5160-4-04 Advanced practice registered nurse (APRN) services.

(A) Definition. "Advanced practice registered nurse (APRN)" has the same meaning as in Chapter 4723-08 of the Administrative Code. The term encompasses a certified registered nurse anesthetist (CRNA), clinical nurse specialist (CNS), certified nurse-midwife (CNM), and certified nurse practitioner (CNP).

(B) Coverage.

- (1) Unless a specific exception is noted, all other rules in agency 5160 of the Administrative Code that pertain to services rendered by a physician apply also to services rendered by an APRN.
- (2) Payment may be made for a covered service rendered by an APRN only if the following conditions are met:
 - (a) The APRN is currently enrolled as an Ohio medicaid provider;
 - (b) The service is rendered to a medicaid-eligible Ohio recipient in a state in which the APRN is licensed or authorized to practice;
 - (c) The service is within the scope of practice of the APRN's specialty;
 - (d) The APRN personally rendered the service to an individual patient; and
 - (e) The service cannot be performed by someone who lacks the skills and training of an APRN.
- (3) An APRN employed by or under contract with a physician, group practice, hospital, long-term care facility, or other medicaid provider must not submit a claim for service that would result in duplicate payment.

(C) Claim payment.

- (1) Payment for a <u>covered</u> service rendered by a CRNA is made in accordance with rule 5160-4-21 of the Administrative Code.
- (2) Payment for a <u>covered</u> service rendered by a CNS, CNM, or CNP is the lesser of the billing provider's submitted charge or the applicable amount from the following list:
 - (a) For a <u>covered</u> service rendered in a hospital setting (inpatient hospital, outpatient hospital, or hospital emergency department), eighty-five per cent of the medicaid maximum; or

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(b) For a <u>covered</u> service rendered in a non-hospital setting, one hundred per cent of the medicaid maximum-<u>:or</u>

- (c) For assistant-at-surgery services provided by a CNS, CNM, or CNP regardless of setting, twenty-five per cent of the medicaid maximum for the covered primary surgical procedure.
- (3) Payment for services rendered by a hospital-employed APRN will be made to the hospital.

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