

CHAPTER 58A**ADVANCED PRACTICE NURSE SERVICES****Authority**

N.J.S.A. 30:4D-6, 7 and 12, and Section 1902(a)10 of the Social Security Act (42 U.S.C. § 1396a), Section 1902(a)33 of the Social Security Act (42 U.S.C. § 1396a(a)33), Section 1905(a)21 of the Social Security Act (42 U.S.C. 1396d), Section 2102 of the Social Security Act (42 U.S.C. § 1397bb) and Sections 2103 and 2110 of the Social Security Act (42 U.S.C. § 1397cc and § 1397jj).

Source and Effective Date

R.2000 d.265, effective May 31, 2000.
Sec: 32 N.J.R. 1127(a), 32 N.J.R. 2483(a).

Executive Order No. 66(1978) Expiration Date

Chapter 58A, Certified Nurse Practitioner/Clinical Nurse Specialist, expires on May 31, 2005.

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: Source and Effective Date. See, also, section annotations.

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APPENDIX. FISCAL AGENT BILLING SUPPLEMENT**SUBCHAPTER 1. GENERAL PROVISIONS****10:58A-1.1 Introduction: advanced practice nurse**

(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 practitioner, or may provide such services as part of another entity, such as a hospital or clinic, physician group practice, or a mixed 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).

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. 45:11-49a through d, 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.

“Concurrent care” means care rendered to a beneficiary by more than one practitioner/physician where the dictates of medical necessity require the services of one or more clinicians in addition to the attending clinician, so that appropriate and needed care may be provided to the beneficiary.

“Consultation” means the professional evaluation of a patient from a perspective different from that of the treating practitioner, in order to bring enhanced clinical expertise for the benefit of the patient.

“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 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 defined at N.J.A.C. 10:49-1.4, Administration, and 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.

“Independent clinic” means a facility that is not part of a hospital, but is organized and operated in accordance with N.J.A.C. 10:66-1.1 and 42 C.F.R. 440.90.

“Mental health clinic” means a freestanding independent community facility or distinct component of a multi-service ambulatory care facility, which meets the minimum standards established by the Community Mental Health Services Act implementing rules at N.J.A.C. 10:37.