Please note: The information in this publication applies only to the Medicare Fee-For-Service Program (also known as Original Medicare).

This booklet was current at the time it was published or uploaded onto the web. Medicare policy changes frequently so links to the source documents have been provided within the document for your reference.

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The charts in this publication provide information on the required qualifications, coverage criteria, billing, and payment for Medicare services furnished by certified registered nurse anesthetists (CRNAs) and anesthesiologist assistants (AAs), nurse practitioners (NPs), certified nurse-midwives (CNMs), clinical nurse specialists (CNSs), and physician assistants (PAs). Advanced practice registered nurses include CRNAs, NPs, CNMs, and CNSs.

Each provider type is color coded to assist you in finding information of interest.

- **CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNAs) AND ANESTHESIOLOGIST ASSISTANTS (AAs)**: 1
- **NURSE PRACTITIONERS (NPs)**: 3
- **CERTIFIED NURSE-MIDWIVES (CNMs)**: 5
- **CLINICAL NURSE SPECIALISTS (CNSs)**: 7
- **PHYSICIAN ASSISTANTS (PAs)**: 9
- **RESOURCES**: 11
CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNAs) AND ANESTHESIOLOGIST ASSISTANTS (AAs)

When “you” is used in these charts, we are referring to CRNAs and AAs.

<table>
<thead>
<tr>
<th>Required Qualifications for CRNAs and AAs</th>
<th>Coverage Criteria for CRNAs and AAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>CRNAs must:</td>
<td>The following coverage criteria apply:</td>
</tr>
<tr>
<td>- Be licensed as a registered professional nurse by the State where you practice;</td>
<td>- You are legally authorized and qualified to furnish the services in the State where you perform such services;</td>
</tr>
<tr>
<td>- Meet any licensure requirements the State imposes with respect to non-physician anesthetists;</td>
<td>- Services are not otherwise precluded due to a statutory exclusion, and the services must be reasonable and necessary;[1] and</td>
</tr>
<tr>
<td>- Have graduated from a nurse anesthesia educational program that meets the standards of the Council on Accreditation of Nurse Anesthesia Programs or other accreditation organization designated by the Secretary of the Department of Health and Human Services (HHS); and</td>
<td>- When general, regional, and monitored anesthesia is administered:</td>
</tr>
<tr>
<td>- Meet one of the following:</td>
<td>- By a CRNA – It must be supervised by the operating practitioner performing the procedure or by an anesthesiologist who is immediately available if needed, unless the CRNA is located in a State that has opted out of the supervision requirements; or</td>
</tr>
<tr>
<td>- Have passed a certification examination of the Council on Certification of Nurse Anesthetists, the Council on Recertification of Nurse Anesthetists, or any other certification organization that may be designated by the Secretary of the Department of HHS; or</td>
<td>- By an AA – It must be supervised by an anesthesiologist who is immediately available if needed.[2]</td>
</tr>
<tr>
<td>- Have graduated from one of the nurse anesthesia educational programs described in the third bullet above; and</td>
<td></td>
</tr>
<tr>
<td>- Have passed the certification examination discussed above within 24 months of graduation.</td>
<td></td>
</tr>
<tr>
<td>AAs must:</td>
<td></td>
</tr>
<tr>
<td>- Work under the direction of an anesthesiologist;</td>
<td></td>
</tr>
<tr>
<td>- Be in compliance with all applicable requirements of State law, including any licensure requirements the State imposes on non-physician anesthetists; and</td>
<td></td>
</tr>
<tr>
<td>- Have graduated from a medical school-based AA education program that:</td>
<td></td>
</tr>
<tr>
<td>- Is accredited by the Committee on Allied Health Education and Accreditation; and</td>
<td></td>
</tr>
<tr>
<td>- Includes approximately 2 years of specialized science and clinical education in anesthesia at a level that builds on a premedical undergraduate science background.</td>
<td></td>
</tr>
</tbody>
</table>

[1] Services or supplies are considered medically necessary if they meet the standards of good medical practice and are:
   - Proper and needed for the diagnosis or treatment of the patient’s medical condition;
   - Furnished for the diagnosis, direct care, and treatment of the patient’s medical condition; and
   - Not mainly for the convenience of the patient, provider, or supplier.

[2] An anesthesiologist is considered immediately available when he or she is:
   - Physically located within the same area as the CRNA or AA; and
   - Not otherwise occupied in a way that prevents an immediate hands-on intervention.
## Billing Guidelines for CRNAs and AAs

- The following billing guidelines apply:
  - You may bill the Medicare Program either:
    - Directly for services using your National Provider Identifier (NPI); or
    - Under an employer’s or contractor’s NPI;
  - Anesthesia time is the continuous period that:
    - Begins when the patient is prepared for anesthesia services in the operating room or equivalent area; and
    - Ends when the patient may be placed safely under postoperative care;
  - Blocks of time can be added around an interruption in anesthesia time as long as continuous anesthesia care is furnished within the time periods around the interruption;
  - The claim form must include one of the following certifications, as applicable:
    - CRNA or AA services have been medically directed; or
    - CRNA or AA services have not been medically directed; and
  - Anesthesia billing modifiers include:
    - AA – Anesthesia services performed personally by the anesthesiologist;
    - AD – Medical supervision by a physician; more than 4 concurrent anesthesia procedures;
    - QK – Medical direction of two, three or four concurrent anesthesia procedures involving qualified individuals;
    - QS – Monitored anesthesia care service;
    - QY – Medical direction of one certified registered nurse anesthetist by an anesthesiologist;
    - QZ – CRNA service: without medical direction by a physician; and
    - QX – CRNA service: with medical direction by a physician.

## Payment Guidelines for CRNAs and AAs

- The following payment guidelines apply:
  - Payment is made only on assignment basis,[3]
  - Payment is subject to Medicare Part B deductible and coinsurance;
  - Services are paid under the CRNA Fee Schedule at the lesser of 80% of one of the following:
    - The actual charge;
    - The applicable CRNA conversion factor (CF) multiplied by the sum of allowable base and time units; or
    - The applicable locality of the participating anesthesiologist’s CF multiplied by the sum of allowable base and time units; and
  - One anesthesia time unit = 15 minutes of anesthesia time.

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[3] Assignment means that the provider or supplier:
- Will be paid the Medicare-allowed amount as payment in full for his or her services; and
- May not bill or collect from the patient any amount other than unmet copayments, deductibles, and/or coinsurance.
# NURSE PRACTITIONERS (NPs)

When “you” is used in these charts, we are referring to NPs.

## Required Qualifications for NPs

- You must:
  - Be a registered professional nurse authorized by the State in which you furnish services to practice as a NP in accordance with State law and meet one of the following:
    - Have obtained Medicare billing privileges as a NP for the first time on or after January 1, 2003, and:
      - Are certified as a NP by a recognized national certifying body that has established standards for NPs; and
      - Have a Master’s degree in nursing or a Doctor of Nursing Practice degree;
    - Have obtained Medicare billing privileges as a NP for the first time before January 1, 2003, and meet the certification requirements described above; or
    - Have obtained Medicare billing privileges as a NP for the first time before January 1, 2001.

## Coverage Criteria for NPs

- The following coverage criteria apply:
  - You are legally authorized and qualified to furnish the services in the State where you perform such services;
  - Services are not otherwise precluded due to a statutory exclusion, and the services must be reasonable and necessary;
  - Services are the type considered physicians’ services if furnished by a medical doctor or a doctor of osteopathy;
  - Services are performed in collaboration with a physician;
  - Assistant-at-surgery services furnished by a NP may be covered; and
  - Incident to services and supplies may be covered.

1. Services or supplies are considered medically necessary if they meet the standards of good medical practice and are:
   - Proper and needed for the diagnosis or treatment of the patient’s medical condition;
   - Furnished for the diagnosis, direct care, and treatment of the patient’s medical condition; and
   - Not mainly for the convenience of the patient, provider, or supplier.

4. Collaboration occurs when NPs and CNSs:
   - Work with one or more physicians to deliver health care services within the scope of their professional expertise; and
   - Medical direction and appropriate supervision is provided as required by the law of the State in which the services are furnished (it is not required for the collaborating physician to be present when services are furnished or to independently evaluate patients).

5. A physician, NP, CNM, CNS, or PA may have services and supplies furnished incident to his or her professional service. To be covered and paid under the Incident to Provision, the services and supplies must be furnished in compliance with State law and all of the following requirements must be met:
   - Services and supplies must be an integral part of the patient’s normal course of treatment during which the physician or other listed practitioner has personally performed an initial service and remains actively involved in the course of treatment;
   - Services and supplies are commonly furnished without charge (included in the physician’s or other listed practitioner’s bill);
   - Services and supplies are an expense to the physician or other listed practitioner;
   - Services and supplies are commonly furnished in the physician’s or other listed practitioner’s office or clinic; and
   - The physician or other listed practitioner provides direct supervision, which means he or she is present in the office suite and immediately available if needed.
NURSE PRACTITIONERS (NPs) (cont.)

Billing Guidelines for NPs

- The following billing guidelines apply:
  - You may either:
    - Bill the Medicare Program directly for services using your National Provider Identifier (NPI); or
    - Have an employer or contractor bill for your services using your NPI for reassigned payment;
  - A supervising physician must bill under his or her NPI for services you furnish incident to the physician’s professional services; and
  - You must bill under your NPI for services furnished incident to your own professional services.

Payment Guidelines for NPs

- The following payment guidelines apply:
  - Payment is made only on assignment basis,[3]
  - Services are paid at 85% of the amount a physician is paid under the Medicare Physician Fee Schedule (PFS);
  - Payment is made directly to the NP for assistant-at-surgery services at 85% of 16% of the amount a physician is paid under the Medicare PFS for assistant-at-surgery services;
  - Payment for services furnished incident to the services of a NP in a setting outside of a hospital is made to the NP at 85% of the amount a physician is paid under the Medicare PFS; and
  - When you bill directly for services furnished to hospital inpatients and outpatients, payment is unbundled and made to the NP.

[3] Assignment means that the provider or supplier:
  - Will be paid the Medicare-allowed amount as payment in full for his or her services; and
  - May not bill or collect from the patient any amount other than unmet copayments, deductibles, and/or coinsurance.
CERTIFIED NURSE-MIDWIVES (CNMs)

When “you” is used in these charts, we are referring to CNMs.

<table>
<thead>
<tr>
<th>Required Qualifications for CNMs</th>
<th>Coverage Criteria for CNMs</th>
</tr>
</thead>
<tbody>
<tr>
<td>❖ You must:</td>
<td>❖ The following coverage criteria apply:</td>
</tr>
<tr>
<td>◦ Be a registered professional nurse who is legally authorized to practice as a nurse-midwife in the State in which you perform services;</td>
<td>◦ You are legally authorized and qualified to furnish the services in the State where you perform such services;</td>
</tr>
<tr>
<td>◦ Have successfully completed a program of study and clinical experience for nurse-midwives that is accredited by an accrediting body approved by the United States Department of Education; and</td>
<td>◦ Services are not otherwise precluded due to a statutory exclusion, and the services must be medically reasonable and necessary;[1]</td>
</tr>
<tr>
<td>◦ Be certified as a nurse-midwife by the American College of Nurse-Midwives or the American College of Nurse-Midwives Certification Council.</td>
<td>◦ Services are the type considered physicians’ services if furnished by a medical doctor or a doctor of osteopathy;</td>
</tr>
<tr>
<td></td>
<td>◦ Services are performed without physician supervision and without association with a physician or health care provider, unless otherwise required by State law;</td>
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<tr>
<td></td>
<td>◦ Services are covered in all settings including:</td>
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<td></td>
<td>- Offices;</td>
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<td></td>
<td>- Clinics;</td>
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<td></td>
<td>- Birthing centers;</td>
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<td></td>
<td>- Patients’ homes; and</td>
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<td></td>
<td>- Hospitals; and</td>
</tr>
<tr>
<td></td>
<td>◦ Incident to services and supplies may be covered.[5]</td>
</tr>
</tbody>
</table>

[1] Services or supplies are considered medically necessary if they meet the standards of good medical practice and are:
  ● Proper and needed for the diagnosis or treatment of the patient’s medical condition;
  ● Furnished for the diagnosis, direct care, and treatment of the patient’s medical condition; and
  ● Not mainly for the convenience of the patient, provider, or supplier.

[5] A physician, NP, CNM, CNS, or PA may have services and supplies furnished incident to his or her professional service. To be covered and paid under the Incident to Provision, the services and supplies must be furnished in compliance with State law and all of the following requirements must be met:
  ● Services and supplies must be an integral part of the patient’s normal course of treatment during which the physician or other listed practitioner has personally performed an initial service and remains actively involved in the course of treatment;
  ● Services and supplies are commonly furnished without charge (included in the physician’s or other listed practitioner’s bill);
  ● Services and supplies are an expense to the physician or other listed practitioner;
  ● Services and supplies are commonly furnished in the physician’s or other listed practitioner’s office or clinic; and
  ● The physician or other listed practitioner provides direct supervision, which means he or she is present in the office suite and immediately available if needed.
### Billing Guidelines for CNMs

- The following billing guidelines apply:
  - You may either:
    - Bill the Medicare Program directly for services using your National Provider Identifier (NPI); or
    - Have an employer or contractor bill for your services using your NPI for reassigned payment;
  - A supervising physician must bill under his or her NPI for services you furnish incident to the physician’s professional services;
  - You must bill under your NPI for services furnished incident to your own professional services; and
  - Use billing modifier 52 to report that all services covered by the global allowance were not provided by the billing provider (should not be used when billing for split/shared evaluation and management visits).

### Payment Guidelines for CNMs

- The following payment guidelines apply:
  - Payment is made only on assignment basis,[3]
  - Services are paid at 80% of the lesser of the actual charge or 100% of the amount a physician is paid under the Medicare Physician Fee Schedule (PFS);
  - Payment for services furnished incident to the services of a CNM in a setting outside of a hospital is made to the CNM at 100% of the amount a physician is paid under the Medicare PFS;
  - When you bill directly for services furnished to hospital inpatients and outpatients, payment is unbundled and made to you; and
  - When you provide most of a global service and call in the physician to provide a portion of the care or when the physician provides most of the service and calls you in, payment is based on the portion of the global fee that would have been paid to the other provider.

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[3] Assignment means that the provider or supplier:
- Will be paid the Medicare-allowed amount as payment in full for his or her services; and
- May not bill or collect from the patient any amount other than unmet copayments, deductibles, and/or coinsurance.
CLINICAL NURSE SPECIALISTS (CNSs)

When “you” is used in these charts, we are referring to CNSs.

### Required Qualifications for CNSs

- You must:
  - Be a registered nurse currently licensed to practice in the State where you practice and authorized to furnish the services of a CNS in accordance with State law;
  - Have a Doctor of Nursing Practice or a Master’s degree in a defined clinical area of nursing from an accredited educational institution; and
  - Be certified as a CNS by a recognized national certifying body that has established standards for CNSs.

### Coverage Criteria for CNSs

- The following coverage criteria apply:
  - You are legally authorized and qualified to furnish the services in the State where you perform such services;
  - Services are not otherwise precluded due to a statutory exclusion, and the services must be reasonable and necessary;
  - Services are the type considered physicians’ services if furnished by a medical doctor or a doctor of osteopathy;
  - Services are performed in collaboration with a physician;
  - Assistant-at-surgery services furnished by a CNS may be covered; and
  - Incident to services and supplies may be covered.

---

[1] Services or supplies are considered medically necessary if they meet the standards of good medical practice and are:
- Proper and needed for the diagnosis or treatment of the patient’s medical condition;
- Furnished for the diagnosis, direct care, and treatment of the patient’s medical condition; and
- Not mainly for the convenience of the patient, provider, or supplier.

[4] Collaboration occurs when NPs and CNSs:
- Work with one or more physicians to deliver health care services within the scope of their professional expertise; and
- Medical direction and appropriate supervision is provided as required by the law of the State in which the services are furnished (it is not required for the collaborating physician to be present when services are furnished or to independently evaluate patients).

[5] A physician, NP, CNM, CNS, or PA may have services and supplies furnished incident to his or her professional service. To be covered and paid under the Incident to Provision, the services and supplies must be furnished in compliance with State law and all of the following requirements must be met:
- Services and supplies must be an integral part of the patient’s normal course of treatment during which the physician or other listed practitioner has personally performed an initial service and remains actively involved in the course of treatment;
- Services and supplies are commonly furnished without charge (included in the physician’s or other listed practitioner’s bill);
- Services and supplies are an expense to the physician or other listed practitioner;
- Services and supplies are commonly furnished in the physician’s or other listed practitioner’s office or clinic; and
- The physician or other listed practitioner provides direct supervision, which means he or she is present in the office suite and immediately available if needed.
## Billing Guidelines for CNSs

- The following billing guidelines apply:
  - You may bill the Medicare Program:
    - Directly for services using your National Provider Identifier (NPI); or
    - Have an employer or contractor bill for CNS services using your NPI for reassigned payment;
  - A supervising physician must bill under his or her NPI for services you furnish incident to the physician’s professional services; and
  - You must bill under your NPI for services that are furnished incident to your own professional services.

## Payment Guidelines for CNSs

- The following payment guidelines apply:
  - Payment is made only on assignment basis;[3]
  - Services are paid directly to the CNS at 85% of the amount a physician is paid under the Medicare Physician Fee Schedule (PFS);
  - Payment is made directly to the CNS for assistant-at-surgery services at 85% of 16% of the amount a physician is paid under the Medicare PFS for assistant-at-surgery services;
  - Payment for services furnished incident to the services of a CNS in a setting outside of a hospital is made to the CNS at 85% of the amount a physician is paid under the Medicare PFS; and
  - When you bill directly for services furnished to hospital inpatients and outpatients, payment is unbundled and made to the CNS.

---

[3] Assignment means that the provider or supplier:

- Will be paid the Medicare-allowed amount as payment in full for his or her services; and
- May not bill or collect from the patient any amount other than unmet copayments, deductibles, and/or coinsurance.
When “you” is used in these charts, we are referring to PAs.

<table>
<thead>
<tr>
<th>Required Qualifications for PAs</th>
<th>Coverage Criteria for PAs</th>
</tr>
</thead>
<tbody>
<tr>
<td>❖ You must:</td>
<td>❖ The following coverage criteria apply:</td>
</tr>
<tr>
<td>◦ Be licensed by the State to practice as a PA and one of the following criteria:</td>
<td>◦ You are legally authorized and qualified to furnish the services in the State where you perform such services;</td>
</tr>
<tr>
<td>◦ Have graduated from a PA educational program accredited by the Accreditation Review Commission on Education for the Physician Assistant (its predecessor agencies, the Commission on Accreditation of Allied Health Education Programs, and the Committee on Allied Health Education and Accreditation); or</td>
<td>◦ Services are not otherwise precluded due to a statutory exclusion, and the services must be reasonable and necessary;[1]</td>
</tr>
<tr>
<td>◦ Have passed the national certification examination administered by the National Commission on Certification of Physician Assistants.</td>
<td>◦ Services are the type considered physician’s services if furnished by a medical doctor or a doctor of osteopathy;</td>
</tr>
<tr>
<td></td>
<td>◦ Services are performed by an individual who meets all PA qualifications;</td>
</tr>
<tr>
<td></td>
<td>◦ Services are performed under the general supervision of a medical doctor or a doctor of osteopathy;</td>
</tr>
<tr>
<td></td>
<td>◦ The physician supervisor or designee need not be physically present when a service is being furnished and can be contacted by telephone unless State law or regulations require otherwise;</td>
</tr>
<tr>
<td></td>
<td>◦ Assistant-at-surgery services furnished by a PA may be covered; and</td>
</tr>
<tr>
<td></td>
<td>◦ Incident to services and supplies may be covered.[5]</td>
</tr>
</tbody>
</table>

[1] Services or supplies are considered medically necessary if they meet the standards of good medical practice and are:
- Proper and needed for the diagnosis or treatment of the patient’s medical condition;
- Furnished for the diagnosis, direct care, and treatment of the patient’s medical condition; and
- Not mainly for the convenience of the patient, provider, or supplier.

[5] A physician, NP, CNM, CNS, or PA may have services and supplies furnished incident to his or her professional service. To be covered and paid under the Incident to Provision, the services and supplies must be furnished in compliance with State law and all of the following requirements must be met:
- Services and supplies must be an integral part of the patient’s normal course of treatment during which the physician or other listed practitioner has personally performed an initial service and remains actively involved in the course of treatment;
- Services and supplies are commonly furnished without charge (included in the physician’s or other listed practitioner’s bill);
- Services and supplies are an expense to the physician or other listed practitioner;
- Services and supplies are commonly furnished in the physician’s or other listed practitioner’s office or clinic; and
- The physician or other listed practitioner provides direct supervision, which means he or she is present in the office suite and immediately available if needed.
PHYSICIAN ASSISTANTS (PAs) (cont.)

Billing Guidelines for PAs

- The following billing guidelines apply when billing the Medicare program for PA services:
  - Your W-2 employer or 1099 independent contractor must bill under your National Provider Identifier (NPI);
  - You cannot reassign payment for your services; therefore, your employer or contractor cannot bill for reassigned services;
  - A supervising physician must bill under his or her NPI for services you furnish incident to the physician’s professional services; and
  - Your employer or contractor must bill under your NPI for services furnished incident to your professional services.

Payment Guidelines for PAs

- The following payment guidelines apply:
  - Payment is made only on assignment basis,[3]
  - Payment may be made only to his or her:
    - Qualified employer who is eligible to enroll in the Medicare Program under existing provider/supplier categories; or
    - Contractor;
  - Services are paid at 85% of the amount a physician is paid under the Medicare Physician Fee Schedule (PFS);
  - Payment is made to the PA's employer or contractor for assistant-at-surgery services at 85% of 16% of the amount a physician is paid under the Medicare PFS for assistant-at-surgery services; and
  - Payment for services furnished incident to the services of a PA in a setting outside of a hospital is made to the employer or contractor of a PA at 85% of the amount a physician is paid under the Medicare PFS.

[3] Assignment means that the provider or supplier:
  - Will be paid the Medicare-allowed amount as payment in full for his or her services; and
  - May not bill or collect from the patient any amount other than unmet copayments, deductibles, and/or coinsurance.
RESOURCES

The chart below provides resource information on services furnished by APRNs, AAs, and PAs.

Resource Information on Services Furnished by APRNs, AAs, and PAs

<table>
<thead>
<tr>
<th>For More Information About…</th>
<th>Resource</th>
</tr>
</thead>
</table>
| Services Furnished by APRNs, AAs, and PAs | [http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/APNPA.html](http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/APNPA.html) on the Centers for Medicare & Medicaid Services (CMS) website  
| Medicare Information for Patients | [http://www.medicare.gov](http://www.medicare.gov) on the CMS website |
The Medicare Learning Network® (MLN), a registered trademark of CMS, is the brand name for official information health care professionals can trust. For additional information, visit the MLN’s web page at [http://go.cms.gov/MLNGenInfo](http://go.cms.gov/MLNGenInfo) on the CMS website.

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