

## ND PROVIDER ENROLLMENT ATTESTATION FOR REGISTERED NURSE SERVICES BILLED BY SCHOOLS

\_\_\_\_\_  
Practitioner Name (printed)

\_\_\_\_\_  
NPI

As a Registered Nurse (RN) enrolling to provide nursing services under School-Based Services policy, I attest that I understand the following requirements.

Nursing services require a written order that is documented in the Medicaid-eligible student's Individualized Education Plan (IEP), 504 plan, or health plan (written order can be from a physician, nurse practitioner, or physician assistant).

Nursing services may only be billed for Medicaid-eligible students with complex medical needs.

Non-Covered Services includes:

1. Services provided that are not documented in the Medicaid-eligible student's IEP, 504 plan, or health plan.
2. Services not authorized by the appropriate authorization or written order.
3. Services that are not provided directly to the student such as attendance at staff meetings, IEP meetings, staff supervision, member screening, development and use of instructional text and treatment materials.
4. Communications between the provider and child that is not face-to-face.
5. Population screenings such as lice checks.
6. Services considered experimental or investigational.
7. Services considered educational or instructional in nature.
8. Medication administration.

\_\_\_\_\_  
Signature of Enrolling RN

\_\_\_\_\_  
Date

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## School to Complete:

I attest that the practitioner mentioned above will provide the above services in accordance with the School-Based Services policy.

\_\_\_\_ Supervisor Name

\_\_\_\_ School Name

\_\_\_\_ Street Address

\_\_\_\_ City, State, Zip Code

\_\_\_\_  
Supervisor Signature

\_\_\_\_  
Date

\_\_\_\_  
Printed Name of Supervisor

**Please sign and return by email to [NDMedicaidEnrollment@noridian.com](mailto:NDMedicaidEnrollment@noridian.com) or by fax to 701-433-5956. ATTN: NDM Provider Enrollment**