XXV. Advanced Registered Nurse Practitioner Services

(1) Reimbursement

a. Participating licensed advanced practice registered nurse (APRN) shall be paid only for covered services rendered to eligible recipients and services provided shall be within the scope of practice of a licensed APRN.

b. Except as specified in subsection c of this section or Section 2 below, reimbursement for a procedure provided by an APRN shall be at the lesser of the following:

1. The APRN's actual billed charge for the service; or
2. Seventy-five (75) percent of the amount reimbursable to a Medicaid participating physician for the same service.

c. An APRN employed by a primary care center, federally qualified health center, hospital, or comprehensive care center shall not be reimbursed directly for services provided in that setting while operating as an employee.

(2) Reimbursement Limitations.

a. The fee for administration of a vaccine to a Medicaid recipient under the age of twenty-one (21) by an APRN shall be three (3) dollars and thirty (30) cents up to three (3) administrations per APRN, per recipient, per date of service.

b. The cost of a vaccine provided to a physician or other provider enrolled in the Vaccines for Children (VFC) Program and available free through the Vaccines for Children Program shall not be reimbursed.

c. For information relating to reimbursement for the cost of drugs administered by a physician or their authorized agent in an office or clinic setting and submitted for reimbursement as a medical benefit, see Attachment 4.19-B, Page 20.1(a).

d. Reimbursement for an anesthesia service provided during a procedure shall be inclusive of the following elements:
   1. Preoperative and post-operative visits;
   2. Administration of the anesthetic;
   3. Administration of intravenous fluids and blood or blood products incidental to the anesthesia or surgery;
   4. Post-operative pain management: and
   5. Monitoring services.

e. Reimbursement of a psychiatric service provided by an ARNP shall be limited to four (4) psychiatric services per ARNP, per recipient. per twelve (12) months.

f. Reimbursement for a laboratory service provided in an office setting shall be inclusive of:
   1. The fee for collecting and analyzing the specimen; and
   2. Should the test require an arterial puncture or venipuncture, the fee for the puncture.

g. Reimbursement shall be limited to one (1) of the following evaluation and management services performed by an ARNP per recipient. per date of service:
   1. A consultation service:
   2. A critical care service;
   3. An emergency department evaluation and management service:
   4. A home evaluation and management service;
   5. A hospital inpatient evaluation and management service;
   6. A nursing facility service:
   7. An office or other outpatient evaluation and management service:
   8. A preventive medicine service: or
   9. A psychiatric or other psychotherapy service.