Ray Exam Of Lower Spine

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**APPENDIX E: PROCEDURE CODES****PAGE(S) 17****Primary Care Radiology (continued)**

Code	Description
72170	Radex Pelvis 1/2 Views
72200	Radex Si Jts < 3 Views
72220	X-Ray Exam Of Tailbone
73000	Radex Clav Compl
73010	X-Ray Exam Of Shoulder Blade
73030	Radex Sho Compl Minimum 2 Views
73050	X-Ray Exam Of Shoulders
73060	Radex Hum Minimum 2 Views
73070	Radex Elbw 2 Views
73080	Radex Elbw Compl Minimum 3 Views
73090	Radex F/Arm 2 Views
73110	Radex Wrst Compl Minimum 3 Views
73130	Radex Hand Minimum 3 Views
73140	Radex Fngr Minimum 2 Views
73510	Radex Hip Uni Compl Minimum 2 Views
73520	X-Ray Exam Of Hips
73550	Radex Femur 2 Views
73560	Radex Kne 1/2 Views
73562	X-Ray Knee A/P.Obliques,3+Views
73564	Radex Kne Compl 4/More Views
73590	Radex Tibfib 2 Views
73610	Radex Ankle Compl Minimum 3 Views
73630	Radex Foot Compl Minimum 3 Views
73650	X-Ray Exam Of Heel
73660	Radex Toe Minimum 2 Views
74000	Radex Abd 1 Anteropost View
74020	Radex Abd Compl W/Dcbts&/Erc Views
74022	Radex Abd Compl Aqt Abd W/S/E/D Views 1 View Ch
77072	Bone Age Studies

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**APPENDIX E: PROCEDURE CODES****PAGE(S) 17****Primary Care Radiology (continued)**

Code	Description
77074	Radiologic Examination, Osseous Surv
<i>Or successor codes</i>	

Basic Behavioral Health Care Services

Code	Description
H0004	ALCOHOL AND/OR DRUG SERVICES
H0031	MENTAL HEALTH ASSESSMENT
H0049	ALCOHOL AND/OR DRUG SCREENING
H2011	CRISIS INTERVENTION PER QTR HR
H2014	SKILLED TRAINING & DEVELOPMENT
H2015	COMPREHENSIVE COMMUNITY SUPPORTS/15
H2017	PSYCHOSOCIAL REHAB SERVICES
H2021	COMMUNITY BASED WRAP AROUND SERVICES
T1016	CASE MANG WAIVER SERV 15 MINUTE UVS
90791	PSYCHIATRIC DIAGNOSTIC INTERVIEW
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/ MEDICAL SERVICES
90832	PSYCHOTHERAPY 30MINS W/ PATIENT AND/OR FAM MEM
90834	PSYCHOTHERAPY 45MINS W/ PATIENT AND/OR FAM MEM
90837	PSYCHOTHERAPY 60MINS W/ PATIENT AND/OR FAM MEM
90846	FAMILY MEDICAL PSYCHOTHERAPY (WITHOU
90849	MULTIPLE FAMILY GROUP PSYCHOTHER
90853	GROUP PSYCHOTHERAPY Y
90855	INTERACTIVE INDIVIDUAL MEDICAL PSYCH
90857	INTERACTIVE GROUP MEDICAL PSYCHOTHER
90887	CONSULTATION WITH FAMILY
96101	PSYCHOLOGICAL TESTING PER HOUR
96102	PSYCHO TESTING BY TECHNICIAN
96115	NEUROBEHAVIOR STATUS EXAM

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**APPENDIX E: PROCEDURE CODES****PAGE(S) 17****Basic Behavioral Health Care Services (continued)**

Code	Description
96116	NEUROBEHAVIORAL STATUS EXAM
96117	NEUROPSYCH TEST BATTERY
96118	NEUROPSYCH TST BY PSYCH/PHYS
96119	NEUROPSYCH TESTING BY TECH
96120	NEUROPSYCH TST ADMIN W/COMP
96125	STANDARDIZED COGNITIVE PERFORMANCE T
96150	ASSESS HLTH/BEHAVE, INIT
96151	ASSESS HLTH/BEHAVE, SUBSEQ
96152	INTERVENE HLTH/BEHAVE, INDIV
96153	INTERVENE HLTH/BEHAVE, GROUP
96154	INTERV HLTH/BEHAV, FAM W/PT
96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNO
99202	OFFICE,NEW PT,EXPANDED,STRAIGHTFOWD
99203	OFFICE,NEW PT, DETAILED, LOW COMPLEX
99204	OFFICE/OUTPATIENT,NEW MOD COMPLEXITY
99205	OFFICE,NEW PT, COMPREHEN, HIGH COMPX
99211	OFFICE,EST PT, MINIMAL PROBLEMS
99212	OFFICE,EST PT, PROBLEM,STRAITFORWD
99213	OFFICE,EST PT, EXPANDED, LOW COMPLEX
99214	OFFICE,EST PT, DETAILED, MOD COMPLX
99215	OFFICE,EST PT, COMPREHEN,HIGH COMPLX
99241	OFF CONSULT,NRE PT,PRBLM,STRTFWD
99242	OFF CONSLT,NRE PT,XPND PBLM, STRTFWD
99243	OFF CNSLT,NRE PT,DTLD, LO CMPLXY
99244	OFF CNSLT,NRE PT,CMPHSV,MOD CMPLXY
99245	OFF CNSLT,NRE PT,CMPHSV,HI CMPLXY
99354	PROLONGED PHYSICIAN SERVICE IN THE O
99356	PROLONGED PHYSICIAN SERVICE IN THE I

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**APPENDIX E: PROCEDURE CODES****PAGE(S) 17****Basic Behavioral Health Care Services (continued)**

Code	Description
99357	PROLONGED PHYSICIAN SERVICE IN THE I
99358	PROLONGED EVALUATION AND MANAGEMENT
99359	PROLONGED EVALUATION AND MANAGEMENT
99366	MEDICAL TEAM CONFERENCE WITH INTERDI
99367	MEDICAL TEAM CONFERENCE WITH INTERDI
99368	MEDICAL TEAM CONFERENCE WITH INTERDI
99385	INIT COMP PREV MED 18-39 YRS
99386	INIT COMP PREV MED 40-64 YRS
99395	PERIODIC COMP PREV MED 18-39 YRS
99396	PERIODIC COMP PREV MED 40-64 YRS
99403	COUNSELING AND/OR RISK FACTOR REDUCT
99404	COUNSELING AND/OR RISK FACTOR REDUCT
99406	SMOKING AND TOBACCO USE CESSATION CO
99407	BEHAV CHNG SMOKING > 10 MIN
99408	ALCOHOL AND/OR SUBSTANCE (OTHER THAN
99409	ALCOHOL AND/OR SUBSTANCE (OTHER THAN
99411	COUNSELING AND/OR RISK FACTOR REDUCT
99412	COUNSELING AND/OR RISK FACTOR REDUCT
99420	ADMINIS & INTERP HLTH RSK ASSMT INST
99429	UNLISTED PREVENTIVE MEDICINE SERVICE
99441	TELEPHONE EVALUATION AND MANAGEMENT
99442	TELEPHONE EVALUATION AND MANAGEMENT
99443	TELEPHONE EVALUATION AND MANAGEMENT
99444	ONLINE EVALUATION AND MANAGEMENT SER
H0033*	MEDICATION ADMIN.
90862	PHARMACOLOGIC MGMT ER VISIT)
*Insufficient to justify an encounter payment	
<i>Or successor codes</i>	

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**APPENDIX E: PROCEDURE CODES****PAGE(S) 17****Behavioral Health Care Services - Lab**

Code	Description
The following are covered as a component of an encounter, but do not justify an encounter payment.	
80100	DRUG SCREENING QUAL MLT DRUG CLASSES CHROM EA PX
80101	DRUG SCREEN
80152	AMITRIPTYLINE (ANTIDEPRESSANT)
80154	BENZODIAZEPINES
80156	CARBAMAZEPINE (MOOD STABILIZERS)
80160	DESIPRAMINE (ANTIDEPRESSANT)
80162	DOXEPIN
80164	VALPROIC ACID LEVEL
80173	HALOPERIDOL (ANTIPSYCHOTIC)
80174	IMIPRAMINE
80178	LITHIUM
80182	NORTRIPTYLINE
80184	PHENOBARITOL
82075	ALCOHOL BREATHING
82383	ASSAY BLOOD CATECHOLAMINE (STRESS)
83840	METHADONE
84260	SERATONIN
85025	CBC
86592	RPR
<i>Or successor codes</i>	

Serious Mental Illness Behavioral Health Care Services

Code	Description
H0004	ALCOHOL AND/OR DRUG SERVICES
H0031	MENTAL HEALTH ASSESSMENT
H0049	ALCOHOL AND/OR DRUG SCREENING
H2011	CRISIS INTERVENTION PER QTR HR

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**APPENDIX E: PROCEDURE CODES****PAGE(S) 17****Serious Mental Illness Behavioral Health Care Services (continued)**

Code	Description
H2014	SKILLED TRAINING & DEVELOPMENT
H2015	COMPREHENSIVE COMMUNITY SUPPORTS/15
H2017	PSYCHOSOCIAL REHAB SERVICES
H2021	COMMUNITY BASED WRAP AROUND SERVICES
T1016	CASE MANG WAIVER SERV 15 MINUTE UVS
90791	PSYCHIATRIC DIAGNOSTIC INTERVIEW
90792	PSYCHIATRIC DIAGNOSTIC EVAL W/ MEDICAL SERVICES
90832	PSYCHOTHERAPY 30MINS W/ PATIENT AND/OR FAM MEM
90834	PSYCHOTHERAPY 45MINS W/ PATIENT AND/OR FAM MEM
90837	PSYCHOTHERAPY 60MINS W/ PATIENT AND/OR FAM MEM
90846	FAMILY MEDICAL PSYCHOTHERAPY (WITHOU
90849	MULTIPLE FAMILY GROUP PSYCHOTHER
90853	GROUP PSYCHOTHERAPY Y
90855	INTERACTIVE INDIVIDUAL MEDICAL PSYCH
90857	INTERACTIVE GROUP MEDICAL PSYCHOTHER
90887	CONSULTATION WITH FAMILY
96101	PSYCHOLOGICAL TESTING PER HOUR
96102	PSYCHO TESTING BY TECHNICIAN
96115	NEUROBEHAVIOR STATUS EXAM
96116	NEUROBEHAVIORAL STATUS EXAM
96117	NEUROPSYCH TEST BATTERY
96118	NEUROPSYCH TST BY PSYCH/PHYS
96119	NEUROPSYCH TESTING BY TECH
96120	NEUROPSYCH TST ADMIN W/COMP
96125	STANDARDIZED COGNITIVE PERFORMANCE T
96150	ASSESS HLTH/BEHAVE, INIT
96151	ASSESS HLTH/BEHAVE, SUBSEQ
96152	INTERVENE HLTH/BEHAVE, INDIV

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**APPENDIX E: PROCEDURE CODES****PAGE(S) 17****Serious Mental Illness Behavioral Health Care Services (continued)**

Code	Description
96153	INTERVENE HLTH/BEHAVE, GROUP
96154	INTERV HLTH/BEHAV, FAM W/PT
96372	THERAPEUTIC, PROPHYLACTIC, OR DIAGNO
99202	OFFICE,NEW PT,EXPANDED,STRAIGHTFOWD
99203	OFFICE,NEW PT, DETAILED, LOW COMPLEX
99204	OFFICE/OUTPATIENT,NEW MOD COMPLEXITY
99205	OFFICE,NEW PT, COMPREHEN, HIGH COMPX
99211	OFFICE,EST PT, MINIMAL PROBLEMS
99212	OFFICE,EST PT, PROBLEM,STRAITFORWD
99213	OFFICE,EST PT, EXPANDED, LOW COMPLEX
99214	OFFICE,EST PT, DETAILED, MOD COMPLX
99215	OFFICE,EST PT, COMPREHEN,HIGH COMPLX
99241	OFF CONSULT,NRE PT,PRBLM,STRTFWD
99242	OFF CONSULT,NRE PT,XPND PBLM, STRTFWD
99243	OFF CNSLT,NRE PT,DTLD, LO CMPLXY
99244	OFF CNSLT,NRE PT,CMPHSV,MOD CMPLXY
99245	OFF CNSLT,NRE PT,CMPHSV,HI CMPLXY
99354	PROLONGED PHYSICIAN SERVICE IN THE O
99356	PROLONGED PHYSICIAN SERVICE IN THE I
99357	PROLONGED PHYSICIAN SERVICE IN THE I
99358	PROLONGED EVALUATION AND MANAGEMENT
99359	PROLONGED EVALUATION AND MANAGEMENT
99366	MEDICAL TEAM CONFERENCE WITH INTERDI
99367	MEDICAL TEAM CONFERENCE WITH INTERDI
99368	MEDICAL TEAM CONFERENCE WITH INTERDI
99385	INIT COMP PREV MED 18-39 YRS
99386	INIT COMP PREV MED 40-64 YRS
99395	PERIODIC COMP PREV MED 18-39 YRS

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**APPENDIX E: PROCEDURE CODES****PAGE(S) 17****Serious Mental Illness Behavioral Health Care Services (continued)**

Code	Description
99396	PERIODIC COMP PREV MED 40-64 YRS
99403	COUNSELING AND/OR RISK FACTOR REDUCT
99404	COUNSELING AND/OR RISK FACTOR REDUCT
99406	SMOKING AND TOBACCO USE CESSATION CO
99407	BEHAV CHNG SMOKING > 10 MIN
99408	ALCOHOL AND/OR SUBSTANCE (OTHER THAN
99409	ALCOHOL AND/OR SUBSTANCE (OTHER THAN
99411	COUNSELING AND/OR RISK FACTOR REDUCT
99412	COUNSELING AND/OR RISK FACTOR REDUCT
99420	ADMINIS & INTERP HLTH RSK ASSMT INST
99429	UNLISTED PREVENTIVE MEDICINE SERVICE
99441	TELEPHONE EVALUATION AND MANAGEMENT
99442	TELEPHONE EVALUATION AND MANAGEMENT
99443	TELEPHONE EVALUATION AND MANAGEMENT
99444	ONLINE EVALUATION AND MANAGEMENT SER
H0033*	MEDICATION ADMIN.
90862	PHARMACOLOGIC MGMT ER VISIT)
*Insufficient to justify an encounter payment	
<i>Or successor codes</i>	

Serious Mental Illness Behavioral Health Care Services - Lab

Code	Description
The following are covered as a component of an encounter, but do not justify an encounter payment.	
80100	DRUG SCREENING QUAL MLT DRUG CLASSES CHROM EA PX
80101	DRUG SCREEN
80152	AMITRIPTYLINE (ANTIDEPRESSANT)
80154	BENZODIAZEPINES

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**APPENDIX E: PROCEDURE CODES****PAGE(S) 17****Serious Mental Illness Behavioral Health Care Services – Lab (continued)**

Code	Description
80156	CARBAMAZEPINE (MOOD STABILIZERS)
80160	DESIPRAMINE (ANTIDEPRESSANT)
80162	DOXEPIN
80164	VALPROIC ACID LEVEL
80173	HALOPERIDOL (ANTIPSYCHOTIC)
80174	IMIPRAMINE
80178	LITHIUM
80182	NORTRIPTYLINE
80184	PHENOBARITOL
82075	ALCOHOL BREATHING
82383	ASSAY BLOOD CATECHOLAMINE (STRESS)
83840	METHADONE
84260	SERATONIN
85025	CBC
86592	RPR
<i>Or successor codes</i>	

Specialty Services**Specialty Physician Services**

Code	Description
See www.lamedicaid.com , under “Fee Schedule” link for complete list of covered codes	Physician services CPT codes covered by Louisiana Medicaid but not included in GNOCHC core services

Specialty Laboratory

Code	Description
80047 – 89398 <i>Or successor codes</i>	Laboratory CPT codes covered by Louisiana Medicaid but not included in GNOCHC core services

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APPENDIX E: PROCEDURE CODES**PAGE(S) 17**

Specialty Radiology

Code	Description
70010 – 79999 <i>Or successor codes</i>	Radiology CPT codes covered by Louisiana Medicaid but not included in GNOCHC core services

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION

APPENDIX F: SPECIALTY CARE CLAIMS FILING**PAGE(S) 19**

CLAIMS FILING

Hard copy billing of Greater New Orleans Community Health Connection services are billed on the paper CMS-1500 (02/12) claim form or electronically on the 837P Professional transaction. Instructions in this appendix are for completing the CMS-1500; however, the same information is required when billing claims electronically. Items to be completed are listed as **required**, **situational** or **optional**.

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.

Paper claims should be submitted to:

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

Services may be billed using:

- The rendering provider's individual provider number as the billing provider number for independently practicing providers; or
- The group provider number as the billing provider number and the individual rendering provider number as the attending provider when the individual is working through a 'group/clinic' practice.

NOTE: Electronic claims submission is the preferred method for billing. (See the EDI Specifications located on the Louisiana Medicaid web site at www.lamedicaid.com, directory link "HIPAA Information Center, sub-link "5010v of the Electronic Transactions" – 837P Professional Guide.)

This appendix includes the following:

- Instructions for completing the CMS 1500 claim form and samples of completed CMS-1500 claim forms; and
- Instructions for adjusting/voiding a claim and samples of adjusted CMS 1500 claim forms.

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION

APPENDIX F: SPECIALTY CARE CLAIMS FILING**PAGE(S) 19**

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.)

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**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	Required -- Enter an "X" in the box marked Medicaid (Medicaid #).	GNOCHC providers should mark the Medicaid indicator.
1a	Insured's I.D. Number	Required – Enter the recipient's 13 digit GNOCHC I.D. number exactly as it appears when checking recipient eligibility through MEVS, eMEVS, or REVS. NOTE: The recipients' 13-digit ID number <u>must</u> be used to bill claims. The CCN number from the plastic ID card is NOT acceptable. The ID number must match the recipient's name in Block 2.	The 13-digit GNOCHC number and the 13-digit Medicaid number are the same number.
2	Patient's Name	Required – Enter the recipient's last name, first name, middle initial.	
3	Patient's Birth Date Sex	Optional – Enter the recipient's date of birth using six 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	Leave Blank	
5	Patient's Address	Leave Blank	
6	Patient Relationship to Insured	Leave Blank	
7	Insured's Address	Leave Blank	

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**APPENDIX F: SPECIALTY CARE CLAIMS FILING****PAGE(S) 19**

Locator#	Description	Instructions	Alerts
8	RESERVED FOR NUCC USE	Leave Blank	
9	Other Insured's Name	Leave Blank	
9a	Other Insured's Policy or Group Number	Leave Blank	
9b	RESERVED FOR NUCC USE	Leave Blank	
9c	RESERVED FOR NUCC USE	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	Situational – 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	OTHER CLAIM ID (Designated by NUCC)	Leave Blank	

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**APPENDIX F: SPECIALTY CARE CLAIMS FILING****PAGE(S) 19**

Locator#	Description	Instructions	Alerts
11c	Insurance Plan Name or Program Name	Leave Blank	
11d	Is There Another Health Benefit Plan?	Leave Blank	
12	Patient's or Authorized Person's Signature (Release of Records)	Leave Blank	
13	Patient's or Authorized Person's Signature (Payment)	Leave Blank	
14	Date of Current Illness / Injury / Pregnancy	Leave Blank	
15	OTHER DATE	Leave Blank	
16	Dates Patient Unable to Work in Current Occupation	Leave Blank	
17	Name of Referring Provider or Other Source	Optional – Enter the Rendering Provider ID for reporting purposes or leave blank	
17a	Unlabeled	Leave Blank	
17b	NPI	Leave Blank	

CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**APPENDIX F: SPECIALTY CARE CLAIMS FILING****PAGE(S) 19**

Locator#	Description	Instructions	Alerts
18	Hospitalization Dates Related to Current Services	Situational – Complete if appropriate or leave blank	
19	ADDITIONAL CLAIM INFORMATION (Designated by NUCC)	Leave Blank.	
20	Outside Lab?	Leave Blank	
21	ICD Indicator Diagnosis or Nature of Illness or Injury	<p>Required -- Enter the applicable ICD indicator to identify which version of ICD coding is being reported between the vertical, dotted lines in the upper right-hand portion of the field.</p> <p>9 ICD-9-CM 0 ICD-10-CM</p> <p>Required -- Enter the most current ICD-9 numeric diagnosis code and, if desired, narrative description.</p> <p>NOTE: The ICD-9-CM "E" and "M" series diagnosis codes are not part of the current diagnosis file and should not be used when completing claims to be submitted to Medicaid.</p>	<p>The most specific diagnosis code(s) must be used. General codes are not acceptable</p> <p>ICD-9 diagnosis codes must be used on claims for dates of service prior to 10/1/15. ICD-10 diagnosis codes must be used on claims for dates of service on or after 10/1/15.</p> <p>Refer to the provider notice concerning the federally required implementation of ICD-10 coding which is posted on the ICD-10 Tab at the top of the Home page at (www.lamedicaid.com).</p>

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Locator#	Description	Instructions	Alerts
22	Resubmission Code	<p>Situational – If filing an adjustment or void, enter an “A” for an adjustment or a “V” for a void as appropriate AND one of the appropriate reason codes for the adjustment or void in the “Code” portion of this field.</p> <p>Enter the internal control number from the paid claim line as it appears on the remittance advice in the “Original Ref. No.” portion of this field.</p> <p>Appropriate reason codes follow:</p> <p><u>Adjustments</u> 01 = Third Party Liability Recovery 02 = Provider Correction 03 = Fiscal Agent Error 90 = State Office Use Only – Recovery 99 = Other</p> <p><u>Voids</u> 10 = Claim Paid for Wrong Recipient 11 = Claim Paid for Wrong Provider 00 = Other</p>	<p>Effective with date of processing 5/19/14, providers currently using the proprietary 213 Adjustment/Void forms will be required to use the CMS 1500 (02/12).</p> <p>To adjust or void more than one claim line on a claim, a separate form is required for each claim line since each line has a different internal control number.</p>
23	Prior Authorization Number	Leave Blank	

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Locator#	Description	Instructions	Alerts
24	Supplemental Information	<p>Situational – Applies to the detail lines for drugs and biologicals only.</p> <p>In addition to the procedure code, the National Drug Code (NDC) is required by the Deficit Reduction Act of 2005 for physician-administered drugs and <u>shall be entered</u> in the shaded section of 24A through 24G. <u>Claims for these drugs shall include the NDC from the label of the product administered.</u></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 Qualifier N4 followed by the NDC. 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 Unit Qualifier (see below) and the actual units administered in NDC UNITS. 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><u>All GNOCHC providers who administer drugs and biologicals must enter this drug-related information in the SHADED section of 24A – 24G of the appropriate detail line(s) for the drug or biological – not the encounter line.</u></p> <p>This information must be entered in addition to the procedure code(s) for <u>all</u> GNOCHC providers.</p> <p>Please refer to the NDC Q&A information posted on lamedicaid.com for more details concerning NDC units versus service units and entry of NDC numbers with less than 11 digits.</p>

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Locator#	Description	Instructions		Alerts
24A	Date(s) of Service	Required -- Enter the date of service for each procedure. Either 6-digit (MM DD YY) or 8-digit (MM DD YYYY) format is acceptable.		Six-digit or 8-digit dates can be used on paper claims. Only 8-digit dates can be used for electronic (EDI) claims.
24B	Place of Service	Required -- Enter the appropriate place of service code for the services rendered. Acceptable Place of Service Codes are:		Claims submitted with no Place of Service Code will deny.
		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	
24C	EMG	Leave Blank		

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Locator#	Description	Instructions	Alerts
24D	Procedures, Services, or Supplies	<p>Required -- 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>Encounter Code = T2025 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>The encounter code must be present on the claim, accompanied by at least one detail line for a covered service.</p> <p>All services should be included as detail lines.</p> <p>If the detail line is for drugs or biologicals, entering the appropriate information from Block 24 is required.</p> <p>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.</p>
24E	Diagnosis Pointer	<p>Required – Indicate the most appropriate diagnosis for each procedure by entering the appropriate reference letter ("A", "B", etc.) in this block.</p> <p>More than one diagnosis/reference number may be related to a single procedure code.</p>	

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Locator#	Description	Instructions	Alerts
24F	Amount Charged	Required – 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	Use of encounter code T2025 is solely to report specialty care expenses incurred as required by the GNOCHC program. Providers should not expect direct compensation for any expenses listed.
24G	Days or Units	Required -- Enter the number of units billed for the procedure code entered on the same line in 24D	Please refer to the NDC Q&A information posted on lamedicaid.com for more details concerning NDC units versus service units.
24H	EPSDT Family Plan	Leave Blank	
24I	I.D. Qual.	Optional - The I.D. Qualifier indicates what type of identifying provider number is being entered in 24J.	This field can be left blank for GNOCHC.
24J	Rendering Provider I.D. #	Required - Enter the GNOCHC Provider ID in the shaded portion of the block. Entering the GNOCHC Provider’s NPI in the non-shaded portion of the block.	An attending provider number/NPI must be entered. Enter the GNOCHC billing provider number/NPI as the attending provider.
25	Federal Tax I.D. Number	Optional.	

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Locator#	Description	Instructions	Alerts
26	Patient's Account No.	Situational – 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	Leave Blank - Claim filing acknowledges acceptance of Medicaid assignment.	
28	Total Charge	Required – Enter the total of all charges listed on the claim.	
29	Amount Paid	Leave Blank	
30	Reserved for NUCC use	Leave Blank.	
31	Signature of Physician or Supplier Including Degrees or Credentials Date	Optional – The practitioner or the practitioner's authorized representative's original signature is no longer required. Required -- Enter the date of the signature.	
32	Service Facility Location Information	Leave Blank	
32a	NPI	Leave Blank	
32b	Unlabeled	Leave Blank	
33	Billing Provider Info & Phone #	Required -- Enter the provider name, address including zip code and telephone number.	

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APPENDIX F: SPECIALTY CARE CLAIMS FILING

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Locator#	Description	Instructions	Alerts
33a	NPI	Required – Enter the GNOCHC billing provider's NPI.	
33b	Unlabeled	Required – Enter the billing provider's 7-digit GNOCHC Provider Number. ID Qualifier - Optional. If possible, leave blank for Louisiana Medicaid billing.	Claims will be rejected if this information is not present on the claim form.


Sample forms are on the following pages.

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APPENDIX F: SPECIALTY CARE CLAIMS FILING

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SAMPLE GNOCHC CLAIM FORM SHOWING A SPECIALITY CARE ENCOUNTER
WITH ICD-9 DIAGNOSIS CODE (DATES BEFORE 10/1/15)



HEALTH INSURANCE CLAIM FORM
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

☐ PICA ☐ PICA

1. MEDICARE (Medicare #) <input checked="" type="checkbox"/> MEDICAID (Medicaid #) <input checked="" type="checkbox"/> TRICARE (ID#DoD#) <input type="checkbox"/> CHAMPVA (Member ID#) <input type="checkbox"/> GROUP HEALTH PLAN (ID#) <input type="checkbox"/> FECA BLK LUNG (ID#) <input type="checkbox"/> OTHER (ID#) <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (For Program in Item 1) 1234567891234	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) REVERE, PAUL		3. PATIENT'S BIRTH DATE MM DD YY 01 05 55 SEX M X F	
5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)		4. INSURED'S NAME (Last Name, First Name, Middle Initial) 7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)	
6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other		8. RESERVED FOR NUCC USE	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) a. OTHER INSURED'S POLICY OR GROUP NUMBER b. RESERVED FOR NUCC USE c. RESERVED FOR NUCC USE d. INSURANCE PLAN NAME OR PROGRAM NAME		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES NO b. AUTO ACCIDENT? PLACE (State) c. OTHER ACCIDENT? YES NO 11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH MM DD YY SEX b. OTHER CLAIM ID (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME 12. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment. SIGNED DATE 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. NPI 19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		15. OTHER DATE MM DD YY QUAL 17b. NPI 20. OUTSIDE LAB? YES NO \$ CHARGES 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 9 A. 736.71 B. C. D. E. F. G. H. I. J. K. L.	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. ICD-9 QUAL I. ID. QUAL J. RENDERING PROVIDER ID. #		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY 22. RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER	
1 04 01 14 04 01 14 11 T2025 A 0 00 1 NPI 1236548		2 04 01 14 04 01 14 11 99203 A 170 00 1 NPI 1236548	
3 04 01 14 04 01 14 11 11056 A 87 00 1 NPI 1236548		4 04 01 14 04 01 14 11 11721 A 50 00 1 NPI 1236548	
5		6	
25. FEDERAL TAX I.D. NUMBER SSN EIN		26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For gov. claims, see back) X YES NO	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED IMA BILLER DATE 4/9/14		32. SERVICE FACILITY LOCATION INFORMATION a. b. 33. BILLING PROVIDER INFO & PH # (800) 222-3333 ALWAYS OPEN GNOCHC CLINIC 123 MAIN ST. ANY TOWN, LA 70000 a. 1326547895 b. 1234567	

NUCC Instruction Manual available at: www.nucc.org PLEASE PRINT OR TYPE APPROVED OMB-0938-1197 FORM CMS-1500 (02-12)

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APPENDIX F: SPECIALTY CARE CLAIMS FILING

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SAMPLE GNOCHC CLAIM FORM SHOWING A SPECIALITY CARE ENCOUNTER WITH ICD-10 DIAGNOSIS CODE (DATES ON OR AFTER 10/1/15)



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA

PICA

1. MEDICARE (Medicare #) <input checked="" type="checkbox"/> MEDICAID (Medicaid #) <input type="checkbox"/> TRICARE (ID#DoD#) <input type="checkbox"/> CHAMPVA (Member ID#) <input type="checkbox"/> GROUP HEALTH PLAN (ID#) <input type="checkbox"/> FECA BLK LUNG (ID#) <input type="checkbox"/> OTHER (ID#) <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (For Program in Item 1)	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)		4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
3. PATIENT'S BIRTH DATE MM DD YY SEX		1234567891234	
5. PATIENT'S ADDRESS (No., Street)		7. INSURED'S ADDRESS (No., Street)	
6. PATIENT RELATIONSHIP TO INSURED		CITY STATE	
Self Spouse Child Other		CITY STATE	
8. RESERVED FOR NUCC USE		ZIP CODE TELEPHONE (include Area Code)	
CITY STATE		() ()	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous)	
b. RESERVED FOR NUCC USE		YES NO	
c. RESERVED FOR NUCC USE		b. AUTO ACCIDENT? PLACE (State)	
d. INSURANCE PLAN NAME OR PROGRAM NAME		c. OTHER INSURED'S POLICY OR GROUP NUMBER	
10d. RESERVED FOR LOCAL USE		YES NO	
11. INSURED'S POLICY GROUP OR FECA NUMBER		d. IS THERE ANOTHER HEALTH BENEFIT PLAN?	
a. INSURED'S DATE OF BIRTH MM DD YY SEX		YES NO If yes, complete items 9, 9a and 9d.	
b. OTHER CLAIM ID (Designated by NUCC)		12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of my medical information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.)	
c. INSURANCE PLAN NAME OR PROGRAM NAME		SIGNED DATE	
d. IS THERE ANOTHER HEALTH BENEFIT PLAN?		SIGNED	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP)		15. OTHER DATE	
MM DD YY QUAL		MM DD YY QUAL	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES	
71a. NPI		FROM MM DD YY TO MM DD YY	
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)		20. OUTSIDE LAB? \$ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD 10 0		YES NO	
A. M2 1549 B. C. D. E. F. G. H. I. J. K. L.		22. RESUBMISSION CODE ORIGINAL REF. NO.	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE EMG C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OF UNITS H. ICD 10 QUAL I. ID. QUAL J. RENDERING PROVIDER ID. #		23. PRIOR AUTHORIZATION NUMBER	
1 10 10 15 10 10 15 11 T2025 A 0.00 NPI 1236548		1236548	
2 10 10 15 10 10 15 11 992.13 A 150.00 NPI 1236548		1236548	
3 10 10 15 10 10 15 11 11056 A 87.00 NPI 1236548		1236548	
4 10 10 15 10 10 15 11 11721 A 50.00 NPI 1236548		1236548	
5		NPI	
6		NPI	
25. FEDERAL TAX I.D. NUMBER SSN EIN		26. PATIENT'S ACCOUNT NO.	
1234		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) X YES NO	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.)		28. TOTAL CHARGE \$ 287.00 29. AMOUNT PAID \$ 30. BALANCE DUE \$ 287.00	
32. SERVICE FACILITY LOCATION INFORMATION		33. BILLING PROVIDER INFO & PH# (800) 222-3333	
SIGNED Ima Biller DATE 10/15/15 a. b.		ALWAYS OPEN GNOCHC CLINIC 123 MAIN ST ANY TOWN, LA 70000 a. 1326547895 b. 1234567	

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PLEASE PRINT OR TYPE

APPROVED OMB-0938-1197 FORM CMS-1500 (02-12)

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ADJUSTMENTS AND VOIDS

An adjustment or void may be submitted electronically or by using the CMS-1500 (02/12) form.

Only a paid claim can be adjusted or voided. Denied claims must be corrected and resubmitted – not adjusted or voided.

Only one claim line can be adjusted or voided on each adjustment/void form.

For those claims where multiple services are billed and paid by service line, a separate adjustment/void form is required for each claim line if more than one claim line on a multiple line claim form must be adjusted or voided.

The provider should complete the information on the **adjustment** exactly as it appeared on the original claim, **changing only the item(s) that was in error and noting the reason for the change in the space provided on the claim.**

If a paid claim is being voided, the provider must enter all the information on the **void** from the original claim exactly as it appeared on the original claim. After a voided claim has appeared on the Remittance Advice, a corrected claim may be resubmitted (if applicable).

Only the paid claim's most recently approved internal control number (ICN) can be adjusted or voided, thus:

- If the claim has been successfully adjusted previously, the most current ICN (the ICN of the adjustment) must be used to further adjust the claim or to void the claim.
- If the claim has been successfully voided previously, the claim must be resubmitted as an original claim. The ICN of the voided claim is no longer active in claims history.

If a paid claim must be adjusted, almost all data can be corrected through an adjustment with the exception of the Provider Identification Number and the Recipient/Patient Identification Number. **Claims paid to an incorrect provider number or for the wrong Medicaid recipient cannot be adjusted. They must be voided and corrected claims submitted.**

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Adjustments/Voids Appearing on the Remittance Advice

When an Adjustment/Void Form has been processed, it will appear on the Remittance Advice under *Adjustment or Voided Claim*. The adjustment or void will appear first. The original claim line will appear in the section directly beneath the Adjustment/Void section.

The approved adjustment will replace the approved original and will be listed under the "Adjustment" section on the RA. The original payment will be taken back on the same RA and appear in the "Previously Paid" column.

When the void claim is approved, it will be listed under the "Void" column of the RA.

An Adjustment/Void will generate Credit and Debit Entries which appear in the Remittance Summary on the last page of the Remittance Advice.

Sample forms are on the following pages.

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SAMPLE GNOCHC CLAIM FORM VOID WITH ICD-9 DIAGNOSIS CODE
(DATES BEFORE 10/1/15)

HEALTH INSURANCE CLAIM FORM																	
APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12																	
PICA																	
1. MEDICARE (Medicare #) <input checked="" type="checkbox"/>		2. MEDICAID (Medicaid #) <input checked="" type="checkbox"/>		3. TRICARE (ID#&DoD#)		4. CHAMPVA (Member ID#)		5. GROUP HEALTH PLAN (ID#)		6. FECA BLK LUNG (ID#)		7. OTHER (ID#)		1a. INSURED'S I.D. NUMBER (For Program in Item 1)			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) REVERE, PAUL										3. PATIENT'S BIRTH DATE MM DD YY 01 05 55		SEX M <input checked="" type="checkbox"/> F		4. INSURED'S NAME (Last Name, First Name, Middle Initial)			
5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code) ()										6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other		7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code) ()					
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)										10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES NO b. AUTO ACCIDENT? PLACE (State) c. OTHER ACCIDENT? YES NO		11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH MM DD YY SEX M F b. OTHER CLAIM ID (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a and 9d.					
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED DATE										13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED							
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL										15. OTHER DATE MM DD YY QUAL		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY					
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. NPI 17b. NPI										18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY		19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC)					
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 9 A. 736.71 B. C. D. E. F. G. H. I. J. K. L.										22. SUBMISSION CODE V 00 ORIGINAL REF. NO. 4092156789100		23. PRIOR AUTHORIZATION NUMBER					
24. A. DATE(S) OF SERVICE From To MM DD YY MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSON Family Plan I. ID. QUAL J. RENDERING PROVIDER ID. #										25. FEDERAL TAX I.D. NUMBER SSN EIN		26. PATIENT'S ACCOUNT NO.		27. ACCEPT ASSIGNMENT? (For govt. claims, see back) X YES NO		28. TOTAL CHARGE \$ 0.00 29. AMOUNT PAID \$ 30. BALANCE DUE \$	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED IMA BILLER DATE 4/9/14										32. SERVICE FACILITY LOCATION INFORMATION a. b.		33. BILLING PROVIDER INFO & PH # (800) 222-3333 ALWAYS OPEN GNOCHC CLINIC 123 MAIN ST. ANY TOWN, LA 70000 a. 1326547895 b. 1234567					

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ISSUED: 09/28/15
REPLACED: 04/30/14

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**SAMPLE GNOCHC CLAIM FORM VOID WITH ICD-10 DIAGNOSIS CODE
(DATES ON OR AFTER 10/1/15)**

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

<input type="checkbox"/> PICA		PICA <input type="checkbox"/>	
1. MEDICARE (Medicare #) <input checked="" type="checkbox"/> MEDICAID (Medicaid #) <input type="checkbox"/> TRICARE (ID#) <input type="checkbox"/> CHAMPVA (Member ID#) <input type="checkbox"/> GROUP HEALTH PLAN (ID#) <input type="checkbox"/> FECA BLK LUNG (ID#) <input type="checkbox"/> OTHER (ID#) <input type="checkbox"/>		1a. INSURED'S I.D. NUMBER (For Program in Item 1) 1234567891234	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) REVERE, PAUL		3. PATIENT'S BIRTH DATE MM DD YY 01 05 55 SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)		4. INSURED'S NAME (Last Name, First Name, Middle Initial) 6. PATIENT RELATIONSHIP TO INSURED Self Spouse Child Other 7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code)	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) a. OTHER INSURED'S POLICY OR GROUP NUMBER b. RESERVED FOR NUCC USE c. RESERVED FOR NUCC USE d. INSURANCE PLAN NAME OR PROGRAM NAME		10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) YES NO b. AUTO ACCIDENT? PLACE (State) c. OTHER ACCIDENT? YES NO 10d. RESERVED FOR LOCAL USE	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.) SIGNED DATE		11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH MM DD YY M F b. OTHER CLAIM ID (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO If yes, complete items 9, 9a and 9d.	
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL. 17. NAME OF REFERRING PROVIDER OR OTHER SOURCE 17a. 17b. NPI		16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY 20. OUTSIDE LAB? YES NO \$ CHARGES 22. RE-SUBMISSION CODE V00 ORIGINAL REF. NO. 5299189756100 23. PRIOR AUTHORIZATION NUMBER	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0 A. M2 1549 B. C. D. E. F. G. H. I. J. K. L.		24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. PAYOR PLAN I. ID. QUAL. J. RENDERING PROVIDER ID. #	
25. FEDERAL TAX I.D. NUMBER SSN EIN 10 10 15 10 10 15 11		26. PATIENT'S ACCOUNT NO. T2025 27. ACCEPT ASSIGNMENT? (For gov. claim, see back) X YES NO 28. TOTAL CHARGE \$ 287 00 29. AMOUNT PAID \$ 30. BALANCE DUE \$ 287 00	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNED Ima Biller DATE 10/15/15		32. SERVICE FACILITY LOCATION INFORMATION 33. BILLING PROVIDER INFO & PH# (800) 222-3333 ALWAYS OPEN GNOCHC CLINIC 123 MAIN ST ANY TOWN, LA 70000 a. 1326547895 b. 1234567	

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