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XXV. Advanced Registered Nurse Practitioner Services

## (1) Reimbursement

- a. Participating licensed advanced registered nurse practitioners (ARNP) shall be paid only for covered services rendered to eligible recipients, and services provided shall be within the scope of practice of a licensed ARNP.
- b. Except as specified in subsection c of this section or Section 2 below, reimbursement for a procedure provided by an ARNP shall be at the lesser of the following:
  1. The ARNP'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 ARNP employed by a primary care center, federally qualified health center, hospital, or comprehensive care center shall not be reimbursed directly for services provide 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 ARNP shall be three (3) dollars and thirty (30) cents up to three (3) administrations per ARNP, 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 physician injectable drug products that are administered by a physician or their authorized agent during an in office procedure see Attachment 4.19-B, Page 20.1(b).

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- 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.