




NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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Memorandum

To: Local Public Health Directors of Nursing and Nursing Supervisors

From: Phyllis M. Rocco, MPH, BSN, RN Chief Public Health Nurse 

Subject: Guidance on the Use of UAPs in Family Planning Clinics

Date: November 8, 2018

Recently, during a Family Planning Regional Meeting, it came to the attention of Division of Public Health staff that some local health departments are utilizing Unlicensed Assistive Personnel (UAP) to administer injectable medications to clients.

Unlike private medical practices or health care systems in which physicians may assign tasks to any staff they oversee, local health department nursing and UAP staff operate under the oversight of the Director of Nursing. Therefore, while UAPs may administer injectable medications to clients in health department clinics, all the requirements regarding delegation to assistive personnel set forth by the North Carolina Board of Nursing (BON) must be met, and local policies/procedures/protocols must establish the specific circumstances under which the UAP may administer injectable medications. Following are recommended steps to follow when considering the use of UAP (i.e. CMA, MOA, CNA) to administer medications in local health department clinics:

Step 1: The Director of Nursing (DON), Medical Director and medical doctor (MD) who want to change current practice should together discuss the pros and cons of adding the UAP to their service provision.

Step 2: In an organization like a health department, where no one MD owns nor bears the sole medical-legal responsibility for the functions of licensed or unlicensed staff, UAP supervision is a responsibility of the DON or Nursing Supervisor/Manager, as only a nurse has the authority to delegate nursing task to a non-nurse (UAP). Private medical practices owned by MDs or health care systems are not held to this standard, as either the MD or health care system owns the practice and has sole responsibility for all unlicensed staff, unless they have nurses. Neither the Medical Director nor any MD employed or contracted by a local Health Department can independently determine the scope of practice of a RN or LPN, therefore may not assign duties or tasks to a UAP. Please refer to the BON position statements and decision tree.

<https://www.ncbon.com/vdownloads/position-statements-decision-trees/delegation-and-assignment-of-nursing-activities.pdf>

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<https://www.ncbon.com/vdownloads/position-statements-decision-trees/delegation-of-medication-administration-to-uap.pdf>
<https://www.ncbon.com/vdownloads/position-statements-decision-trees/decision-tree-delegation-to-uap.pdf>

Q1: Is administration of Depo delegated to the UAP by the PHN working in the clinic or by the DON?

Answer:

1. The DON assures policies and procedures are in place to support the safe & effective use of UAPs.
2. A PHN is responsible for assuring the competency of UAPs for safe & effective practice.
3. The PHN who delegates to a UAP maintains overall accountability for the coordination and delivery of nursing care to the individual client.

Q2: If the UAP is administering a Depo or other therapeutic injection in the context of a provider (preventive or problem) visit, is it still permissible to bill the 96372 CPT along with the preventive or problem E/M code?

Answer: Yes, regardless of who administers the injection 96372 may be billed in addition to the preventive or E/M code.

Q3: For a “Depo only” visit where the client is being seen in clinic solely for the administration of Depo, must this still be handled by an RN? (At a minimum during a Depo only visit, client satisfaction and potential problems with the method must be assessed.)

Answer: Yes. Please refer to the BON UAP Decision Tree.

<https://www.ncbon.com/vdownloads/position-statements-decision-trees/decision-tree-delegation-to-uap.pdf>

Q4: For a “Depo only” visit, when the nurse is the only provider the client sees, agencies have been advised that they may choose to bill 99211 for the Depo only visits OR 96372 therapeutic injection, along with the HCPCS for the Depo. *If* it is permissible for the RN to delegate the administration of the Depo during a “Depo only” visit, does the previous billing guidance still apply?

Answer: Yes. UAPs are not recognized as a provider. In this case, the UAP is working on behalf of the RN, since the RN delegated the task. Therefore, the agency may only bill a 99211 or a 96372 for a “Depo only” visit, regardless of whether the RN or the UAP administers the Depo injection.

Cc:
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