

10-144 Chapter 101
DEPARTMENT OF HEALTH AND HUMAN SERVICES
MAINECARE BENEFITS MANUAL
CHAPTER II

SECTION 14	ADVANCED PRACTICE REGISTERED NURSING SERVICES	Established: 7/15/90 Last Updated: 1/12/15
------------	--	---

TABLE OF CONTENTS

	PAGE
14.01 DEFINITIONS	1
14.02 ELIGIBILITY FOR CARE	1
14.03 DURATION OF CARE	1
14.04 COVERED SERVICES	1
14.05 POLICIES AND PROCEDURES	2
14.05-1 Qualified Professional Staff	2
14.05-2 Medical Records Requirements.....	3
14.05-3 Program Integrity	4
14.06 REIMBURSEMENT	4
14.07 BILLING INSTRUCTIONS	4

14.01 DEFINITIONS

Advanced Practice Registered Nursing Services means the practice of a registered professional nurse who, on the basis of specialized education and experience, is authorized under the licensing rules of the state or province in which services are provided to deliver expanded professional health care.

Expanded professional health care means clinical practice in the provision of primary care or other activities such as teaching or consultation that have a clinical focus. Advanced Practice Registered Nurses (A.P.R.N.s) practicing in Maine must meet guidelines detailed in the Department of Professional and Financial Regulations, Maine State Board of Nursing, Chapter 8, Regulations Relating to Advanced Practice Registered Nursing.

14.02 ELIGIBILITY FOR CARE

Individuals must meet the financial eligibility criteria as set forth in the MaineCare Eligibility Manual. Some members may have restrictions on the type and amount of services they are eligible to receive.

Providers must verify an individual's MaineCare eligibility prior to providing services, as described in Chapter I of the MaineCare Benefits Manual.

14.03 DURATION OF CARE

Each MaineCare member is eligible for as many covered services as are medically necessary. The Department of Health and Human Services reserves the right to request information to determine medical necessity.

14.04 COVERED SERVICES

A covered service is a service for which payment to a provider is permitted under this Section of the MaineCare Benefits Manual (MBM). Covered services are those reasonably necessary medical, nursing, and remedial services that: are provided in an appropriate setting; reflect coordination and appropriate communication with the prescribing licensed physician or dentist where required by the licensing authority; are within the scope of practice for the advanced practice registered nurse providing the service; and are recognized as standard medical/nursing care authorized by the state or province in which services are provided.

Advanced Practice Registered Nurses must also comply with all applicable service and procedure requirements and guidelines when providing services outlined in the MaineCare Benefits Manual, Chapter I, General Administrative Policies and Procedures, and Chapter II, Section 90, Physician Services.

14.04 COVERED SERVICES (cont.)

Effective
1/1/13

A.P.R.N.s with prescriptive and dispensing authority (Nurse Practitioners and Certified Nurse-Midwives) are subject to practice within their scope of licensure and approvals by the Maine State Board of Nursing, and must additionally follow guidelines as set forth in the MaineCare Benefits Manual, Chapter II, Section 80, Pharmacy Services, and Chapter II, Section 90, Physician Services.

A.P.R.N.s providing psychiatric or psychological services as described in the MaineCare Benefits Manual, Chapter II, Section 90.04, or Chapter II, Section 65, Mental Health Services, are subject to the rules in these sections.

Certified Registered Nurse Anesthetists (C.R.N.A.s) are subject to service requirements described in Chapter II, Section 90.04, Physician Services, and must use the appropriate modifier to specify the provision of anesthesia services as indicated in departmental billing instructions. Billing Instructions are available on the department's website at:

Effective
1/1/13

<https://mainecare.maine.gov/Billing%20Instructions/Forms/Publication.aspx>

A.P.R.N.s as defined in Section 14.05-1 (Qualified Professional Staff), traveling to visit a member to deliver a covered service may bill for mileage, one-way, beyond a ten (10)-mile radius of point of origin (office or home). MaineCare does not reimburse mileage for trips to the office or hospital where the A.P.R.N. and/or the associated or collaborating physician or dentist is an active member of the medical staff.

14.05 POLICIES AND PROCEDURES

14.05-1 Qualified Professional Staff

- A. **Certified Nurse Practitioner (C.N.P.)** means a registered professional nurse who meets all of the requirements of the licensing authority of the state or province where services are provided to practice as a certified nurse practitioner.
- B. **Certified Nurse-Midwife (C.N.M.)** means a registered professional nurse who meets all of the requirements of the licensing authority of the state or province where services are provided to practice as a certified nurse-midwife.
- C. **Certified Registered Nurse Anesthetist (C.R.N.A.)** means a registered professional nurse who meets all of the requirements of the licensing authority of the state or province where services are provided to practice as a certified registered nurse anesthetist.

14.05 POLICIES AND PROCEDURES (cont.)

- D. **Certified Clinical Nurse Specialist (C.N.S.)** means a registered professional nurse who meets all of the requirements of the licensing authority of the state or province where services are provided to practice as a certified clinical nurse specialist.

14.05-2 Medical Records Requirements

The provider must maintain a medical record for each member. In group or other shared practices, providers should keep one record with chronological entries by the specific providers rendering services.

The record must include the essential details of the member's health condition and of each service provided. All entries must be dated and legible. Providers are also subject to all medical record requirements detailed in the MaineCare Benefits Manual, Chapter I, General Administrative Policies and Procedures, and Chapter II, Section 90, Physician Services.

The medical records representing advanced practice registered nursing services for which the MaineCare Program may be billed must include but shall not be limited to:

- A. Date of each service;
- B. Member's name and date of birth;
- C. Name and title of person performing the services;
- D. Medical history;
- E. Pertinent findings on examination;
- F. Medications administered or prescribed, when applicable;
- G. Description of treatment, when applicable;
- H. Recommendations for additional treatment or consultations;
- I. Medical goals;
- J. Supplies dispensed or prescribed, when applicable;
- K. Tests and results; and

14.05 POLICIES AND PROCEDURES (cont.)

- L. Name of the advanced practice registered nurse’s collaborating physician or dentist, if applicable and required by the licensing authority.

14.05-3 Program Integrity

The Program Integrity Unit monitors the medical services provided and determines the appropriateness and necessity of the services. See Chapter I of the MaineCare Benefits Manual for additional information.

14.06 REIMBURSEMENT

Effective
1/1/13

For independent practitioners billing for services not billed through hospitals, physicians, or dentists, reimbursement for covered services shall be the amount listed for services as described in the Office of MaineCare Services’ website, for services as described in Chapter II, Section 90, Physician Services, as set forth on the Office of MaineCare Services’ website for Section 90 services, except that CRNAs shall be reimbursed at 75% of the amounts of reimbursement for Section 90.04-1, Anesthesiology Services, pursuant to the provisions of Section 90.

In accordance with Chapter I of the MaineCare Benefits Manual, it is the responsibility of the provider to ascertain from each member whether there are any other resources (private or group insurance benefits, workers’ compensation, etc.) available for payment of the rendered services, and to seek payment from such resource prior to billing the MaineCare Program.

14.07 BILLING INSTRUCTIONS

The Department requires appropriate billing modifiers to distinguish A.P.R.N. services when billing for anesthesia services. Certified registered nurse anesthetists must refer to the Department’s current billing instructions regarding modifier usage when billing for anesthesia services performed and billed directly by a certified registered nurse anesthetist.