

CHAPTER 58A

ADVANCED PRACTICE NURSE SERVICES

Authority

N.J.S.A. 30:4D-1 et seq., 30:4I-5 and 30:4J-6.

Source and Effective Date

R.2005 d.406, effective October 25, 2005.
See: 37 N.J.R. 2329(a), 37 N.J.R. 4445(a).

Chapter Expiration Date

Chapter 58A, Advanced Practice Nurse Services, expires on October 25, 2010.

Chapter Historical Note

Chapter 58A, Certified Nurse Practitioner/Clinical Nurse Specialist, was adopted as R.1995 d.501, effective September 5, 1995. See: 27 N.J.R. 2158(a), 27 N.J.R. 3343(a).

Pursuant to Executive Order No. 66(1978), Chapter 58A, Certified Nurse Practitioner/Clinical Nurse Specialist, was readopted as R.2000 d.265, effective May 31, 2000. See: 32 N.J.R. 1127(a), 32 N.J.R. 2483(a).

Chapter 58A, Advanced Practice Nurse Services, was readopted by R.2005 d.406, effective October 25, 2005. See: Source and Effective Date. See, also, section annotations.

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SUBCHAPTER 1. GENERAL PROVISIONS

10:58A-1.1 Introduction: advanced practice nurse (APN)

(a) This chapter is concerned with the provision of health care services by advanced practice nurses (APNs), in accordance with the New Jersey Medicaid and NJ FamilyCare fee-for-service programs' policies and procedures and the standards set forth by the New Jersey Legislature (N.J.S.A. 45:11-23 et al. and P.L. 1991, c.377, as revised by P.L. 1999, c.85) and by the New Jersey Board of Nursing (N.J.A.C. 13:37-7).

(b) An approved New Jersey Medicaid/NJ FamilyCare fee-for-service APN provider may be reimbursed for medically necessary covered services provided within the scope of her or his license, and her or his approved New Jersey Medicaid/NJ FamilyCare fee-for-service Program Provider Agreement.

(c) An APN may enroll in the New Jersey Medicaid/NJ FamilyCare fee-for-service program and provide covered, medically necessary services as an independent APN, or may provide such services as part of another entity, such as a hospital or clinic, physician group practice, or a mixed clinical practitioner practice.

(d) Unless otherwise stated, the rules of this chapter apply to Medicaid and NJ FamilyCare fee-for-service beneficiaries and to Medicaid and NJ FamilyCare fee-for-service services which are not the responsibility of the managed care organization with which the beneficiary is enrolled. Advanced practice nurse services that are to be provided by

the beneficiary's selected managed care organization (MCO) are governed and administered by that MCO.

Amended by R.2000 d.265, effective July 3, 2000.
See: 32 N.J.R. 1127(a), 32 N.J.R. 2483(a).

Inserted references to NJ KidCare fee-for-service throughout; and added (d).

Amended by R.2004 d.334, effective September 7, 2004.
See: 36 N.J.R. 312(a), 36 N.J.R. 4136(a).

Substituted references to advanced practice nurses for references to certified nurse practitioners/clinical nurse specialists and substituted references to NJ FamilyCare for references to NJ KidCare throughout.

Amended by R.2004 d.409, effective November 1, 2004.

See: 35 N.J.R. 4977(a), 36 N.J.R. 4968(a).

Amended by R.2005 d.406, effective November 21, 2005.

See: 37 N.J.R. 2329(a), 37 N.J.R. 4445(a).

In (c), substituted "independent APN" for "independent practitioner" and added "clinical" preceding "practitioner practice."

10:58A-1.2 Definitions

The following words and terms, as used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise.

"Advanced practice nurse (APN)" means a person currently licensed to practice as a registered professional nurse who is certified by the New Jersey State Board of Nursing in accordance with N.J.A.C. 13:37-7, and with N.J.S.A. 45:11-24 and 45 through 52, or similarly licensed and certified by a comparable agency of the state in which he or she practices.

"Advanced practice nurse (APN) services" means those services provided within the scope of practice of a licensed professional nurse (R.N.) and the certification as an APN, defined by the laws and rules of the State of New Jersey, or if in practice in another state, by the laws and regulations of that state.

"Ambulatory care facility" means a health care facility or a distinct part of a health care facility, licensed by the New Jersey State Department of Health and Senior Services, which provides preventive, diagnostic and treatment services to persons who come to the facility to receive services and depart from the facility on the same day.

"Centers for Medicare and Medicaid Services (CMS)" means the agency of the Federal Department of Health and Human Services which is responsible for the administration of the Medicaid program in the United States.

"Clinical practitioner" means a physician (including doctor of medicine, osteopathy, dentistry, podiatry, optometry, and chiropractic medicine), advanced practice nurse, certified nurse midwife or clinical psychologist.

"Concurrent care" means care rendered to a beneficiary by more than one clinical practitioner.

"Consultation" means the professional evaluation of a patient by a qualified specialist recognized as such by Division of Medical Assistance and Health Services

(DMAHS) that is requested by the attending clinical practitioner or an authorized State agency. A consultation requested by a beneficiary and/or family members, and not requested by the clinical practitioner or an authorized State agency, is not considered a consultation.

"Discipline" means a branch of instruction or learning, such as medicine, dentistry, advanced practice nursing, or chiropractic.

"Early and Periodic Screening, Diagnosis and Treatment (EPSDT)" means a preventive and comprehensive health program for Medicaid and NJ FamilyCare-Plan A beneficiaries through 20 years of age, including the assessment of an individual's health care needs through initial and periodic examinations (screenings), the provision of health education and guidance, and the assurance that any identified health problems are diagnosed and treated at the earliest possible time.

"Federally Qualified Health Center (FQHC)" means an entity that is receiving a grant under Section 329, 330, or 340 of the Public Health Service Act, section 1905(l) of the Social Security Act, 42 U.S.C. § 1396(l); or is receiving funding from such a grant under a contract with the recipient of such a grant and meets the requirements to receive a grant under Section 329, 330, or 340 of the Public Health Service Act; or, based on the recommendation of the Health Resources and Services Administration within the Public Health Service, is determined by the Secretary to meet the requirements for receiving such a grant; or was treated by the Secretary, for purposes of Medicare Part B, as a Federally Funded Health Center as of January 1, 1990.

"HealthStart" means the program of health services provided to pregnant women, infants and small children, as described at N.J.A.C. 10:58A-3.

"HealthStart Maternity Care Services" means a comprehensive package of maternity care services which includes two components, "Medical Maternity Care" and "Health Support Services." (See N.J.A.C. 10:58A-3 for information about HealthStart Services and provider requirements for participation.)

"HealthStart Maternity (Comprehensive) Care Services Provider" means a practitioner who provides HealthStart Maternity Care services either directly, or indirectly through linkage with other practitioners, in independent clinics, hospital outpatient departments, or physicians' offices.

"HealthStart pediatric care provider" means a group of practitioners, a hospital, an independent clinic, or practitioner approved by the New Jersey State Department of Health and Senior Services and the New Jersey Medicaid and NJ FamilyCare-Plan A programs to provide a comprehensive package of pediatric care services.