

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

STATE OF MARYLAND

23.h. Nurse Practitioner Services

This section includes certified pediatric and certified family nurse practitioners. Both groups must meet requirements listed under 440.166 of the Code of Federal Regulations. See section 6e of this plan for limitations for other licensed nurse practitioners.

The Program reimburses pediatric and family nurse practitioners directly for medically necessary services rendered to recipients in accordance with the functions allowed under the Maryland Nurse Practice Act or COMAR 10.27.07 and the certified nurse practitioner's written agreement with a physician or, if out of state, those functions authorized in the state in which the services are provided. These services shall be clearly related to the recipient's medical needs and described in the recipient's medical record in sufficient detail to support the invoice submitted for those services. A certified pediatric or family nurse practitioner may practice in Maryland only in the area of specialization in which the nurse practitioner is certified by the Nursing Board; or, if out of state, only in the area of specialization allowed by the licensing authority in the state in which services are provided.

A. Services which are not covered are:

1. Services not encompassed by the certified nurse practitioner's written agreement with the physician, if required by the state in which services are provided;
2. Services not medically necessary;
3. Services prohibited by the Maryland Nurse Practice Act or by COMAR 10.27.07;
4. Services prohibited in the state in which services are provided;
5. Nurse practitioner services included as part of the cost of an inpatient facility, hospital outpatient department, or freestanding clinic;
6. Visit solely to accomplish one or more of the following:
  - a. Prescription, drug or food supplement pick-up, collection of specimens for laboratory procedures;
  - b. Recording of an electrocardiogram;
  - c. Ascertaining the patient's weight;
  - d. Interpretation of laboratory tests or panels which are considered to be part of the office visit and may not be billed separately;

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7. Drugs and supplies dispensed by the nurse practitioner which are acquired at no cost;
8. Payment to nurse practitioners for specimen collection, except by venipuncture and capillary or arterial puncture;
9. Injections and visits solely for the administration of injections, unless medical necessity and the patient's inability to take appropriate oral medications are documented in the patient's medical record;
10. Services paid under COMAR 10.09.22, Free-Standing Dialysis Facility Services;
11. More than one visit per day unless adequately documented as an emergency situation;
12. Audiometric tests for adults for the sole purpose of prescribing hearing aids since hearing aids are not covered for adults;
13. Immunizations required for travel outside the continental United States;
14. Services which are investigational or experimental;
15. Services which are provided outside of the United States.

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