

**Bulletin Number:** MSA 19-10

**Distribution:** All Providers

**Issued:** May 1, 2019

**Subject:** Program Enrollment of Clinical Nurse Specialists; Updates to the Collaborative Practice Agreement Utilized by Nurse Practitioners and Clinical Nurse Specialists

**Effective:** June 1, 2019

**Programs Affected:** Medicaid, Healthy Michigan Plan, Maternity Outpatient Medical Services, Children's Special Health Care Services, MI Health Link

This bulletin provides information related to the enrollment and coverage of professional services of licensed advanced practice registered nurses (APRNs) with the specialty certification of clinical nurse specialist (CNS). The bulletin also updates information related to the collaborative practice agreement, a program requirement for both the CNS and nurse practitioner (NP). The information in this bulletin is effective for dates of service on and after June 1, 2019.

### **General Information for Services Provided by the Clinical Nurse Specialist**

The Medicaid program covers medically necessary professional services provided by a Medicaid-enrolled CNS, as defined in §17210 of Public Act 368 of 1978 as amended, when all the following requirements are met:

- The services are the type that are considered physician's services if furnished by a Doctor of Medicine or Osteopathy (MD/DO);
- The services are performed by a person who is licensed as an APRN under State law, with the CNS specialty certification granted by the Michigan Board of Nursing;
- The CNS is legally authorized to perform the service in compliance with State law;
- The services are performed in collaboration with or under the terms of a valid collaborative practice agreement with a Medicaid-enrolled MD/DO; and
- The services are not restricted to physicians or otherwise excluded by Medicaid program policy or by federal and State statutes.

Professional services are only covered when the CNS has personally performed the service and no other provider or entity has billed or been paid for the service. Services provided jointly by the CNS and a supervising or collaborating physician are covered for a single practitioner only.

## **Enrollment of Clinical Nurse Specialists**

A CNS who provides professional services to Medicaid beneficiaries is required to be a Medicaid-enrolled provider and uniquely identified on claims. To enroll as a Medicaid provider, the CNS must complete an online application in the Community Health Automated Medicaid Processing System (CHAMPS) and enroll with an Individual (Type 1) National Provider Identifier (NPI).

During the enrollment and enrollment revalidation processes, the CNS must report the NPI of their Medicaid-enrolled collaborating physician by including the collaborating physician's NPI on the checklist and associating to the collaborating physician in the "Associate to Billing Provider/Other Association" step in CHAMPS. Disenrollment of the collaborating physician from the Medicaid program may prompt disenrollment of the CNS. To avoid interruption in enrollment, the CNS must ensure his or her CHAMPS enrollment information reflects current collaborating physician information. Refer to the Michigan Department of Health and Human Services (MDHHS) website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> CHAMPS >> Resources for additional provider enrollment information.

Practitioners who wish to provide services to Medicaid Health Plan (MHP) enrollees are encouraged to contact the individual MHP for additional enrollment, credentialing, and contract requirements.

## **Billing and Reimbursement for Clinical Nurse Specialist Services**

Professional claims must include the NPI of the CNS in the Rendering Provider field and the supervising or collaborating physician in the Supervising Provider field as applicable. Fee-for-Service (FFS) reimbursement for CNS services is based upon the limits and rates associated to physician professional services. Refer to the Michigan Medicaid Practitioner fee schedule published at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Billing & Reimbursement >> Provider Specific Information >> Physicians/Practitioners/Medical Clinics >> Practitioner. Refer to the Medicaid Code and Rate Reference tool within CHAMPS for CNS Medicaid-covered services.

MHPs are responsible for reimbursing contracted providers or subcontractors for their services according to the conditions stated in the subcontract established between the practitioner and the MHP. Noncontracted providers must comply with all applicable authorization requirements of the MHP and uniform billing requirements.

## **Nurse Practitioner and Clinical Nurse Specialist Collaborative Practice Agreement**

As part of the enrollment and enrollment revalidation processes, the NP and CNS must attest to having a valid collaborative practice agreement with a Medicaid-enrolled physician. Determination of medical necessity and appropriateness of services is the responsibility of the practitioner and the physician based on the terms of their collaborative practice agreement. The collaborating physician does not have to be physically on the premises where the services are provided.

The collaborative practice agreement is a written document that the practitioner and physician utilize to outline the performance of medical care services or the prescribing of schedule 2 to 5 controlled substances, or both. The agreement shall not include an act, task, or function that the practitioner or physician is not qualified to perform by education, training, or experience and that is not within the scope of the license held by the practitioner or physician. The agreement must include the effective date of delegation and subsequent review dates. The NP/CNS must maintain the collaborative practice agreement at his or her primary place of practice and provide the agreement to MDHHS upon request. The Nurse Practitioner/Physician Agreement form (DCH-1575) will be discontinued.

The terms of the agreement, at a minimum, must include the following:

- A process between the practitioner and physician for communication, availability, and decision making, including an emergency plan;
- A protocol for designating an alternative physician for consultation in situations in which the collaborating physician is not available;
- A description of the duties and responsibilities of the practitioner and physician based upon their education, training, and experience;
- A provision that allows the practitioner or physician to terminate their agreement; and
- The signatures of the practitioner and the physician.

The NP/CNS must notify MDHHS if their collaborative practice agreement is terminated. Termination or suspension of the agreement by the practitioner or collaborating physician may lead to disenrollment of the NP or CNS from the Medicaid program. Refer to the Medicaid Provider Manual for additional guidelines and information regarding coverage of services, program enrollment, billing and reimbursement. The Medicaid Provider Manual can be accessed on the MDHHS website at [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy, Letters & Forms.

## Manual Maintenance

Retain this bulletin until the information is incorporated into the Michigan Medicaid Provider Manual.

## Questions

Any questions regarding this bulletin should be directed to Provider Inquiry, Department of Health and Human Services, P.O. Box 30731, Lansing, Michigan 48909-8231, or e-mailed to [ProviderSupport@michigan.gov](mailto:ProviderSupport@michigan.gov). When you submit an e-mail, be sure to include your name, affiliation, NPI number, and phone number so you may be contacted if necessary. Providers may phone toll-free 1-800-292-2550.

## Approved



Kathy Stiffler, Acting Director  
Medical Services Administration