

Title 23: Division of Medicaid

Part 203: Physician Services

Chapter 7: Nurse Practitioner

Rule 7.1: Provider Enrollment

- A. Advanced Practice Registered Nurses (APRNs), also referred to as Nurse Practitioners (NPs), certified by the state in which they practice may participate in the Mississippi Medicaid Program upon compliance with provider enrollment requirements outlined in Part 200, Chapter 4, Rule 4.8 in addition to providing the following:
1. National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES),
 2. Copy of current licensure card,
 3. Verification of social security number using a social security card, driver's license if it notes the social security number, military ID or a notarized statement signed by the provider noting the social security number. The name noted on verification must match the name noted on the W-9,
 4. Copy of the NP's approved protocol and practice setting or the regulation allowing independent practice if the state in which the NP practices does not require physician collaboration or supervision,
 5. The name and Medicaid number of the NP's collaborating physician, and
 6. Copy of specialty certificate(s), if applicable.
- B. Collaborating physicians must be enrolled with Division of Medicaid as:
1. A Medicaid provider, or
 2. An Ordering, Referring or Prescribing (ORP) physician.

Source: 42 C.F.R. Part 455, Subpart E; Miss. Code Ann. §§ 43-13-117, 43-13-121, 73-15-20.

History: Revised eff. 12/01/2019.

Rule 7.2: Nurse Practitioner Services and Reimbursement

- A. The Division of Medicaid covers services provided by Advanced Practice Registered Nurses (APRNs), also referred to as Nurse Practitioners (NPs), certified by the state in which they practice, for services rendered within the scope of practice allowed by their protocol.

- B. NPs must bill the appropriate Current Procedure Terminology (CPT) code for services rendered and follow the same rules and guidelines as physician services.
- C. The Division of Medicaid reimburses NPs at ninety percent (90%) of the physician fee for the service.
- D. The Division of Medicaid does not reimburse for:
 - 1. An NP as an assistant surgeon,
 - 2. Multiple providers when a service is performed simultaneously with another provider, or
 - 3. NP services if the collaborating physician is not a Mississippi Medicaid enrolled provider or an Ordering, Referring or Prescribing (ORP) physician.

Source: 42 C.F.R. § 440.166; Miss. Code Ann. §§ 43-13-117, 43-13-121, 73-15-20.

History: Revised eff. 12/01/2019.

Chapter 8: Physician Assistant

Rule 8.1: Physician Assistant Enrollment Requirements

- A. Physician assistants (PAs), who are licensed by the Mississippi State Board of Medical Licensure, and are practicing with physician supervision under regulations adopted by the board, may participate in the Mississippi Medicaid Program upon compliance with provider enrollment requirements outlined in Part 200, Chapter 4, Rule 4.8 in addition to providing the following:
 - 1. National Provider Identifier (NPI), verification from National Plan and Provider Enumeration System (NPPES),
 - 2. Copy of current licensure card,
 - 3. Verification of social security number using a social security card or driver's license if it notes the social security number, military ID or a notarized statement signed by the provider noting the social security number. The name noted on verification must match the name noted on the W-9,
 - 4. Copy of approved protocol and practice setting,
 - 5. The name and Mississippi Medicaid provider number of the PA's supervising physician, and
 - 6. Copy of specialty certificate(s), if applicable.

B. The PA's supervising/collaborating physician must be enrolled with Mississippi Medicaid as:

1. A Medicaid provider, or
2. An Ordering, Referring or Prescribing (ORP) physician.

Source: 42 C.F.R. Part 455, Subpart E; Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 12/01/2019.

Rule 8.2: Physician Assistant Services and Reimbursement

- A. Physician assistants (PAs) may bill the Division of Medicaid for the covered services within the scope of practice allowed by their protocol.
- B. PAs must bill the appropriate Current Procedure Terminology (CPT) code for services rendered and follow the same rules and guidelines as physician services.
- C. The Division of Medicaid reimburses PAs at ninety percent (90%) of the physician fee for the service.
- D. The Division of Medicaid does not reimburse for:
 1. A PA as an assistant surgeon,
 2. Multiple providers when a service(s) is (are) performed simultaneously with another provider, or
 3. PA services if the supervising physician is not a Mississippi Medicaid enrolled provider or an Ordering, Referring or Prescribing (ORP) physician.

Source: Miss. Code Ann. §§ 43-13-117, 43-13-121.

History: Revised eff. 12/01/2019.