

---

CHAPTER 5: PROFESSIONAL SERVICES

---

SECTION 5.1: COVERED SERVICES

---

PAGE(S) 2

---

**Advanced Practice Registered Nurses: Clinical Nurse Specialists, Certified Nurse Practitioners, and Certified Nurse Midwives**

An advanced practice registered nurse (APRN) must hold a current, unencumbered and valid license from the Louisiana Board of Nursing to participate in Louisiana Medicaid. A nurse licensed as an APRN includes a:

- Clinical Nurse Specialist (CNS)
- Certified Nurse Practitioner (CNP)
- Certified Nurse Midwife (CNM)

Advanced practice registered nurses shall comply with their scope of practice as authorized by Louisiana state law and regulations.

Services provided by advanced practice registered nurses shall count toward all applicable limitations specified for physician services.

**Billing Information**

CNS/CNP/CNMs must obtain an individual Medicaid provider number.

CNS/CNP/CNMs **not** linked to a physician group must place their individual provider number in block 33B on the CMS 1500 claim form or the appropriate loop and segment of the 837P as the billing provider.

Physicians who employ or contract with CNS/CNP/CNMs must obtain a group provider number and link the individual CNS/CNP/CNM provider number to the group number. Physician groups must notify, in writing, the fiscal intermediary's Provider Enrollment Unit of such employment or contract(s) when CNS/CNP/CNMs are added/removed from the group.

- Services provided by a CNS/CNP/CNM **must be identified** by entering the provider number of the CNS/CNP/CNM in block 24J and the group number in block 33B on the CMS 1500 claim form as well as the appropriate loop and segment for the 837P.
- CNS/CNP/CNMs employed or under contract to a group or facility may not bill individually for the same services for which reimbursement is made to the group or facility.

---

**CHAPTER 5: PROFESSIONAL SERVICES**

---

**SECTION 5.1: COVERED SERVICES****PAGE(S) 2**

---

**Reimbursement**

Unless otherwise excluded by the Medicaid Program, coverage of services will be determined by individual licensure, scope of practice, and terms of the physician collaborative agreement. Collaborative agreements must be available for review upon request by authorized representatives of the Medicaid program.

Immunizations and Early and Periodic Screening, Diagnosis and Treatment medical, vision, and hearing screens are reimbursed at 100% of the physician fee on file. All other payable procedures are reimbursed at 80% of the physician fee on file.

Qualified CNS/CNP/CNMs who perform as first assistant in surgery should use the “AS” modifier to identify these services.