

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 11771	Date: December 30, 2022
	Change Request 13029

SUBJECT: Internet-Only Manual (IOM) Updates for Nurse Practitioners (NPs) and Clinical Nurse Specialists (CNSs)

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update IOM Pub. 100-02, Chapter 15, and Pub. 100-08, Chapter 10, with the provision in the 2023 Physician Fee Schedule final rule regarding adding the Nurse Portfolio Credentialing Commission (NPCC) to the list of national certifying bodies for NPs and CNSs.

EFFECTIVE DATE: January 1, 2023

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: January 31, 2023

Disclaimer for manual changes only: The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	10/10.2.3.5 - Clinical Nurse Specialists
R	10/10.2.3.8 - Nurse Practitioners

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

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EFFECTIVE DATE: January 1, 2023

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IMPLEMENTATION DATE: January 31, 2023

I. GENERAL INFORMATION

A. Background: The purpose of this Change Request (CR) is to add the Nurse Portfolio Credentialing Commission (NPCC) to the list of national certifying bodies under the manual instructions at Chapter 15, section 200 for NPs and, section 210 for CNSs of the Medicare Benefit Policy Manual, Pub. 100-02. (Sections 10.2.3.5 and 10.2.3.8 in Chapter 10 of Pub. 100-08 are also being updated with the foregoing changes.) The CY 2023 Physician Fee Schedule final rule adds the NPCC to the list of recognized national certifying bodies for NPs and CNSs. Accordingly, effective January 1, 2023, NPs and CNSs who are certified by the NPCC meet the Medicare Part B program’s national certification qualification requirement to enroll under the NP and CNS statutory benefit category.

B. Policy: The IOM Pub. 100-02, Chapter 15, and Pub. 100-08, Chapter 10, are being updated with the provision in the 2023 Physician Fee Schedule final rule regarding adding the NPCC to the list of national certifying bodies for NPs and CNSs.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility									
		A/B MAC			D M E	Shared- System Maintainers				Other	
		A	B	H H H		F M V C	M I C M W	S S S F			
13029 - 08.1	Contractors shall be aware of the updates listed in this CR for Chapter 10 of Pub. 100-08.	X	X	X							

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			D M E	C E D I
		A	B	H H H		
13029 - 08.2	Medicare Learning Network® (MLN): CMS will market provider education content through the MLN Connects® newsletter shortly after CMS releases the CR. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1 instructions for distributing the MLN Connects newsletter information to providers and link to relevant information on your website. You may supplement MLN content with your local information after we release the MLN Connects newsletter. Subscribe to the “MLN Connects” listserv to get MLN content notifications. You don’t need to separately track and report MLN content releases when you distribute MLN Connects newsletter content per the manual section referenced above.	X	X	X		

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:
	N/A

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Regina Walker-Wren, 410-786-9160 or regina.walkerwren@cms.hhs.gov (Payment Policy) , Frank Whelan, 410-786-1302 or frank.whelan@cms.hhs.gov (Provider Enrollment)

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

10.2.3.5 – Clinical Nurse Specialists

(Rev. 11771; Issued: 12-30-2022; Effective:01-01-2023; Implementation: 01-31-2023)

Federal regulations at 42 CFR § 410.76 state that a clinical nurse specialist must meet all of the following requirements:

1. Be a registered nurse who is currently licensed to practice in the state where he or she practices and be authorized to furnish the services of a clinical nurse specialist in accordance with state law.
2. Have a master's degree in a defined clinical area of nursing from an accredited educational institution or a Doctor of Nursing Practice (DNP) doctoral degree; and
3. Be certified as a clinical nurse specialist by a recognized national certifying body that has established standards for clinical nurse specialists and that is approved by the Secretary.

Pub. 100-02, chapter 15, section 210 states that CMS recognizes the following organizations as national certifying bodies for clinical nurse specialists at the advanced practice level:

- a. American Academy of Nurse Practitioners
- b. American Nurses Credentialing Center
- c. National Certification Corporation for Obstetric, Gynecologic and Neonatal Nursing Specialties
- d. Pediatric Nursing Certification Board (previously named the National Certification Board of Pediatric Nurse Practitioners and Nurses)
- e. Oncology Nurses Certification Corporation
- f. AACN Certification Corporation
- g. National Board on Certification of Hospice and Palliative Nurses
- h. Nurses Portfolio Credentialing Commission (NPCC)*

10.2.3.8 – Nurse Practitioners

(Rev. 11771; Issued: 12-30-2022; Effective:01-01-2023; Implementation: 01-31-2023)

Federal regulations at 42 CFR § 410.75(b) state that a nurse practitioner must be a registered professional nurse who is authorized by the state in which the services are furnished to practice as a nurse practitioner in accordance with state law. The individual must also meet one of the following criteria:

1. Obtained Medicare billing privileges as a nurse practitioner for the first time on or after January 1, 2003, and meets the following requirements:
 - a. Is certified as a nurse practitioner by a recognized national certifying body that has established standards for nurse practitioners.
 - b. Possesses a master's degree in nursing or a Doctor of Nursing Practice (DNP) doctoral degree.

(If the aforementioned master's or doctoral degree is required to obtain a license as a nurse practitioner in the state, the contractor need not separately verify the degree or require the practitioner to submit applicable documentation.)

2. Obtained Medicare billing privileges as a nurse practitioner for the first time before January 1, 2003, and meets the standards in (1)(a) above.
3. Obtained Medicare billing privileges as a nurse practitioner for the first time before January 1, 2001.

Pub. 100-02, chapter 15, section 200 lists the following organizations as CMS-recognized national certifying bodies for nurse practitioners at the advanced practice level:

- American Academy of Nurse Practitioners
- American Nurses Credentialing Center
- National Certification Corporation for Obstetric, Gynecologic and Neonatal Nursing Specialties
- Pediatric Nursing Certification Board (previously named the National Certification Board of Pediatric Nurse Practitioners and Nurses)
- Oncology Nurses Certification Corporation
- AACN Certification Corporation
- National Board on Certification of Hospice and Palliative Nurses
- *Nurses Portfolio Credentialing Commission (NPCC)*