Supervision for non-physician practitioners (Registered Nurses only)

- **Registered Nurses, by state regulation, require supervision and must complete this form to enroll with Health First Colorado, Colorado's Medicaid Program. Please complete one of the sections below (A, B or C).**

Benefit services by registered nurses must be provided in compliance with the following requirements:

- Services must be performed under the supervision of an advanced practice nurse (APN) or physician (MD) who is immediately available when services are provided.
- Services must be ordered by the supervising APN/MD.
- Claims must be submitted through the enrolled employer of the RN. Registered nurses must look to the enrolled provider for compensation.
- The supervising APN/MD National Provider Number (NPI) must appear on the claim form as the supervising physician, the referring provider, or the billing provider.
- Claims must be billed using procedure codes specifically designated for non-physician billing.
- Claims must identify the registered nurse with their NPI, as the rendering provider.

A. Supervising APN/MD Identification

The registered nurse applicant must identify the Health First Colorado enrolled APN/MD(s) who will provide supervision. The supervisor's original signature must be included on this form. An original signature assures that the supervisor is aware of and understands the supervisory role and requirements.

	Supervising APN/MD Name	Supervising APN/MD NPI	Supervising APN/MD's Original Signature
1.			
2.			

B. Local Public Health Agency Identification

Employees of a local public health agency complete this form by checking the box to attest that employment is with a local public health agency, indicate the agency's name and NPI, then sign and date in the space indicated.

☐ I attest that I am applying as an employee of a local public health agency.

Agency Name:_____ Agency NPI: _____

RN Applicant Name	Signature	Date

C. Nurse Home Visitor Program Site Identification

Employees of a Nurse Home Visitor Program site providing targeted case management services complete this form by checking the box to attest that enrollment is for the NHVP, sign and date in the space indicated.

☐ I attest that I am applying to render targeted case management services to Medicaid members through the Nurse Home Visitor Program.

Program Site Name:_____ Site NPI: _____

RN Applicant Name	Signature	Date