



Arkansas Department of Human Services

Division of Medical Services

Donaghey Plaza South
P.O. Box 1437
Little Rock, Arkansas 72203-1437
Internet Website: www.medicaid.state.ar.us
Telephone (501) 682-8292 TDD (501) 682-6789 or 1-877-708-8191 FAX (501) 682-1197

TO: Health Care Provider – Nurse Practitioner

DATE: December 1, 2001

SUBJECT: Update Transmittal No. 36

REMOVE

INSERT

<u>Page</u>	<u>Date</u>	<u>Page</u>	<u>Date</u>
Table of Contents	Dates vary	Table of Contents	12-1-01
II-1 through II-6	Dates vary	II-1 through II-6	12-1-01

Explanation of Updates

PLEASE NOTE: A new numbering system is being introduced into Section II.

Page II-1, section 201.000, is revised to reflect a reorganization of the text explaining the requirements for participation in the Arkansas Medicaid Program. Subpart A includes a reference to a separate section for the enrollment criteria for each service specialty covered under the Nurse Practitioner Program. Subpart C includes information on the documentation required to be submitted with the application for enrollment. If a nurse practitioner has prescriptive authority, documentation of the prescriptive authority certification must be furnished.

Page II-2, section 201.100, is revised to include the requirements for the enrollment of group providers of nurse practitioner services.

Page II-2, section 201.200, includes an introduction to the enrollment criteria for each service specialty covered in this program. Section 201.200 defines what is considered to be nurse practitioner services and identifies each specialty covered by the Arkansas Medicaid Nurse Practitioner Program. **Effective for dates of service on or after December 1, 2001,** enrollment will be extended to include nurse practitioners that practice in the specialty of gerontological services.

Page II-2, section 201.210, includes a new section added to define the *pediatric nurse practitioner* specialty and explain the criteria that must be met and verified to be eligible for participation in the program.

Page II-2A, section 201.220, includes a new section that defines the *family nurse practitioner* specialty and explains the criteria that must be met and verified to be eligible for participation in the program.

Explanation of Updates (continued)

Page II-2A, section 201.230, includes a new section that defines the *obstetric-gynecologic (women's health care) nurse practitioner* and explains the criteria that must be met and verified to be eligible for participation in the program.

Page II-2A, section 201.240, includes a new section that defines the *gerontological nurse practitioner* specialty. This service specialty is being added to the nurse practitioner program. An explanation is given of the criteria that must be met and verified to be eligible for participation in the program.

Page II-2B, section 201.300, includes the participation information for providers from Arkansas and the six bordering states (**routine services providers**). This information has not changed but has a slight change in wording and organization of text.

Page II-2B, section 201.400, includes the participation information for providers from non-bordering states (**limited services providers**). This section includes reorganization of the text and the recently revised definition of *emergency services*. New mailing address slot numbers are included for the Division of Medical Services Program Communications Unit and for the Utilization Review Section.

Page II-3 is included because of repagination.

Pages II-4 and II-4A, section 203, provide current information about the nurse practitioner's role in the Child Health Services (EPSDT) program.

Page II-4B, section 204, has been revised to lowercase "section."

Pages II-5 and II-6, section 212 and section 213, are revised to include an explanation of the Nurse Practitioner program as reflected in applicable state and federal regulations.

A change bar in the left margin denotes a revision.

Attached are updated pages to file in your provider manual.

If you need this material in an alternative format, such as large print, please contact our Americans with Disabilities Act Coordinator at (501) 682-1461 (voice) or (501) 682-6789 and 1-877-708-8191 (TDD).

If you have questions regarding this transmittal, please contact the Arkansas Medicaid Program at (501) 682-8502, In-State WATS 1-800-482-1141 or Out-of State WATS 1-800-482-5850, ext. 28502, or the EDS Provider Assistance Center at 1-800-457-4454 (Toll Free) within Arkansas or locally and Out-of-State at (501) 376-2211.

Thank you for your participation in the Arkansas Medicaid Program.

Ray Hanley, Director
Division of Medical Services

Arkansas Medicaid provider manuals (including update transmittals), official notices and remittance advice (RA) messages are available for downloading from the Arkansas Medicaid website: www.medicaid.state.ar.us.

Arkansas Medicaid Manual: NURSE PRACTITIONER	Page:
	Effective Date: 4-1-91
Subject: TABLE OF CONTENTS	Revised Date: 12-1-01

<u>SECTION</u>	<u>CONTENTS</u>	<u>PAGE</u>
II	NURSE PRACTITIONER POLICY	II-1
200	NURSE PRACTITIONER GENERAL INFORMATION	II-1
201.000	Arkansas Medicaid Participation Requirements for Nurse Practitioners	II-1
201.100	Group Providers of Nurse Practitioner Services	II-2
201.200	Enrollment Criteria for Providers of Nurse Practitioner Services	II-2
201.210	Pediatric Nurse Practitioner	II-2
201.220	Family Nurse Practitioner	II-2A
201.230	Obstetric-Gynecologic (Women's Health Care) Nurse Practitioner	II-2A
201.240	Gerontological Nurse Practitioner	II-2A
201.300	Nurse Practitioners in Arkansas and Bordering States	II-2B
201.400	Nurse Practitioners in Non-Bordering States	II-2B
202	Medical Records Nurse Practitioners are Required to Keep	II-3
203	The Nurse Practitioner's Role in the Child Health Services (EPSDT) Program	II-4
204	The Nurse Practitioner's Role in Family Planning Services	II-4B
210	PROGRAM COVERAGE	II-5
211	Introduction	II-5
212	Advanced Nurse Practitioner - Pediatric, Family, Obstetric-Gynecologic (Women's Health Care) or Gerontological	II-5
213	Scope	II-6
214	Nurse Practitioner Inpatient Services	II-7
215	Nurse Practitioner Benefit Limits	II-7
215.10	Nurse Practitioner Outpatient Visit Benefit Limit	II-7
215.20	Laboratory And X-Ray Services Benefit Limit	II-7
215.30	Fetal Non-Stress Test Benefit Limit	II-8
215.40	Family Planning Services Benefit Limits	II-8
215.50	Additional Family Planning Services Benefit Information Regarding Aid Categories 69 and 61	II-8
216	Family Planning	II-9
216.10	General Family Planning Services Information	II-9
216.20	Family Planning Services Demonstration Waiver	II-10
216.30	Family Planning Services for Women in Aid Category 61, PW-PL	II-10
216.40	Nurse Practitioner Family Planning Services	II-11
216.41	Basic Family Planning Visit	II-11
216.42	Periodic Family Planning Visit	II-11
216.43	Contraception	II-11
216.431	Prescription and Non-Prescription Contraceptives	II-11
216.432	Norplant	II-12
216.433	Intrauterine Device (IUD)	II-12
216.434	Depo-Provera	II-12
216.44	Sterilization	II-12

Arkansas Medicaid Manual: NURSE PRACTITIONER	Page:
	Effective Date: 4-1-91
Subject: TABLE OF CONTENTS	Revised Date: 12-1-01

220	PRIOR AUTHORIZATION	II-14
221	Procedure for Obtaining Prior Authorization	II-14
221.1	Outpatient Hospital Surgical Procedures	II-16
221.2	Post-Procedural Authorization for Eligible Recipients Under Age 21	II-17
230	REIMBURSEMENT	II-18
231	Rate Appeal Process	II-18
III	BILLING DOCUMENTATION	III-1
300	GENERAL INFORMATION	III-1
301	Introduction	III-1
302	Timely Filing	III-3
302.1	Medicare/Medicaid Crossover Claims	III-3
302.2	Clean Claims and New Claims	III-3A
302.3	Claims Paid or Denied Incorrectly	III-3A
302.4	Claims With Retroactive Eligibility	III-3A
302.5	Submitting Adjustments and Resubmitting Claims	III-3B
303	Claim Inquiries	III-4
303.1	Claim Inquiry Form	III-4
303.2	Completion of the Form	III-5
	Form EDS-CI-003—Medicaid Claim Inquiry Form	III-7
304	Supply Procedures	III-8
304.1	Ordering Forms from EDS Corporation	III-8
	Form EDS-MFR-001—Medicaid Form Request	III-9
310	BILLING PROCEDURES	III-10
311	Introduction to Billing	III-10
311.1	Billing Instructions - AEVCS	III-10
	AEVCS HCFA-1500 Claim Transaction Format	III-11
	AEVCS HCFA-1500 Claim Captured Response Format	III-17
	AEVCS HCFA-1500 Claim Rejected Response Format	III-19
	AEVCS Claim Reversal Transaction Format	III-20
	AEVCS Claim Reversed Response Format	III-21
	AEVCS Claim Reversal Rejected Response Format	III-22

Arkansas Medicaid Manual: NURSE PRACTITIONER	Page: II-1
	Effective Date: 4-1-91
Subject: GENERAL INFORMATION	Revised Date: 12-1-01

200 NURSE PRACTITIONER GENERAL INFORMATION

201.000 Arkansas Medicaid Participation Requirements for Nurse Practitioners

Providers of nurse practitioner services must meet the following requirements to be eligible for participation in the Arkansas Medicaid Program:

- A. The provider of nurse practitioner services must meet the enrollment criteria for his or her specialty as outlined in section 201.200.
- B. The nurse practitioner must complete a provider application (DMS-652) and Medicaid contract (DMS-653) with the Arkansas Medicaid Program. (See Section I of this manual.) The following documents must be submitted with the provider application and Medicaid contract.
 - 1. A copy of all certifications and licenses verifying compliance with enrollment criteria for the specialty to be practiced. (See section 201.200 of this manual.)
 - 2. Subsequent certifications and licenses must be submitted to the Arkansas Medicaid Program within 30 days of issue.
 - 3. Providers of nurse practitioner services have the *option of* enrolling in the Title XVIII (Medicare) Program. If enrolled in Title XVIII, the provider must notify the Medicaid Provider Enrollment Unit of their Medicare number. Out-of-state providers must submit a copy of verification of their Medicare enrollment.
 - 4. Nurse practitioners who have prescriptive authority must furnish documentation of their prescriptive authority certification. Any changes in prescriptive authority must be immediately reported to Arkansas Medicaid.
- C. The Arkansas Medicaid Program must approve the provider application and Medicaid contract.

Arkansas Medicaid Manual: NURSE PRACTITIONER	Page: II-2
	Effective Date: 4-1-91
Subject: GENERAL INFORMATION	Revised Date: 12-1-01

201.100 Group Providers of Nurse Practitioner Services

When a nurse practitioner is a member of a group of nurse practitioners, and payment is to go to the group, the individual nurse practitioner and the group must *both* enroll according to the requirements below.

- A. The individual nurse practitioner must enroll following the participation requirements established in section 201.000.
- B. The group must complete a provider application and a Medicaid contract as an Arkansas Medicaid provider of nurse practitioner services and must be approved by the Arkansas Medicaid Program. (See Section I of this manual.)

All group providers are "*pay to*" providers only. The service must be provided by a licensed and enrolled nurse practitioner within the group.

201.200 Enrollment Criteria for Providers of Nurse Practitioner Services

Nurse practitioner services are nursing services that are furnished by a registered professional nurse who meets a state's advanced educational requirements, and clinical practice requirements, if any, beyond the 2 to 4 years of basic nursing education required of all registered nurses.

Arkansas Medicaid covers services provided by nurse practitioners that are within their scope of practice. The covered specialties are pediatric, family and obstetric-gynecologic (women's health care). **Effective for dates of service on or after December 1, 2001**, Arkansas Medicaid will begin covering services provided by gerontological nurse practitioners.

Refer to subsections 201.210 through 201.240 for the specific enrollment criteria for each specialty.

201.210 Pediatric Nurse Practitioner

A *pediatric nurse practitioner* specializes in providing primary health care to persons less than 21 years of age and must meet the following enrollment criteria:

- A. The provider must be a registered professional nurse who is currently recognized as an advanced nurse practitioner by the state in which services are furnished. A copy of the current state license must be submitted with the provider application.
- B. The provider must have current certification as a *pediatric nurse practitioner* by the American Nurses Credentialing Center or by the National Board of Pediatric Nurse Practitioners and Associates. A copy of the current certification must be submitted with the provider application.

Arkansas Medicaid Manual: NURSE PRACTITIONER	Page: II-2A
	Effective Date: 12-1-01
Subject: GENERAL INFORMATION	Revised Date:

201.220 Family Nurse Practitioner

A *family nurse practitioner* specializes in primary health care to individuals and families and must meet the following enrollment criteria:

- A. The provider must be a registered professional nurse who is currently recognized as an advanced nurse practitioner by the state in which services are furnished. A copy of the current state license must be submitted with the provider application.
- B. The provider must have current certification as a *family nurse practitioner* by the American Academy of Nurse Practitioners or American Nurses Credentialing Center. A copy of the current certification must be submitted with the provider application.

201.230 Obstetric-Gynecologic (Women's Health Care) Nurse Practitioner

An *obstetric-gynecologic nurse practitioner* specializes in women's health care and must meet the following criteria:

- A. The provider must be a registered professional nurse who is recognized as an advanced nurse practitioner by the state in which services are furnished. A copy of the current state license must be submitted with the provider application.
- B. The provider must have current certification as an *obstetric-gynecologic (women's health care) nurse practitioner* from the National Certification Corporation for the Obstetric, Gynecologic, and Neonatal Specialties. A copy of the current certification must be submitted with the provider application.

201.240 Gerontological Nurse Practitioner

A *gerontological nurse practitioner* specializes in the primary health care of older adults and must meet the following enrollment criteria:

- A. The provider must be a registered professional nurse who is currently recognized as an advanced nurse practitioner by the state in which services are furnished. A copy of the current state license must be submitted with the provider application.
- B. The provider must have current national certification as a *gerontological nurse practitioner* from the American Nurses Credentialing Center. A copy of the current certification must be submitted with the provider application.

Arkansas Medicaid Manual: NURSE PRACTITIONER	Page: II-2B
	Effective Date: 12-1-01
Subject: GENERAL INFORMATION	Revised Date:

201.300 Nurse Practitioners in Arkansas and Bordering States

Nurse practitioners in Arkansas and the six bordering states (Louisiana, Mississippi, Missouri, Oklahoma, Tennessee and Texas) that satisfy Arkansas Medicaid participation requirements may be enrolled as **routine services providers**.

Routine services providers may furnish and claim reimbursement for nurse practitioner services covered by Arkansas Medicaid, subject to benefit limitations and coverage restrictions set forth in this manual.

201.400 Nurse Practitioners in Non-Bordering States

Nurse practitioners in non-bordering states may be enrolled only as **limited services providers**. **Limited services providers** may be enrolled in the Arkansas Medicaid program to provide *emergency services* or *prior authorized services* only. A provider application and Medicaid contract must be signed and approved by Arkansas Medicaid before reimbursement for **limited services** can be made. A provider number will be assigned upon receipt and approval of the application and contract.

- A. *Emergency services* are defined as inpatient or outpatient hospital services that a prudent lay person with an average knowledge of health and medicine would reasonably believe are necessary to prevent the death or serious impairment of the health and which, because of the danger to life or health, require use of the most accessible hospital available and equipped to furnish those services. Source: 42 US Code of Federal Regulations §422.2 and §424.101.
- B. *Prior authorized services* are those that are medically necessary and not available in Arkansas. Each request for these services must be made in writing and forwarded to:

Arkansas Division of Medical Services
Utilization Review Section
P. O. Box 1437, Slot S413
Little Rock, AR 72203-1437

The request for prior authorization must be approved before the service is provided.

Claims for emergency and prior authorized services must be mailed to:

Arkansas Division of Medical Services
Program Communications Unit
P. O. Box 1437, Slot S410
Little Rock, AR 72203-1437

Arkansas Medicaid Manual: NURSE PRACTITIONER	Page: II-3
	Effective Date: 4-1-91
Subject: GENERAL INFORMATION	Revised Date: 12-1-01

202

Medical Records Nurse Practitioners are Required to Keep

- A. Nurse practitioners are required to keep the following records and, upon request, to furnish the records to authorized representatives of the Arkansas Division of Medical Services and the State Medicaid Fraud Control Unit, and to representatives of the Department of Health and Human Services:
 - 1. History and physical examinations.
 - 2. Chief complaint on each visit.
 - 3. Tests and results.
 - 4. Diagnoses.
 - 5. Service or treatment, including referral to a physician for prescriptions or other physician services.
 - 6. Signature or initials of the nurse practitioner after each visit.
 - 7. Copies of records pertinent to any and all services delivered by the nurse practitioner and billed to Medicaid.
 - 8. Records must include the service date of each service billed to Medicaid.
- B. Patient records must support the levels of service billed to Medicaid, in accordance with Physician's Common Procedural Terminology (CPT) standards.
- C. All required records must be kept for a period of five (5) years from the ending date of service; or, until all audit questions, appeal hearings, investigations or court cases are resolved, whichever period is longer.
- D. Furnishing medical records, on request, to authorized individuals and agencies listed above in subpart A, is a contractual obligation of providers enrolled in the Medicaid Program. Failure to furnish medical records upon request may result in sanctions being imposed.

Arkansas Medicaid Manual: NURSE PRACTITIONER	Page: II-4
	Effective Date: 4-1-91
Subject: GENERAL INFORMATION	Revised Date: 12-1-01

The Child Health Services (EPSDT) program is a federally mandated child health component of Medicaid. It is designed to bring comprehensive health care to individuals eligible for medical assistance from birth up to their 21st birthday. The purpose of this program is to detect and treat health problems in the early stages and to provide preventive health care, including necessary immunizations. Child Health Services (EPSDT) combines case management and support services with screening, diagnostic and treatment services delivered on a periodic basis.

- A. Early and periodic screening, diagnosis and treatment (EPSDT) is a health care program designed for health evaluation as soon after birth as possible; repeated at regular recommended times; to detect physical or developmental health problems; and provide health care, treatment, and other measures to correct or improve any defects and chronic conditions discovered.

1. Screening

The Arkansas Medicaid Program recommends for **all** eligible EPSDT recipients under 21 years of age, regularly scheduled examinations and evaluations of their general physical and mental health, growth, development and nutritional status.

These screenings must include, but are not limited to:

- a. Comprehensive health and developmental history.
- b. Comprehensive unclothed physical examination.
- c. Appropriate vision testing.
- d. Appropriate hearing testing.
- e. Appropriate laboratory tests.
- f. Dental screening services furnished by direct referral to a dentist for children beginning at 3 years of age.

Screening services must be provided in accordance with reasonable standards of medical and dental practice, as soon as possible in a child's life and at intervals established for screening by medical, dental, visual and other health care experts.

An age appropriate screening may be performed when a child is being evaluated or treated for an acute or chronic condition and billed as an EPSDT screening, using Form DMS-694.

Primary care physician referral for EPSDT screening is mandatory in 25 counties in Arkansas. (See section 184.000 of this manual.)

2. Diagnosis

Diagnosis is the determination of the nature or cause of physical or mental disease or abnormality through the combined use of health history, physical, developmental and psychological examination, laboratory tests, and X-rays.

Arkansas Medicaid Manual: NURSE PRACTITIONER	Page: II-4A
	Effective Date: 9-1-92
Subject: GENERAL INFORMATION	Revised Date: 12-1-01

203

The Nurse Practitioner's Role in the Child Health Services (EPSDT) Program
(Continued)

3. Treatment

Treatment means medical care and services recognized under state law to prevent or correct disease or abnormalities detected by screening or by diagnostic procedures.

Nurse practitioners and other health professionals who do Child Health Services (EPSDT) screenings may diagnose and treat health problems discovered during the screening or may refer the child to other appropriate sources for treatment. If immunization is recommended at the time of screening, immunization(s) **must** be provided at that time, **or a direct referral given.**

If a condition is diagnosed through a Child Health Services (EPSDT) screen that requires treatment services not normally covered under the Arkansas Medicaid Program, those treatment services will also be considered for reimbursement if the service is medically necessary and permitted under federal Medicaid regulations.

Refer to section 103.1 of this manual (Services Available through the Child Health Services (EPSDT) Program) for additional information.

- B. Nurse practitioners who are Child Health Services (EPSDT) providers are encouraged to refer to the Child Health Services (EPSDT) provider manual for additional information.

Nurse practitioners interested in becoming a Child Health Services (EPSDT) provider should contact the central Child Health Services Office at (501) 682-8298 or in-state WATS 1-800-482-1141, extension 28298.

Arkansas Medicaid Manual: NURSE PRACTITIONER	Page: II-4B
	Effective Date: 9-1-97
Subject: GENERAL INFORMATION	Revised Date: 12-1-01

Arkansas Medicaid encourages reproductive health and family planning by reimbursing nurse practitioners and other providers for a comprehensive range of family planning services. Medicaid recipients' family planning services benefits are in addition to their other medical benefits. Family planning services do not require PCP referral.

- | A. Refer to section 215.40 of this manual for family planning services benefit limitations.
- | B. Refer to section 216 for service descriptions and coverage information.
- | C. Refer to sections 313.5 and 313.51 for family planning services billing instructions.
- | D. Arkansas Medicaid also covers family planning services for women in two limited aid categories:
 1. Pregnant Woman-Poverty Level (PW-PL, Aid Category 61) and
 2. Family Planning Waiver (FP-W, Aid Category 69). The FP-W category is a new category, effective for dates of service on or after September 1, 1997.
- | Refer to section 215.50 for more information regarding family planning services for these eligibility categories.

Arkansas Medicaid Manual: NURSE PRACTITIONER	Page: II-5
	Effective Date: 4-1-91
Subject: PROGRAM COVERAGE	Revised Date: 12-1-01

210 PROGRAM COVERAGE

211 Introduction

The Medical Assistance (Medicaid) Program is designed to assist eligible Medicaid recipients in obtaining medical care within the guidelines specified in Section I of this manual. All Medicaid benefits are based upon medical necessity. See the Glossary section of this manual for “medical necessity” definition.

212 Advanced Nurse Practitioner–Pediatric, Family, Obstetric-Gynecologic (Women’s Health Care) or Gerontological

An advanced nurse practitioner, as applicable to this program, is a licensed professional nurse who meets the participation requirements detailed in this manual for advanced practice nursing.

The advanced nurse practitioner provides direct care to individuals, families and other groups in a variety of settings including homes, hospitals, nursing homes, offices, industry, schools and other institutions and health care settings. The service provided by the advanced nurse practitioner is directed toward the delivery of primary, secondary and tertiary care that focuses on the achievement and maintenance of optimal functions in the population.

The advanced nurse practitioner engages in independent decision making about the nursing care needs of clients and collaborates with health professionals and others in making decisions about other health care needs. The advanced nurse practitioner plans and initiates health care programs as a member of the health care team. The advanced nurse practitioner is directly accountable and responsible for the quality of care rendered.

Arkansas Medicaid Manual: NURSE PRACTITIONER	Page: II-6
	Effective Date: 4-1-91
Subject: PROGRAM COVERAGE	Revised Date: 12-1-01

The advanced nurse practitioner practices in a manner consistent with the definition of the practice of advanced practice nursing set forth by the state in which services are furnished and in accordance with the scope of practice defined by the appropriate national certifying body.

The following services are acts proper to be performed by a pediatric, family, obstetric-gynecologic (women's health care) or gerontological nurse practitioner:

- A. Assesses clients at an advanced level, identifying health status including abnormal conditions, and establishes a diagnosis.
- B. Develops and implements treatment plans and evaluates client outcomes.
- C. Uses advanced knowledge and skills in teaching and guiding clients, individuals, groups and other health team members.
- D. Uses critical thinking and decision making at an advanced level, commensurate with the autonomy, authority and responsibility of his/her practice specialty.
- E. Plans for situations beyond his/her expertise and collaborates with or refers clients to other health care providers as appropriate.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised:
CATEGORICALLY NEEDED

December 1, 2001

6. Medical Care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued)

6.d. Other Practitioners= Services (Continued)

(5) Psychologists

Refer to Attachment 3.1-A, Item 4.b.(13).

(6) Obstetric - Gynecologic and **Gerontological** Nurse Practitioner

Refer to Attachment 3.1-A, Item 24 for coverage limitations.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-A
Page 9d

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised:

December 1, 2001

CATEGORICALLY NEEDED

24. Pediatric or family nurse practitioners= services as defined in Section 1905(a)(21) of the Act (added by Section 6405 of OBRA >89).

Services are limited to 12 nurse practitioner visits per State Fiscal Year, July 1 through June 30. This yearly limit does not apply to recipients in the Child Health Services (EPSDT) program.

Refer to Attachment 3.1-A, Item 6.d.(6) for obstetric-gynecologic and **gerontological** nurse practitioner services.

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised:

December 1, 2001

MEDICALLY NEEDY

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law. (Continued)

6.d. Other Practitioners= Services (Continued)

(5) Psychologists

Refer to Attachment 3.1-A, Item 4.b.(13).

(6) Obstetric - Gynecologic and **Gerontological** Nurse Practitioner

Refer to Attachment 3.1-B, Item 21 for coverage limitations.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE ARKANSAS

ATTACHMENT 3.1-B
Page 8a

AMOUNT, DURATION AND SCOPE OF
SERVICES PROVIDED

Revised:

December 1, 2001

MEDICALLY NEEDY

21. Pediatric or family nurse practitioners' services as defined in Section 1905(a)(21) of the Act (added by Section 6405 of OBRA '89).

Services are limited to 12 nurse practitioner visits per State Fiscal Year, July 1 through June 30. This yearly limit does not apply to recipients in the Child Health Services (EPSDT) program.

Refer to Attachment 3.1-B, Item 6.d.(6) for obstetric-gynecologic and **gerontological** nurse practitioner services.