

<b>CMS Guidance Document</b>	<b>Department of Health &amp; Human Services (DHHS)</b>
<b>Pub. 100-08 Program Integrity Manual</b>	<b>Centers for Medicare &amp; Medicaid Services (CMS)</b>
<b>Executive Guidance Number 0009</b>	<b>Date: August 3, 2007</b>
<b>Planned Web Site Address <a href="http://www.cms.hhs.gov/manuals/">http://www.cms.hhs.gov/manuals/</a></b>	<b>Release Planned: August 17, 2007</b>

**PROGRAM AREA: Hospital and Ambulatory Policy**

**SUBJECT: Nurse Practitioner (NP) Services and Clinical Nurse Specialist (CNS) Services**

**APPLIES TO: Contractors**

**I. SUMMARY OF DOCUMENT:** Under the instruction on NP services, CMS is adding the National Board on Certification of Hospice and Palliative Nurses (NBCHPN) to the list of recognized national certifying bodies for NPs at the advanced practice level. Also, under the CNS instruction, CMS is adding this entire list of recognized national certifying bodies for CNSs at the advanced practice level that is currently listed under the NP instruction only.

Under the list of national certifying bodies that will be under the NP and CNS instructions, CMS is replacing the National Certification Board of Pediatric Nurse Practitioners and Nurses with its current name, "Pediatric Nursing Certification Board". Also, CMS is removing the Critical Care Certification Corporation and replacing it with its correct name, "AACN Certification Corporation".

**II. CHANGES IN POLICY INSTRUCTIONS: (If not applicable, indicate N/A)**

STATUS: R=REVISED, N=NEW, D=DELETED.

Status	CHAPTER/SECTION/SUBSECTION/TITLE
R	10/12.4.5/Clinical Nurse Specialists (CNS)
R	10/12.4.8/Nurse Practitioners

**III. CLEARANCES:**

Clearance & Point of Contact (POC)	Name/Telephone/Component
Senior Official Clearance	Terrance Kay/(410)-786-4472/CMM/HAPG
Agency POC	Regina Walker-Wren/(410) 786-9460/CMM/HAPG/DPS

**IV. TYPE (Check appropriate boxes for type of guidance)**

<input type="checkbox"/>	<b>Audit Guide</b>
<input checked="" type="checkbox"/>	<b>Change Request</b>
<input type="checkbox"/>	<b>HPMS</b>
<input type="checkbox"/>	<b>Joint Signature Memorandum/Technical Director Letter</b>
<input type="checkbox"/>	<b>Manual Transmittal/Non-Change Request</b>
<input type="checkbox"/>	<b>State Medicaid Director Letters</b>
<input type="checkbox"/>	<b>Other</b>

**V. STATUTORY OR REGULATORY AUTHORITY: 42 CFR 410.75 and 42 CFR 410.76**

# Attachment - Business Requirements

Pub. 100-08	Transmittal:	Date:	Change Request: 5639
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**SUBJECT: Nurse Practitioner (NP) Services and Clinical Nurse Specialist (CNS) Services**

**Effective Date: 90 days from issuance**

**Implementation Date: 90 days from issuance**

## I. GENERAL INFORMATION

**A. Background:** Medicare program qualifications for nurse practitioners (NPs) and clinical nurse specialists (CNSs) under Federal regulations at 42 CFR 410.75 and at 42 CFR 410.76 respectively require these advanced practice nurses to be certified by a recognized national certifying body that has established standards for NPs and CNSs.

**B. Policy:** This policy is in accordance with 42 CFR 410.75(b)(ii) and 42 CFR 410.76(b)(3).

## II. BUSINESS REQUIREMENTS TABLE

Use "Shall" to denote a mandatory requirement

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B  M A C	D M E  M A C	F I	C A R R I E R	D M E R C	R H H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
5639.1	Carriers shall include the National Board on Certification of Hospice and Palliative Nurses (NBCHPN) on the list of recognized national certifying bodies for NPs effective 90-days from issuance of this transmittal.	X			X							
5639.2	Carriers shall enroll nurses under the NP benefit who are certified as advanced practice nurses by the NBCHPN and also meet all of the other NP qualifications effective 90-days from issuance of this transmittal.	X			X							
5639.3	Carriers shall enroll nurses under the clinical nurse specialist (CNS) benefit who are certified as advanced practice nurses by any of the recognized national certifying bodies effective 90-days from issuance of this transmittal.	X			X							

### III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility (place an "X" in each applicable column)										
		A / B  M A C	D M E  M A C	F I	C A R R I E R	D M E R C	R H I	Shared-System Maintainers				OTHER
								F I S S	M C S	V M S	C W F	
5639.4	<p>A provider education article related to this instruction will be available at <a href="http://www.cms.hhs.gov/MLNMattersArticles/">http://www.cms.hhs.gov/MLNMattersArticles/</a> shortly after the CR is released. You will receive notification of the article release via the established "MLN Matters" listserv.</p> <p>Contractors shall post this article, or a direct link to this article, on their Web site and include information about it in a listserv message within 1 week of the availability of the provider education article. In addition, the provider education article shall be included in your next regularly scheduled bulletin. Contractors are free to supplement MLN Matters articles with localized information that would benefit their provider community in billing and administering the Medicare program correctly.</p>	X			X							

### IV. SUPPORTING INFORMATION

**A. For any recommendations and supporting information associated with listed requirements, use the box below:**

*Use "Should" to denote a recommendation.*

X-Ref Requirement Number	Recommendations or other supporting information:

**B. For all other recommendations and supporting information, use this space:**

### V. CONTACTS

**Pre-Implementation Contact(s):** Regina Walker-Wren at (410) 786-9160 or at Regina.WalkerWren@cms.hhs.gov.

**Post-Implementation Contact(s):** Regional Offices

### VI. FUNDING

**A. For Fiscal Intermediaries, Carriers, and the Durable Medical Equipment Regional Carrier (DMERC):**

No additional funding will be provided by CMS; contractor activities are to be carried out within their FY 2008 operating budgets.

***B. For Medicare Administrative Contractors (MAC):***

The contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the Statement of Work (SOW). The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the contracting officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the contracting officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

## 12.4.5 - Clinical Nurse Specialists (CNS)

*(Rev.)*

Per Pub. 100-02, chapter 15, section 210, a clinical nurse specialist must:

- Be a registered nurse who is currently licensed to practice in the State where he or she practices and be authorized to furnish the services of a clinical nurse specialist in accordance with State law;
- Have a master's degree in a defined clinical area of nursing from an accredited educational institution; and
- Be certified as a clinical nurse specialist by *a recognized national certifying body that has established standards for CNSs.*

*The following organizations are recognized national certifying bodies for CNSs at the advanced practice level:*

- *American Academy of Nurse Practitioners;*
- *American Nurses Credentialing Center;*
- *National Certification Corporation for Obstetric, Gynecologic and Neonatal Nursing Specialties;*
- *Pediatric Nursing Certification Board (previously named the National Certification Board of Pediatric Nurse Practitioners and Nurses);*
- *Oncology Nurses Certification Corporation;*
- *AACN Certification Corporation; and*
- *National Board on Certification of Hospice and Palliative Nurses.*

Under 42 CFR §410.76(c)(3), clinical nurse *specialist* services are covered only if, among other things, the CNS performed them while working in collaboration with a physician. Collaboration is a process in which a CNS works with one or more physicians to deliver health care services within the scope of the CNS's professional expertise, with medical direction and appropriate supervision as required by the law of the State in which the services are furnished.

For more information on clinical nurse specialists, refer to:

- 42 CFR §410.76
- *Pub. 100-02, chapter 15, section 210 (Benefit Policy Manual)*

- Pub. 100-04, chapter 12, sections 120 and 120.1 (Claims Processing Manual)

## **12.4.8 - Nurse Practitioners**

*(Rev.)*

Under 42 CFR §410.75(b), in order to bill Medicare a nurse practitioner must meet the following conditions:

- Be a registered professional nurse who is authorized by the State in which the services are furnished to practice as a nurse practitioner in accordance with State law; and be certified as a nurse practitioner by a recognized national certifying body that has established standards for nurse practitioners; or

- Be a registered professional nurse who is authorized by the State in which the services are furnished to practice as a nurse practitioner by December 31, 2000.

Nurse practitioners applying for a Medicare billing number for the first time on or after January 1, 2001, must meet the following requirements:

- Be a registered professional nurse who is authorized by the State in which the services are furnished to practice as a nurse practitioner in accordance with State law; and

- Be certified as a nurse practitioner by a recognized national certifying body that has established standards for nurse practitioners.

Nurse practitioners applying for a Medicare billing number for the first time on or after January 1, 2003, must meet the following requirements:

- Be a registered professional nurse who is authorized by the State in which the services are furnished to practice as a nurse practitioner in accordance with State law; and

- Be certified as a nurse practitioner by a recognized national certifying body that has established standards for nurse practitioners; and

- Possess a master's degree in nursing.

Thus, any nurse practitioner applying for a Medicare billing number for the first time on or after January 1, 2003, must meet the post-January 1, 2003 requirements.

As stated in Pub. 100-02, chapter 15, section 200, the following organizations are recognized national certifying bodies for NPs *at the advanced practice level*:

- American Academy of Nurse Practitioners;
- American Nurses Credentialing Center;

- National Certification Corporation for Obstetric, Gynecologic and Neonatal Nursing Specialties;
- *Pediatric Nursing Certification Board (previously named the National Certification Board of Pediatric Nurse Practitioners and Nurses)*;
- Oncology Nurses Certification Corporation;
- *AACN Certification Corporation; and*
- *National Board on Certification of Hospice and Palliative Nurses.*

In addition, under 42 CFR §410.75(c)(3) nurse practitioner services are covered only if, among other things, the nurse practitioner performed them while working in collaboration with a physician. Collaboration is a process in which a nurse practitioner works with one or more physicians to deliver health care services within the scope of the nurse practitioner's professional expertise, with medical direction and appropriate supervision as required by the law of the State in which the services are furnished.

For more information on nurse practitioners, refer to:

- Pub. 100-02, chapter 15, section 200 (Benefit Policy Manual)
- Pub. 100-04, chapter 12, sections 120 and 120.1 (Claims Processing Manual)