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**CHAPTER 47: GREATER NEW ORLEANS COMMUNITY HEALTH CONNECTION**

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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 the TAKE CHARGE Family Planning Program),
- 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.

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.

**Service Limitations**

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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.