

## 2.7 NURSING SERVICES

<b>Definition</b>	<p>Nursing services are professional services relevant to the medical needs of the beneficiary provided through direct intervention. Direct service interventions must be medically based services that are within the scope of the professional practice of the Registered Nurse (RN) and Licensed Practical Nurse (LPN), provided during a face-to-face encounter, and provided on a one-to-one basis.</p> <p>Medicaid policy will follow current Michigan Public Health Code scope of practice guidelines for nursing practices.</p> <p>Services include:</p> <ul style="list-style-type: none"><li>▪ Catheterizations or Catheter care</li><li>▪ Maintenance of tracheotomies</li><li>▪ Medication administration</li><li>▪ Oxygen administration</li><li>▪ Tube feeding</li><li>▪ Suctioning</li><li>▪ Ventilator care</li></ul> <p>Services considered observation or stand-by in nature are not covered.</p> <p>LPN services can only be billed if performed under the supervision of an RN or physician.</p>
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Michigan Department of Community Health

# Medicaid Provider Manual



<b>Prescription</b>	Direct service interventions require a physician's written order when the initial need for services is determined. Direct service interventions must be reviewed and revised annually or as medically necessary by the beneficiary's attending physician. The nurse is responsible for notifying the attending physician of any change in the beneficiary's condition which may result in a change or modification to the care plan.
<b>Provider Qualifications</b>	Nursing services may be reimbursed when provided by: <ul style="list-style-type: none"><li>▪ A licensed Registered Nurse (RN) in Michigan; or</li><li>▪ A Licensed Practical Nurse (LPN) in Michigan.</li></ul>
<b>Evaluations</b>	A RN must complete the evaluations/assessments and prepare a nursing care plan. An evaluation/assessment may be performed when a change in the beneficiary's medical condition occurs. LPNs cannot bill for evaluations/assessments.
<b>Procedure Codes</b>	To bill for nursing services, use procedure codes: <ul style="list-style-type: none"><li>▪ <b>T1001</b> – Nursing assessment/evaluation. To be billed by the RN only. This code can be used by itself or with the HT or TM modifiers.</li><li>▪ <b>T1002</b> – RN services, up to 15 minutes</li><li>▪ <b>T1003</b> – LPN/LVN services, up to 15 minutes</li></ul>