

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

N.J.S.A. 30:4D-1 et seq. and 30:4J-8 et seq.

Source and Effective Date

R.2011 d.119, effective March 24, 2011.
See: 42 N.J.R. 2890(a), 43 N.J.R. 1015(a).

Chapter Expiration Date

Chapter 58A, Advanced Practice Nurse Services, expires on March 24, 2016.

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, Certified Nurse Practitioner/Clinical Nurse Specialist, was renamed Advanced Practice Nurse Services; and Subchapter 4, HCFA Common Procedure Coding System (HCPCS), was renamed Centers for Medicare & Medicaid Services Healthcare Common Procedure Coding System (HCPCS), by R.2004 d.334, effective September 7, 2004. See: 36 N.J.R. 312(a), 36 N.J.R. 4136(a).

Chapter 58A, Advanced Practice Nurse Services, was readopted as R.2005 d.406, effective October 25, 2005. See: 37 N.J.R. 2329(a), 37 N.J.R. 4445(a).

Chapter 58A, Advanced Practice Nurse Services, was readopted as R.2011 d.119, effective March 24, 2011. As a part of R.2011 d.119, Subchapter 4, Centers for Medicare & Medicaid Services Healthcare Common Procedure Coding System (HCPCS), was renamed Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS), effective April 18, 2011. 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: certified advanced practice nurse (APN)**

(a) This chapter is concerned with the provision of health care services by certified 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 seq. 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). Throughout this chapter, all use of the terms "advanced practice nurse" and "APN" refer to a certified advanced practice nurse because all advanced practice nurses are required to be certified.

(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 the APNs' license and an 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 that are not the responsibility of the managed care organization (MCO) with which the beneficiary is enrolled. Advanced practice nurse services that are to be provided by the beneficiary's selected 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."

Amended by R.2011 d.119, effective April 18, 2011.

See: 42 N.J.R. 2890(a), 43 N.J.R. 1015(a).

Section was "Introduction: advanced practice nurse (APN)". In (a), inserted the first occurrence of "certified", substituted "et seq." for "et al.", "c. 377" for "c.377" and "c. 85" for "c.85", and inserted the last sentence; in (b), substituted "the APNs' license and an" for "her or his license, and her or his"; and in (d), substituted the first occurrence of "that" for the first occurrence of "which", inserted "(MCO)" preceding "with which" and substituted "MCO" for "managed care organization (MCO)" following "selected".

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 registered 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 the 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-Children's Program Plan A beneficiaries under 21 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 identification, diagnosis and treatment of health problems; for eligible NJ FamilyCare-Children's Program Plan B and C enrollees, including early and periodic screening and diagnostic medical examinations, dental, vision, hearing and lead screening services and treatment services identified through the examination that are available under the contractor's benefit package or specified services under the fee-for-service (FFS) program (see N.J.A.C. 10:49-5.6).

"Federal Funds Participation Upper Limit (FFPUL)" means the maximum allowable cost or "MAC price" as defined by the Centers for Medicare and Medicaid Services (CMS).

"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