



## Network Notification

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**Date:** January 17, 2011

**Number:** OH-P-2011-03

**To:** Ohio Providers

**From:** CareSource

**Subject:** APN Medicaid Pricing/ODJFS Methodology

**Modifiers:** SA, SB, UC

**Effective:** December 1, 2009

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This outlines CareSource's policy regarding reimbursement for our Advance Practice Nurse (APN) providers based on ODJFS Methodology/OAC Rule 5101:3-8-21.

### **Policy**

OAC 5101:3-8-21 defines Advanced Practice Nurses as, "A registered nurse who holds a certificate of authority issued by the state board of nursing to practice as a certified nurse practitioner, clinical nurse specialist, or certified nurse midwife and must be nationally certified in at least one specialty."

### **APN Covered Services, Reimbursement and ODJFS Allowable Amounts:**

1. Services a physician is legally authorized to perform under Ohio law can be rendered by Advanced Practice Nurses except for the following:
  - a. Code 99223 in all instances (OAC 5101:8-23 C-2)
  - b. Codes 99284 and 99285 if APN is in an independent practice (OAC 5101:3-8-23 D-1)
  - c. Assistant surgery services (OAC 5101:3-8-23 D-6)
  - d. Laboratory services that require performance by a pathologist or physician (OAC 5101:8-23 C-8)
  - e. Management of obstetric emergency or operation, delivery of breech or face presentation or use of forceps (OAC 5101:3-8-28 C-6)
  - f. Anesthesia services rendered by a hospital employed CRNA or anesthesiologist assistant (OAC 5101:3-8-25 and 5101:3-8-26)

- g. Any service exceeding the scope of practice of APNs according to state law (OAC 5101:3-8-28 D-3)
  
2. Reimbursement for APNs in an independent or physician-based group is the lesser of billed charge:
  - a. 85% of Medicaid physician fee schedule when service is provided in a hospital setting (OAC 5101:3-8-22 C-3)

OR

  - b. 100% of Medicaid fee schedule when service is provided in a non-hospital setting. (OAC 5101:3-8-22 C-4)
  
3. Reimbursement for APNs in RHC, FQHC or OHF-based practice is 100% Medicaid maximum.
  
4. Reimbursement for all other non-hospital based APN services is included in payment for provider type. For example, payment will not be made to both the home health agency and the APN for the same service.
  
5. Total reimbursement for procedures subject to site differential is lesser of calculated reimbursement rate multiplied by the site differential percentage rate or billed charge. (OAC 5101:3-8-22 C-2)
  - a. Place of service 21, 22 or 23 will be reimbursed at 80% of 85% per Site Differential Regulations
  
6. Total reimbursement for procedures subject to office incentive payment is the lesser of billed charge or calculated reimbursement rate plus the incentive payment amount. (OAC 5101:3-8-22 C-3)
  
7. All services proved by APNs, whether in an independent or physician-based practice, must be billed with modifier "SA" for nurse practitioner, "SB" for nurse midwife or "UC" for clinical nurse specialist. (OAC 5101:3-8-27)