



The NCGNP

# Newsletter

The Official Publication of the National Conference of GNPs, Inc., Founded in 1981



**NCGNP President  
Sharon Maguire**

## President's Message

*Happy 25th anniversary, NCGNP colleagues! I can't imagine a better way to start 2006 than by celebrating the silver anniversary and the achievements of our great organization and its members! I am certain that our founding members would be and are proud of what NCGNP has become. When I describe to others what NCGNP represents, I begin with the fact that not only are we the sole organization but also the premier organization for nurses in advanced practice who have an interest in the care of older adults. We are the organization of choice for gerontological advanced practice nurses (APNs) and others who seek expertise in all aspects of gerontology and geriatrics. The camaraderie of our group is unmatched, with limitless opportunities for professional development and networking. We have strong voices advocating on our behalf in Washington, D.C., and are members of affiliate organizations that reflect the collective power and special interests of APNs. We are sought out by major industry leaders for our opinions on a variety of issues, from care and services to education and environmental*

*design. My call to you during this year of celebration is one of action and involvement. I encourage you to take part in all that NCGNP has to offer, especially participation in your local chapter. If you don't have a local chapter, consider starting one. Consider running for office. Invite your colleagues to become members. Read more in the newsletter about how some lucky member who recruits ten or more new regular active members will win a wonderful prize! Submit an abstract for the 2006 Conference and have your research, new program, or best practice published in the newsletter and possibly even in *Geriatric Nursing*! Attend NCGNP events, especially our 25th Annual Education Conference and Business Meeting: *Where the Past Meets the Future – A Legacy of Leadership and Clinical Excellence* at the Sawgrass Resort in beautiful Ponte Vedra, Florida. Involvement of our members is what made NCGNP what it is today; I hope I am still involved 25 years from now when NCGNP celebrates its 50th anniversary, and I hope the same for you!*

My very best regards, *Sharon*  
Sharon Roth Maguire, MS, APRN-BC, GNP  
President,  
NCGNP

*25th Anniversary*  
*Where the past meets the future*  
*A legacy of leadership and clinical excellence.*



The NCGNP Newsletter is Supported by a Grant From



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Long-Term Care"

## Save the Date

### 25TH ANNIVERSARY CONFERENCE

Where the Past Meets the Future: NCGNP From 1981-2006

Sawgrass Resort, Ponte Vedra, Florida

**SEPTEMBER 27TH – OCTOBER 1ST**

(YES, THESE ARE THE CORRECT DATES)

For more information and registration, go to [www.ncgnp.org](http://www.ncgnp.org).



# Share your research, innovation, and ideas with your colleagues!

Call for Abstracts 2006 — Oral and Poster Presentations at the Annual Conference

**Deadline for submission: April 30, 2006**

The NCGNP Research Committee is accepting abstracts of both oral and poster presentations for the 2006 annual conference to be held September 27th-October 1st in Ponte Vedra, Florida. Abstract submissions for both poster and oral presentations are to be e-mailed to [ncgnp@puetzamc.com](mailto:ncgnp@puetzamc.com).

The Research Committee's goal is to facilitate those NCGNP members who wish to present their research projects, innovative clinical practice models, innovative chapter projects, case studies, or ethical practice issues at the 2006 convention. Projects should enrich the advanced practice nurse's knowledge and/or enhance the care of the older adult. The top three papers and posters will be published in the NCGNP newsletter.

## Guidelines for Submission

- \* Title page and abstract must be submitted as two separate e-mail attachments. Submit in Microsoft Word with one-inch margins on all sides, 12 pt., unbold, left-justified.
- \* Title page must include the authors' names, institutional affiliations, e-mail address, mailing address, and a telephone number; state your preference for "Oral Presentation," "Poster," or "Either."
- \* Abstract is limited to 350 words on one page and include the title (but not names), all left-justified.
- \* Research abstracts should contain the background and purpose, methods, results, conclusions, and applicability to practice, if appropriate.
- \* Innovative practice models, case studies, ethical issues, or other abstracts should include a review of literature.
- \* Oral presentations will be limited to 15 minutes with an additional 5 minutes for questions.
- \* All first authors on accepted posters must be NCGNP members.
- \* All accepted oral presenters must be NCGNP members.
- \* Student submissions are encouraged and welcomed.

## Selection Criteria

Selection will be based on interest to advanced practice nursing, clarity, and content. All submissions must be e-mailed by April 30, 2006. First authors will be notified by June 15, 2006. At the Annual NCGNP Conference, the Research Committee will award prizes for first, second, and third place poster and oral presentations. Awards will be given during the conference Awards Ceremony on September 30, 2006.

## We've Hired a New Executive Director and Moved...

The Board of Directors is pleased to introduce our new Executive Director, Belinda Puetz, Ph.D., RN. Dr. Puetz and her staff at Puetz and Associates are poised to help NCGNP move forward with our strategic goals to provide leadership, inspiration, and clinical excellence in the care of older adults. We are assured of a smooth transition from our past home in Bethesda, Maryland, to our new home in Pensacola, Florida.

At the same time, the Board and members express the deepest appreciation and thanks to Mary Davisson and Latoya Martin for their considerable assistance in keeping us going in the last year! They will be missed.

**Our new home: NCGNP National Office, 7794 Grow Drive, Pensacola, FL 32514 Phone: 850-471-7075; toll-free: 866-355-1392; e-mail: [ncgnp@puetzamc.com](mailto:ncgnp@puetzamc.com)**



# Patsy's Story

My name is Patsy Clark and I've got a story to tell you. My mantra has become "I'll work for anyone who'll pay me." And though that mentality can often lead down some rough roads, let me tell you how that little jingle has opened doors for a unique model of practice that is both rewarding and successful in Greenville, Texas.

It wasn't easy getting to Greenville, where I have practiced for the past five years. I had previously been a naive sole provider in the Mothers and Children Mobile clinic in the impoverished projects of South Dallas. It wasn't that I didn't like my job. I actually loved the people, as well as the challenges, and was too idealistic to realize the risks there. But it didn't pay very well (awful, to be truthful) and I had my family to consider. I knew the salaries were better in the rural areas east of Dallas, so I set my sights on Greenville and began my journey into the unknown.

It took me months to convince anyone to hire me in this PA-driven environment. However, in the end my bright smile and bubbly personality were no match for the pervading attitude in the medical community that NPs were inferior in scope of practice to the PAs (can you imagine such a thing?). It wasn't until a leading, powerful PA in the local community clinic quit her job to go to medical school that I finally got my foot in the door. And I immediately set out to dispel the myth that was so dominant.

**So, with sleeves rolled up and cookies in hand, I marched into the first nursing home I had ever stepped foot into, ready to forge a new path that I have now grown to love.**

My theory of nursing practice has always been Watson's Model of Human Caring, and with this in mind, I began to learn the roles and expectations of providing quality care to LTC residents. Gradually, both the staff and the physicians came to realize that the nursing model was different from the medical model. Though a good knowledge base and integrity are essential requirements for advanced practice, as nurse practitioners, we are trained to add another dimension. As you know, we were trained to listen and to care. I could not talk with the patients without touching them. I feel strongly in touch, even in its spiritual

dimension, and I humbly ask God to touch others through me. I often tell families of these patients that I have no new medical miracles or some brilliant powers that can make illness and aging stop, but that I can treat their loved ones with dignity, love, respect, and the best medical resources that are available. And that sense of passion and compassion, of laughing and crying, of hugging and kissing, has been recognized and respected. Go figure!

My role in Greenville has grown in unexpected ways as the value of advanced nursing practice is recognized. I now make hospital rounds for the town's foremost orthopedic physician, and I have the privilege to work with one of the best family practice physicians I have ever known! I am often asked to help others in this small medical community. And it is not because I am so much smarter or brighter than any of my peers. It is because I have not been afraid to be who I am. I am not afraid to say that my greatest asset is a caring philosophy so prevalent in the nursing model. I respect the physicians' extensive higher education and am proud to be part of a true team practice.

I can't end without saying how blessed I am, flaws and all, to have had such amazing opportunities. We, as nurse practitioners, have much to offer in this complex world. And each of us has a unique personality with which to carve our own place in healthcare. We can be proud to provide not only competent care, but also compassionate care. And that unique combination can be recognized and rewarded. Just ask me. I'm not afraid to tell you my story, because "I'm just a girl who can't say no!"

— Patsy Clark, Texas  
awc13@sbcglobal.net



# Call for Nominations

Make a difference and make new friends!



Kellie Kahveci,  
Nominating Committee member

## See the following message from members of this year's Nominating Committee!

Hi! I am Kellie Kahveci, gerontological and adult nurse practitioner. I practice with the Ruth Ray Hunt Elder HouseCalls Program in Dallas, Texas. Thanks to all who voted for me, I was encouraged to self-nominate from the floor at the NCGNP Conference in Cleveland. I took a large dose of courage, stood up, and here I am! I look forward to the opportunity to be involved in our dynamic organization. If you want to reach me, feel free to e-mail me. I'm hoping to hear from other members!

**Do you have leadership skills that you want to foster or put to good use?**

**Do you want to make a difference in the lives and work of NPs across the country?**

**Consider running for a vacancy on the NCGNP Board of Directors or Nominating Committee.**

Each year, we hold elections for officers of the Board of Directors and the organization's Nominating Committee. This year, we will be electing a president-elect, a secretary, and a board member-at-large. The president-elect serves three years, the first in that position, the second as president, and the final year as past president. The other two positions are for two-year terms. The officers work with the executive director to make sure that the organization serves the needs of advanced practice nurses who are involved with the care of older adults. Officers meet quarterly, including during the Annual Conference, with the costs of attending the meetings covered by the organization.

The three members of the Nominating Committee are elected yearly; the person with the most votes serves as chairperson. The chairperson is part of the Steering Committee, which provides input to the Board of Directors. This committee is responsible for recruiting potential candidates for the ballot and facilitating the annual elections. Members of the Nominating Committee cannot be considered for officer positions while serving.

**If working with a great group of people dedicated to gerontological nursing is for you, please consider nominating yourself or someone you know for one of these positions!**

It is very easy; just let a member of the Nominating Committee know and they will lead you through the process. Elections will be in the fall. New officers and the new Nominating Committee begin at the annual Conference!

For more information about the positions or the organization, visit [www.ncgnp.org](http://www.ncgnp.org) or contact Kellie Kahveci at [kelliekahveci@comcast.net](mailto:kelliekahveci@comcast.net).

# Members and Friends in the News



MJ Henderson (left) and Judy Hendricks, ACNP President

## 2005 Sharp Cutting Edge Award

Congratulations to NCGNP member MJ Henderson, recent recipient of the 2005 Sharp Cutting Edge Award from the American College of Nurse Practitioners (ACNP).

The Sharp Award is given annually in honor of Nancy Sharp, ACNP's first vice president, a longtime leader in nursing and a positive force for NPs. Persons are selected from those who demonstrate exemplary service to improve the image and visibility of the nurse practitioner profession.

MJ was recognized as "a dedicated voice for nurse practitioners and their patients, selected to honor her vast contributions at the organizational and individual levels, ... a 'coalition builder,' ... an NP leader, an expert clinician, an educator, and a professional who passionately dedicates herself to the health of others and the advancement of the profession."

MJ has served NCGNP in many roles, including president. She also chaired the Nurse Practitioner National Marketing Campaign, which united NP groups to promote the profession in the public and the media. Her contributions to the education of NPs include her coauthorship of the NONPF Preceptor Manual, a publication frequently referred to as the "gold standard" in clinical education.

MJ is currently a GNP in clinical practice in Los Gatos, California, where her practice includes a focus on diabetes and the special needs of older adults with this disease. She received her MSN as a gerontological nurse practitioner from Boston University and her bachelor of applied arts nursing from Ryerson Polytechnic University in Toronto.

— You go, girl!

## Kudos to Terry Fulmer, Ph.D., RN, FAAN,



on a successful year as President of the Gerontological Society of America!

Dr. Fulmer, Dean of the NYU College of Nursing, Erline Perkins McGriff Professor, and co-director of the John A. Hartford Institute for Geriatric Nursing, was the first ever nurse GSA president. She has been instrumental in promoting the Nursing Interest Group as well as the Humanities and the Arts Committee.

Founded in 1945, the GSA is a nonprofit professional organization with more than 5,000 members in the field of aging from all over the world. For more information about the Hartford Institute for Geriatric Nursing, go to [www.hartfordign.org](http://www.hartfordign.org), and for information about GSA, go to [www.geron.org](http://www.geron.org).



## AJN Books of the Year

Cheers to members Pricilla Ebersole, Pat Hess, Theris Touhy, and Kathleen Jett. Their 2005 book *Gerontological Nursing and Healthy Aging* (2nd edition) was recognized as one of the 2005 AJN Books of the Year. Way to go!

## Johnson & Johnson Honored by Presidential Award for Corporate Leadership

Longtime nursing and NCGNP supporter, the Johnson & Johnson Company was presented with the Ron Brown Award for Corporate Leadership in recognition of our ongoing campaign to address the national nursing shortage by Secretary of Commerce Carlos M. Gutierrez.

The award was established by President Clinton in honor of the late U.S. Secretary of Commerce, Ron Brown. It is the only Presidential award to honor companies for the exemplary quality of their relationships with employees and communities. This annual award is presented to companies that have demonstrated a deep commitment to innovative initiatives that not only empower employees and communities, but also advance strategic business interests.

The award recognized, in particular, the Johnson & Johnson Campaign for Nursing's Future, which was launched in February 2002 in response to the most profound shortage of nursing professionals that this country has ever seen. This multiyear initiative is designed to enhance the image of the nursing profession, recruit new nurses and nurse faculty, and help retain

nurses currently in the profession. By working in cooperation with professional nursing organizations, schools, hospitals, and other healthcare groups, the Campaign for Nursing's Future aims to promote opportunities in nursing and increases awareness of the value of the nursing profession to our society and America's healthcare community.

For more information on the award, visit [www.ron-brown-award.org/index.cfm](http://www.ron-brown-award.org/index.cfm).

Have you been recognized for your work or in your life? Girl Scout Leader of the Year or Outstanding NP? We would love to share that news with others... Don't be shy — send your announcement to the editor so that we can cheer you on! Contact Kathleen Jett at [kjett@fau.edu](mailto:kjett@fau.edu).



Dr. Evelyn Duffy,  
Chair of Education Committee

## Member Services UPDATE

The Member Services Committee wishes to welcome two new local chapters to NCGNP: New England and Lone Star (Dallas Area). The President of the New England chapter is Anne Marie Bourque (abourque2@partners.org) and Joyce Danter (jiharter@aol.com), is the President of the Lone Star chapter. With the addition of these two chapters, NCGNP now has 11 chapters representing us across the country. Several other chapters are also forming, including Wisconsin and the Magnolia chapter (Mississippi/Louisiana). See below or check out the NCGNP Web site at [www.ncgnp.org](http://www.ncgnp.org) for a current list of chapters and contact information. The Web site also contains detailed information for getting a chapter started in your area. Please keep an eye on the Web site for more local chapters as several will be starting later this year.

All members are reminded to check the Web site frequently for news updates and, of course, annual renewals. Verification of membership is available for download, and membership cards will be coming shortly as well.

— Marianne Shaughnessy  
mshaughn@grecc.umaryland.edu

## Northern California CHAPTER: Calling all Northern California Advance Practice Nurses

The Northern California Chapter will have new officers after January 2006. Robin Bon-Fredericks is President, Fran Gensberg remains Treasurer, and during the late January meeting, we will elect a new President-elect and Secretary. We are working hard on our Second annual Education Day on May 6th in South San Francisco. Our planned topics include a pharmacy update, geriatric spinal cord injuries, a stroke care update, and a panel discussion about independent practice and community practice sites. For information, please contact Jennifer Serafin at [jserafin@jhsf.org](mailto:jserafin@jhsf.org) or Trudy Keltz at [takgnp@aol.com](mailto:takgnp@aol.com). We are still awaiting final board approval of our tube-feeding information sheet, which is to be used to facilitate tube-feeding discussions with families of demented patients. When it is completed, we will post it on the NCGNP Web site for all members to use. We believe it will be helpful as a starting point for this difficult discussion.

**In memoriam: Our chapter lost a good friend and co-worker in December, when Suzannah Abrams passed away. You will be missed, Suzannah!**

— Trudy Keltz and Jennifer Sarafina

## Looking for a Chapter Near You?

- Arizona (Phoenix):** Jean Stanley — [jstanley5513@hotmail.com](mailto:jstanley5513@hotmail.com)
- California (Northern):** Trudy Keltz — [takgnp@aol.com](mailto:takgnp@aol.com)
- Florida (Southern):** Gail Fox-Seaman — [gfox277@aol.com](mailto:gfox277@aol.com)
- Illinois (Chicago):** Anna Treinkman — [anna\\_d\\_treinkman@rush.edu](mailto:anna_d_treinkman@rush.edu)
- Maryland (Baltimore):** Rosemary LaMacchia — [mcgnp@yahoo.com](mailto:mcgnp@yahoo.com)
- Michigan (Great Lakes):** Kathryn Cosgrove — [klcosgrove@earthlink.net](mailto:klcosgrove@earthlink.net)
- New York (Rochester):** Pat Federico-Fields — [pfedfields@yahoo.com](mailto:pfedfields@yahoo.com)
- Ohio:** Evelyn Duffy — [exd4@po.cwru.edu](mailto:exd4@po.cwru.edu)
- Texas (Gulf Coast):** Andrew Rolniak — [ajrolni@aol.com](mailto:ajrolni@aol.com)
- Texas (Lone Star Chapter):** Joyce Danter — [jiharter@aol.com](mailto:jiharter@aol.com)
- SW Wisconsin (almost established):** Linda Culhane — [lculhane@cco.cce.org](mailto:lculhane@cco.cce.org)

**Interested in starting a chapter?**

Contact NCGNP President-Elect Anna Treinkman at [anna\\_d\\_treinkman@rush.edu](mailto:anna_d_treinkman@rush.edu)

# Opportunities for Members and Friends

## Need to Design Continuing Education Programs or Award CEUs?

NCGNP now has a CE Provider Unit and a CE Approver Unit. Each unit is authorized by the American Nurses Credentialing Center (ANCC) to award contact hours for Continuing Education (CE) activities for advanced practice nurses working with older adults. Although both units are concerned with continuing education, they have differing functions for the organization.

The NCGNP CE Provider Unit (PU) may award contact hours only for educational activities planned and offered by NCGNP. All activities must be planned, implemented, and evaluated by NCGNP members working with the PU Nurse Manager, Sandy Kamp. For example, a chapter can get contact hours for continuing education offered at a chapter meeting or workshop when the members plan the program, it is fair and unbiased continuing education, and ANCC and NCGNP criteria are met.

Activities from the NCGNP Approver Unit (AU) are planned, implemented, and evaluated by other providers, including an advanced practice nurse working with that group, and also must be fair and unbiased CE, not promotional. The AU Nurse Manager is Virginia Lee Cora. For example, a medical education company may develop a Webcast for APNs on the clinical management of an illness in nursing home residents with a GNP on the planning committee. The medical education company pays a fee, submits a formal application for approval of contact hours, and sends evaluations back to the AU.

While the Provider Unit manages internally derived continuing education and the Approver Unit works with externally generated educational activities, each unit focuses on CE activities specifically tailored for APNs working with older adults. For more information, contact the NCGNP headquarters or Web site, [ncgnp@puetzamc.com](mailto:ncgnp@puetzamc.com) or [www.ncgnp.org](http://www.ncgnp.org).

## Win Three Nights at the Sawgrass Resort During the 2006 Conference

A beautiful room could be awaiting you (a \$600 value, approximately) at the Sawgrass Resort in Punta Vedra, Florida. All you have to do is to recruit the most new, regular members between now and then (ten-person minimum, please!). The application form found in this newsletter can be copied or new members can sign up online — too easy! See you at the beach!

## Give in to Your Creative Side and Become a Writer!

NCGNP members regularly contribute to several professional journals, including *Geriatric Nursing*, *Advance for NPs*, and others. If you have something to say — clinical topics or research — and want to know how to get it into print, contact Kathleen Jett, Chair of the Communications Committee. We are also always interested in short pieces for the newsletter. [kjett@fau.edu](mailto:kjett@fau.edu)

## Support Our Colleagues at War

We recently found an article indicating that our colleagues in Iraq need our help securing current medical references. See [www.medscape.com/viewarticle/518624?src=mp](http://www.medscape.com/viewarticle/518624?src=mp). If you are not already a subscriber to Medscape, it is free and it is easy to register on [www.medscape.com](http://www.medscape.com).

## An Opportunity to Honor a Colleague or Mentor

In the next several months, the Historical Committee will be putting together a special publication honoring those who have served as leaders and inspirations to gerontological nursing. If you have any ideas for people or topics that should be covered in the 25th anniversary special, contact Chair Norma Small.

## Need to Know the Latest and the Greatest on Providing Mental Healthcare to Older Adults?

A new resource, the Mental Health Toolkit, will soon be available from the NCGNP National Office. The NCGNP Comprehensive Toolkit for Assessing and Managing Mental Health Changes in Older Adults is a comprehensive assessment toolkit to be used by nurses in both skilled nursing and assisted living facilities. The Toolkit includes a step approach to the evaluation of patients with mental health changes and specifically provides nurses with appropriate assessment tools to help guide them through the assessment process and suggests treatment options depending on the mental health problem(s) identified. The Toolkit will be accompanied by a PowerPoint presentation, which can be used for training of staff within long-term care facilities. In addition,

this PowerPoint will be useful to increase the motivation of the nurses working with older adults to take the time to evaluate and treat mental health problems.

The Toolkit was created through the joint efforts of Barbara Resnick, Ph.D., CRNP, FAAN, FAANP; Alice F. Bonner, MS, APRN, BC; Valisa Saunders, MSN, GNP, CNS; Mary Pat Rapp, Ph.D.(c), MSN, RN, FAANP; Virginia Lee Cora, DSN, GNP; and Megg Wheeldon, RN, BSN, A/GNP-C. Thanks to the many members who reviewed and commented on the Toolkit during the development process. Thanks also to the American Nurses Foundation, the Hartford Institute, and Johnson & Johnson for their support on this project.



# Changes in Nursing Facility Services CPT Codes in 2006

Effective January 1, 2006, most of the CPT codes for Nursing Facilities were changed. All of the codes we are accustomed to using are gone.

**CODES** for Domiciliary, Rest Home or Custodial Care Services, and Assisted Living Facilities were also changed as were the “Place of Service” (POS) codes.

## SNF/NF CODES

The “Comprehensive Codes” 99301-99303 and “Subsequent Visits” Codes 99311-99313 have been replaced. The new codes more closely follow other coding groups (e.g., office visits) and allow for better discrimination of the different levels of work for the initial and subsequent codes. Discharge codes 99315 and 99316 remain the same.

The “Initial” codes (99304-99306) are listed as those which “...must be performed by a physician” and require all three key documentation components — history, exam, and medical decision making — at the appropriate levels.

The “initial” visit codes are to be used only by the physician for SNF patients and NF patients with one exception. If the non-physician provider (NPP) is not employed by the facility and their state allows them by law to provide the initial visits in an NF, they can use the “initial” visit codes 99304-99306 if they meet the collaboration and physician supervision requirements (Transmittal 792). Carriers should be advising their physicians and NPPs of these changes very shortly. The same rules will apply for readmission in an SNF and NF as for the initial visit. Use of any of the initial visit codes should be accompanied by a new Minimum Data Set (MDS).

The Annual Assessment code (99318) also requires all three key documentation components: 1. a detailed interval history, 2. a comprehensive examination, and 3. medical decision making that is of low to moderate complexity. This code is not to be used on the same date of service as 99304-99306. The Annual Assessment (and therefore the code) cannot be done/used on the same day as a designated Subsequent Visit (code).

The “Subsequent Visit” codes, 99311-99313, have been replaced by four new Subsequent Visit codes – 99307-99310. These codes require at least two of the three key elements of history, exam, and medical decision making at the appropriate levels. Typical times for the Nursing Facility codes have not yet been determined. Therefore, prolonged services codes cannot be used.

Please note that CMS Transmittal 792 that was issued on December 23, 2005, reaffirms the November 13, 2003, memo from CMS that allows the NPP to provide medically necessary visits at any time prior to or after the “initial” MD visit, and those visits are billed using the “Subsequent Visit” CPT codes 99307-99310.

## COMMUNITY SETTINGS:

The codes for Domiciliary, Rest Home or Custodial Care Services, including Assisted Living codes, have also been changed. The new codes are 99324-99328 for Initial Visits and 99334-99337 for Subsequent visits in all settings, but with place of service (POS) code 13 for Assisted Living, and the POS code for Domiciliary, Rest Home or Custodial Care Services is 33. The CPT Codes for Home Medical Visits (POS-12) are unchanged.

Common Procedure Terms (CPT) codes were developed by and belong to the American Medical Association (AMA) and are widely used for billing purposes under Medicare and other insurance programs. The American Medical Directors Association (AMDA) has been working with the AMA for the past two years to make these changes for Nursing Facilities. AMDA was joined in the effort to obtain new codes by the American Geriatrics Society (AGS), the American Academy of Family Physicians (AAFP), and the American Academy of Home Care Physicians (AAHCP).

No changes in regulations related to Advanced Practice Nurses (APNs) have been made in response to the new CPT codes, nor is that expected. Past correspondence with CMS and NCGNP indicates that APNs cannot use the Initial Codes for SNF patients because that has been considered the PHYSICIAN INITIAL visit. While billing rules are not scope of practice rules, one cannot bill for a service they are not authorized to provide.

NCGNP will continue to work to clarify CMS interpretations surrounding APN practice in Nursing Facilities and billing rules. Furthermore, NCGNP continues to work an agenda with CMS to increase the scope of APN work to be consistent with their full legal scope of practice through changes in law and regulation. NCGNP believes that, currently, there are a number of areas in the Social Security Act that unduly restrict the role of the APN that are not necessary.

For further information on the new CPT codes, check the AMDA or AGS Web sites if you are a member and/or visit [www.amapress.com](http://www.amapress.com) or call 800-621-8335 for the 2006 CPT Reference Book and CPT Changes 2006: An Insider’s View.



Valisa Saunders MN,  
APRN, GNP-BC



# Table I

## Evaluation and Management Codes Effective January 1, 2006 Skilled Nursing Facility/Nursing Facility (SNF/NF)

Place	SNF	NF	Documentation Requirements	Element Requirements
<b>INITIAL VISIT CODES</b>			INITIAL VISITS & ANNUAL ASSESSMENT require 3/3 key elements of history, exam, and medical decision making (MDM)	
Place of Service Code	31	32		
	99304	99304	Detailed or comprehensive history, Detailed or comprehensive exam, MDM straightforward or low complexity	4 HPI, 2-9 ROS, 1 PFSH 2-7 w/1 detailed exam
	99305	99305	Comprehensive history, Comprehensive exam, MDM of moderate complexity	4 HPI, 10 ROS, 2 PFSH, 8 Sys Exam
	99306	99306	Comprehensive history, Comprehensive exam, MDM of high complexity	4 HPI, 10 ROS, 2 PFSH, 8 Sys Exam
<b>SUBSEQUENT VISITS</b>			Requires 2/3 key elements at the level of coding	
	99307	99307	Problem-focused interval history, Problem-focused exam, MDM straightforward	1-3 HPI — 1 Exam
	99308	99308	Expanded problem-focused interval history, Expanded problem-focused exam, MDM low complexity	1-3 HPI, 1 ROS — 2-7 Exam
	99309	99309	Detailed interval history, Detailed exam, MDM of moderate complexity	4 HPI, 2-9 ROS, 1PFSH 2-7w 1 detailed Exam
	99310	99310	Comprehensive interval history, Comprehensive exam, MDM of moderate or high complexity	4 HPI, 10 ROS, 2PFSH — 8 Sys Exam
Nursing Facility Discharge < 30 minutes	99315	99315	Discharge day management, including death pronouncements < 30 minutes	
Nursing Facility Discharge > 30 minutes	99316	99316	Discharge day management, including death pronouncements > 30 minutes	
ANNUAL NURSING FACILITY ASSESSMENT	99318	99318	Detailed interval history, Comprehensive exam, MDM of low or moderate complexity	4 HPI, 2-9 ROS, 1 PFSH, 8sysExam,
Author: Valisa Saunders, 2006; summary based on AMA publications: <i>CPT Changes 2006: An Insider's View</i> , AMA, 2005 & <i>CPT 2006, Current Procedural Terminology, Professional Edition</i> (10/05) and <a href="http://www.amda.com/cptcentral/codes.htm">www.amda.com/cptcentral/codes.htm</a> . Accessed January 3, 2006, Medicare 1995 Documentation Guidelines, and CMS Transmittal 667 dated Sept 2, 2005. This is not a CMS-approved document. Check with fiscal intermediary to determine correct place of service codes for locality. E-mail: Valisa@hawaii.rr.com				

# Table II

## New CPT codes effective January 1, 2006, for Domiciliary, Rest Home, Custodial Care Services, and Care Plan oversight Comparison with current codes for Medical Home Visits

Domiciliary/Rest Home/Custodial Care Facility Place of Service Code (POS) 33	Assisted Living POS 13	Home POS 12	Documentation Requirements	Element Requirements	Typical Time Factors for Domiciliary, Rest Home, and Home
<b>INITIAL VISIT CODES</b>			INITIAL VISITS require 3/3 key elements of history, exam, and medical decision making (MDM)		Includes counseling and/or coordination of care with other providers or agencies consistent with the nature of problem and pt. and/or family's needs.
99324	99324	99341	Problem-focused history Problem-focused exam, MDM straightforward	1-3 HPI, 1 exam	20-min face-to-face time with patient and/or family or caregiver
99325	99325	99342	Expanded problem-focus history Expanded problem-focused exam MDM of low complexity	1-3 HPI, 1 ROS 2-7 exam	30-min face-to-face time with patient and/or family or caregiver
99326	99326	99343	Detailed history Detailed exam, MDM of moderate complexity	4 HPI, 2-9 ROS, 1 PFSH, 2-7with 1 detailed exam	45-min face-to-face time with patient and/or family or caregiver
99327	99327	99344	Comprehensive history Comprehensive exam, MDM of moderate complexity	4 HPI, 10 ROS,2PFSH, 8 sys exam	60-min face-to-face time with patient and/or family or caregiver
99328	99328	99345	Comprehensive history Comprehensive exam, MDM of high complexity	4 HPI, 10 ROS,2PFSH, 8 sys exam	75-min face-to-face time with patient and/or family or caregiver
<b>SUBSEQUENT VISIT CODES</b>			Requires 2/3 key elements at the level of coding		
99334	99334	99347	Problem-focused interval history Problem-focused exam, MDM straightforward	1-3 HPI, 1 exam	15-min face-to-face time with patient and/or family or caregiver
99335	99335	99348	Expanded problem-focused interval history Expanded problem focused exam MDM of low complexity	1-3 HPI, 1 ROS 2-7 exam	25-min face-to-face time with patient and/or family or caregiver
99336	99336	99349	Detailed interval history Detailed exam MDM of moderate complexity	4 HPI, 2-9 ROS, 1 PFSH, 2-7 with 1 detailed exam	40-min face-to-face time with patient and/or family or caregiver
99337	99337	99350	Comprehensive interval history, Comprehensive exam, MDM of mododerately-high complexity	4 HPI, 2-9 ROS, 1 PFSH, 2-7 with 1 detailed exam	60-min face-to-face time with patient and/or family or caregiver
<b>CARE PLAN OVERSIGHT CODES</b>					
99339	99339	99339	These codes are for patients not in nursing homes, Hospice, or Home Health Services. These are new codes for services not previously covered by Medicare. Relative Value Update Committee (RUC) has not been published yet.	15-29 minutes within calendar month	
99340	99340	99340		30 minutes or more within calendar month	
Author: Valisa Saunders, 2006; summary based on AMA publications: <i>CPT Changes 2006: An Insider's View</i> , AMA, 2005 & <i>CPT 2006, Current Procedural Terminology, Professional Edition</i> (10/05) and <a href="http://www.amda.com/cptcentral/codes.htm">www.amda.com/cptcentral/codes.htm</a> . Accessed January 3, 2006, Medicare 1995 Documentation Guidelines, and CMS Transmittal 667 dated September 2, 2005, with effective date of December 5, 2005, for new Place of Service Codes. This is not a CMS-approved document. Check with fiscal intermediary to determine correct place of service codes for locality. Group Home POS Code 14 may be pertinent to some community settings visited by providers and is listed in the AMA CPT 2006 book, but there are no corresponding CPT codes listed in the AMA publications.					

## References:

- *American Geriatrics Society (AGS) Week in Review*, November 11, 2005, accessed November 12, 2005. [www.americangeriatrics.org/2006CPTCode\\_changes.shtml](http://www.americangeriatrics.org/2006CPTCode_changes.shtml)
- American Medical Association, *Common Procedural Terminology*, CPT 2006, Professional Edition. October, 2005
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- American Medical Directors Association Web site, October 17, 2005, accessed November 13, 2005. [www.amda.com/newsroom/101705\\_cpt.htm](http://www.amda.com/newsroom/101705_cpt.htm)
- CMS Manual System Pub 100-04 Medicare Claims Processing Transmittal 667, September 2, 2005. Implementation date: December 5, 2005
- CMS Manual System Pub 100-04 Medicare Claims Processing Transmittal 792, December 23, 2005 [www.cms.hhs.gov/Transmittals/Downloads/R792CP.pdf](http://www.cms.hhs.gov/Transmittals/Downloads/R792CP.pdf)

Aloha, Valisa Saunders, MN, APRN, GNP-BC

Honolulu, Hawaii

January 8, 2006

Hauoli Makahiki Hou ◀

## GNP Faculty Group

The NCGNP members who have been meeting as the GNP Faculty Group now have a home as a subcommittee of the Education Committee. This group is working with the GNP Special Interest Group of the National Organization of Nurse Practitioner Faculties (NONPF) to survey faculty about the status of GNP programs across the country. Focus groups are planned for the GNP SIG (Special Interest Group) meeting during the 32nd Annual Meeting of NONPF ([www.nonpf.com/NONPF2005/meetings/orlandomtg.htm](http://www.nonpf.com/NONPF2005/meetings/orlandomtg.htm)) on April 21, 2006, at the Buena Vista Palace in Orlando, Florida (formerly the Wyndham Palace Resort & Spa). A questionnaire developed from the focus group data will be sent to GNP faculty.

Join the groups at NONPF and at NCGNP and stay tuned for a report on the future of our GNP programs.

— Virginia Lee Cora,  
[vcora@jam.rr.com](mailto:vcora@jam.rr.com)

# National Conference of Gerontological Nurse Practitioners, Inc.

The National Conference of Gerontological Nurse Practitioners, incorporated in 1983, invites all advanced practice nurses who specialize in the care of older adults to become members of our organization.



## Goals:

1. Advocate quality care for older adults.
2. Promote professional development of advanced practice nurses.
3. Provide continuing education for advanced practice nurses in geriatrics.
4. Enhance communication and professional collaboration among healthcare providers.
5. Educate consumers regarding issues of aging.

## Membership Benefits:

1. The *NCGNP Newsletter*, a quarterly publication written by and for GNPs.
2. Complimentary subscription to *Geriatric Nursing Journal*.
3. Publication opportunities.
4. Annual convention providing current research and clinical information (reduced fee).
5. Networking opportunities with other GNPs.
6. Web site for information exchange and referral.
7. NCGNP is a member of American Nurses Credentialing Center (ANCC), which allows members a 25% reduction in initial and recertification fees.
8. NCGNP is a member of the American College of Nurse Practitioners (ACNP) and is building affiliations with other national healthcare associations.



**Membership:** There are four levels of membership: ..... **Dues**

**Active:** (Advanced Practice Nurse; voting privileges) ..... \$75.00

**Associate:** (Nonadvanced Practice Nurse) ..... \$75.00

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**Retired:** (Previous NCGNP member, now retired; voting privileges) ..... \$35.00

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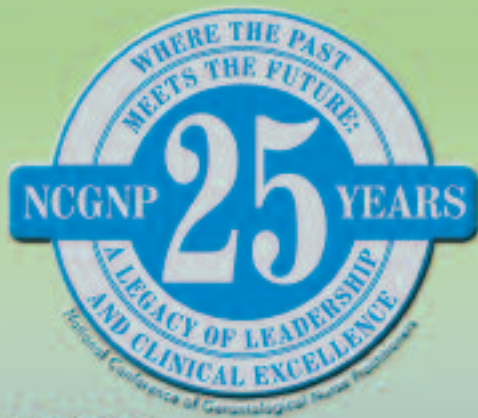
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Save This Date!  
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