



Advanced Practice Registered Nurses, Anesthesiologist Assistants, & Physician Assistants



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What's Changed?

- March 1, 2020, Nurse Practitioners (NPs), Clinical Nurse Specialists (CNSs), and Physician Assistants (PAs) can certify Medicare patient home health benefit eligibility and oversee patient care plans (page 4).
- NPs, CNSs, CNMs, and PAs may provide services on assignment, but they can't charge a patient more than amounts permitted under [42 CFR 424.55](#). If a patient pays more than these limits, the practitioner must refund the patient amount over the allowed charge (pages 9, 11, 13, and 17).
- PAs meet statutory physician supervision requirements through physician collaboration and forming partnerships according to their state's scope of practice laws (page 16).
- January 1, 2022, PAs bill the Medicare Program directly for their services and get paid like NPs and CNSs (page 16 and 17).
- January 1, 2022, PAs may reassign their services' payment rights and incorporate as a group of only practitioners in their specialty and bill the Medicare Program like NPs and CNSs (page 17).
- January 1, 2022, PAs must bill under their NPI (page 17).
- January 1, 2022, we pay PAs their professional services, including services and supplies provided incident to their services (page 17).
- January 1, 2022, we pay professional PA services provided in all rural and non-rural settings and areas; we make payment to them only if no facility or other provider bills or we didn't pay for any other services they provided (page 17).

You'll find substantive content updates in dark red font.

Enrollment & Practice Information

This booklet outlines required Medicare health care practitioner qualifications, services, billing, and payment criteria for:

- Advance Practice Registered Nurses (APRNs), including:
 - Certified Registered Nurse Anesthetists (CRNAs)
 - Nurse Practitioners (NPs)
 - Clinical Nurse Specialists (CNSs)
 - Certified Nurse-Midwives (CNMs)
- Anesthesiologist Assistants (AAs)
- Physician Assistants (PAs)

Glossary

Reasonable and Necessary

We apply reasonable and necessary standards to every billing request. This limits our payments to covered services that address and treat patient complaints and symptoms. Services must meet specific medical necessity statutes, regulations, manual requirements, and [National Coverage Determinations \(NCDs\)](#) and [Local Coverage Determinations \(LCDs\)](#). For every billed service, you must note specific signs, symptoms, or patient complaints that make each service reasonable and necessary.

Assignment

Assignment means the provider or supplier:

- Accepts Medicare-allowed amounts as payment in full
- Can't bill or collect any patient amount other than unmet [copayments, deductibles, and coinsurance](#)

Collaboration

Collaboration happens when NPs and CNSs:

- Work with 1 or more physicians to deliver health care services within their professional scope of expertise
- Provide medical direction and appropriate supervision required by state law where they perform services (we don't require the collaborating physician's presence when NPs and CNSs provide services or independently evaluate Medicare patients)

Together we can advance health equity and help eliminate health disparities for all minority and underserved groups. Find resources and more from the [CMS Office of Minority Health](#):

- [Health Equity Technical Assistance Program](#)
- [Disparities Impact Statement](#)

Section 3708 of the CARES Act **amended** section 1814(a) of the Social Security Act, **allowing NPs, CNSs, and PAs to certify patient-eligibility under the Medicare home health benefit and oversee their plan of care. This is a permanent change. It will continue after the public health emergency. Effective March 1, 2020, these non-physician practitioners may bill codes G0179, G0180, G0181.**

Physician Services

Physician services include professional patient services a physician or physicians perform, including diagnosis, therapy, surgery, consultation, and care plan oversight.

Supervision Immediately Available

Immediate CRNA and AA supervision means an anesthesiologist is immediately available when they're:

- Physically located within the same area as the CRNA or AA
- Not otherwise occupied preventing an immediate hands-on intervention

Incident To

Incident to services or supplies are those provided as an integral, although incidental, part of the physician's personal professional services during diagnosis and treatment. Physicians, NPs, CNMs, CNSs, and PAs may provide services and supplies incident to their professional services.

NPs, CNMs, CNSs, and PAs may enroll in, and get payment from us, incident to services they provide and services other Non-Physician Practitioners (NPPs) provide incident to their own professional services. States cover and pay under the incident to provision, when services and supplies comply with applicable state law and meet all these requirements:

- Are an integral part of the patient's normal treatment when the physician or other listed practitioner personally performed an initial service and remains active in that treatment course.
- Are commonly provided without charge or included in the physician's or other listed practitioner's bill.
- Are an expense to the physician or other listed practitioner.
- Are commonly provided in the physician's or other listed practitioner's office or clinic.
- Physician or other listed practitioner provides direct incident to services supervision and only the physician or other listed practitioner who supervises the incident to services may bill them.
- We require general physician or other listed practitioner supervision when clinical staff provide services and supplies incident to [Transitional Care Management](#) (TCM) and [Chronic Care Management](#) (CCM). Only the supervising physician or other listed practitioner may bill services and supplies incident to TCM and CCM services.

Providers Enrolling in the Medicare Program

APRNs, AAs, and PAs providing Medicare patient care must enroll in the Medicare Program. You must enroll whether you're a participating provider or you bill services under your National Provider Identifier (NPI) or the supervising physician's NPI. To get Medicare payment:

1. Get an NPI in the [National Plan & Provider Enumeration System \(NPPES\)](#)
2. Enroll in the Medicare Program through the [Provider Enrollment, Chain, and Ownership System \(PECOS\)](#) or via a paper [CMS-855 application](#)
3. Register for an account in the [Identity & Access Management \(I&A\) System](#)

[Medicare Provider Enrollment](#) educational tool has more details on each step.

Certified Registered Nurse Anesthetist Qualifications, Services, & Billing Guidelines

In this section, “**you**” refers to CRNAs. [Sections 50 and 140 of Medicare Claims Processing Manual, Chapter 12](#) has complete CRNA services, billing, and payment details. [42 CFR 410.69](#) has these qualifications.

Certified Registered Nurse Anesthetist Qualifications

You must:

- Be a licensed registered professional nurse by the state where you practice
- Meet licensure requirements the state imposes on non-physician anesthetists
- Have graduated from a nurse anesthesia educational program that meets [Council on Accreditation of Nurse Anesthesia Educational Programs \(COA\)](#) standards or another accreditation organization the HHS Secretary designates
- Meet these criteria:
 - Passed a certification examination from the [National Board of Certification & Recertification of Nurse Anesthetists \(NBCRNA\)](#)
 - Graduated from a nurse anesthesia educational program that meets the COA Educational Program's standards and, within 24 months of graduation, passed a certification examination from NBCRNA or another certification organization the HHS Secretary designates

Certified Registered Nurse Anesthetist Services

You must meet these service requirements:

- You're legally authorized to perform anesthesia and related care in the state where you furnish the services
- When administering anesthesia in a hospital, you furnish services under the operating practitioner's supervision or an anesthesiologist who's immediately available, if needed, unless the state where you practice opted out of the supervision requirements
- Operating practitioner performing the procedure must supervise you when you administer anesthesia in a Critical Access Hospital (CAH) or Ambulatory Surgical Center (ASC) unless the state where you practice opted out of supervision requirements

Certified Registered Nurse Anesthetist Billing Guidelines

These billing guidelines apply:

- You may:
 - Use your NPI to bill your services directly
 - Use hospital, physician, group practice, or ASC NPI where you have an employment or contractual relationship to bill your services
- Anesthesia time is the continuous period that:
 - Begins when you've prepared the patient for anesthesia services in the operating room or equivalent area
 - Ends when you place the patient safely under post-operative care
- If you furnish continuous anesthesia care within the time periods around an interruption, you can add blocks of anesthesia time
- Anesthesia billing modifiers include:
 - **QS:** Monitored anesthesia care service
Note: A physician or a qualified non-physician anesthetist can use the QS modifier, monitored anesthesia care service, for informational purposes. Providers must report actual anesthesia time and 1 payment modifier on the claim.
 - **QY:** Medical direction of 1 qualified non-physician anesthetist service with medical direction by a physician
 - **QZ:** CRNA service without medical direction by a physician
 - **QX:** Qualified non-physician anesthetist service with medical direction by a physician

Certified Registered Nurse Anesthetist Payment Guidelines

These payment guidelines apply:

- We pay only on assignment
- We pay services at 100% under the [Medicare Physician Fee Schedule](#) (PFS)
- We subject payment to Part B [copayments, deductibles, and coinsurance](#)
- You may bill your services directly or have payment made to any individual or entity (for example, hospital, CAH, physician, group practice, or ASC) if you have an employment or contractor relationship providing payment made to you or an entity
- We pay services under the Anesthesia Fee Schedule based on applicable locality adjusted anesthesia Conversion Factor (CF) multiplied by the sum of allowable base and time units; 1 anesthesia time unit = 15 minutes anesthesia time

Nurse Practitioner Qualifications, Services, & Billing Guidelines

In this section, “**you**” refers to NPs. [Section 120 of Medicare Claims Processing Manual, Chapter 12](#) and [section 200 of Medicare Benefit Policy Manual, Chapter 15](#) have complete NP services, billing, and payment details. [42 CFR 410.75](#) has these qualifications.

Nurse Practitioner Qualifications

You must be a licensed registered professional nurse authorized by the state where you provide NP services according to state law and meet 1 of these requirements:

- Got Medicare billing privileges for the first time since January 1, 2003, and:
 - Are NP-certified by a recognized [national certifying body](#) with established NP standards
 - Have a Master’s degree in nursing or a Doctor of Nursing Practice (DNP) doctoral degree
- Got Medicare NP-billing privileges the first time before January 1, 2003, and are NP-certified by a recognized [national certifying body](#) with established NP standards
- Got Medicare NP-billing privileges the first time before January 1, 2001

You may review and verify (sign and date), rather than re-document, notes in a patient’s medical record made by physicians; residents; nurses; medical, PA, and APRN students; or other medical team members. These notes can include information documenting your presence and service participation.

Nurse Practitioner Services

You must meet these service requirements:

- You’re legally authorized to practice medicine in the state where you furnish services
- We don’t statutorily preclude the services, and they’re reasonable and necessary

- We consider the services physician services if a medical doctor or doctor of osteopathy provided them
- You provide services in [collaboration](#) with a physician
- We may cover assistant-at-surgery services you provide
- You may provide services and supplies incident to your personal professional services
- Your supervision of other non-physician staff doesn't constitute a personal professional performance service

Nurse Practitioner Billing Guidelines

These billing guidelines apply:

- You may:
 - Use your NPI to bill your services directly
 - Let an employer or contractor use your NPI to bill your reassigned services
- Supervising physicians must use their NPI to bill incident to professional services you provide
- You must use your NPI to bill services provided incident to your own professional services
- When you bill assistant-at-surgery services, report only the AS modifier on the claim form
- **If you provide services on an assignment-related basis, you can't charge a patient more than the amounts permitted under [42 CFR 424.55](#)**
 - **If a patient paid for a service over these limits, you must refund their payment**

Nurse Practitioner Payment Guidelines

These payment guidelines apply:

- We pay only on assignment
- We pay services at 80% of the lesser of the actual charge or 85% of the amount a physician gets under the [Medicare PFS](#)
- We pay you directly for assistant-at-surgery services at 85% of 16% of the amount a physician gets under the Medicare PFS
- We pay your services provided incident to an NP outside a hospital setting at 85% of the amount a physician gets under the Medicare PFS
- When you bill hospital inpatient and outpatient services directly, we unbundle the payment and make the payment to you
- We pay your professional services only when you personally perform the services and there's no facility or provider charges
 - We pay no other professional any amount for providing services

Clinical Nurse Specialist Qualifications, Services, & Billing Guidelines

In this section, “**you**” refers to CNSs. [Section 210 of Medicare Benefit Policy Manual, Chapter 15](#) and [section 120 of Medicare Claims Processing Manual, Chapter 12](#) have complete CNS services, billing, and payment details. [42 CFR 410.76](#) has these qualifications.

Clinical Nurse Specialist Qualifications

You must:

- Be a registered nurse currently licensed in the state where you practice and are authorized to provide CNS services according to state law
- Have a Doctor of Nursing Practice (DNP) or Master’s degree in a defined clinical nursing area from an accredited educational institution
- Be CNS-certified by a recognized [national certifying body](#) with established CNS standards

You may review and verify (sign and date), rather than re-document, notes in a patient’s medical record made by physicians; residents; nurses; medical, PA, and APRN students; or other medical team members. These notes can include information documenting your presence and service participation.

Clinical Nurse Specialist Services

You must meet these service requirements:

- You’re legally authorized to practice medicine in the state where you furnish the services
- We don’t statutorily preclude the services, and they’re reasonable and necessary
- We consider the services physician services if a medical doctor or doctor of osteopathy provided them
- You provide services in [collaboration](#) with a physician
- You may provide services and supplies incident to your personal professional services
- We may cover assistant-at-surgery services you provide

Clinical Nurse Specialist Billing Guidelines

These billing guidelines apply:

- You may:
 - Use your NPI to bill your services directly
 - Let an employer or contractor use your NPI to bill your reassigned services

- Supervising physicians must use their NPI to bill incident to professional services you provide
- You must use your NPI to bill services provided incident to your own professional services
- When you bill assistant-at-surgery services, report only the AS modifier on the claim form
- **If you provide services on an assignment-related basis, you can't charge a patient more than the amounts permitted under [42 CFR 424.55](#)**
 - **If a patient paid for a service over these limits, you must refund their payment**

Clinical Nurse Specialist Payment Guidelines

These payment guidelines apply:

- We pay only on assignment
- We pay services at 80% of the lesser of the actual charge or 85% of the amount a physician gets under the [Medicare PFS](#)
- We pay you directly for assistant-at-surgery services at 85% of 16% of the amount a physician gets under the Medicare PFS
- We pay your services provided incident to a CNS outside a hospital setting at 85% of the amount a physician gets under the Medicare PFS
- When you bill hospital inpatient and outpatient services directly, we unbundle the payment and make the payment to you
- We pay your professional services only when you personally perform the services and there's no facility or provider charges
 - We pay no other professional any amount for providing services



Certified Nurse-Midwife Qualifications, Services, & Billing Guidelines

In this section, “**you**” refers to CNMs. [Section 180 of Medicare Benefit Policy Manual, Chapter 15](#) and [section 130 of Medicare Claims Processing Manual, Chapter 12](#) have complete CNM services, billing, and payment details. [42 CFR 410.77](#) has these qualifications.

Certified Nurse-Midwife Qualifications

You must:

- Be a registered nurse legally authorized to practice in the state where you provide services
- Have successfully completed a nurse-midwives study and clinical experience program accredited by an approved U.S. Department of Education accrediting body
- Be certified as a nurse-midwife by the [American Midwifery Certification Board \(AMCB\)](#)

You may review and verify (sign and date), rather than re-document, notes in a patient's medical record made by physicians; residents; nurses; medical, PA, and APRN students; or other medical team members. These notes can include information documenting your presence and service participation.

Certified Nurse-Midwife Services

You must meet these service requirements:

- We don't statutorily preclude the services, and they're reasonable and necessary
- Services are within the scope of practice authorized by the state where they're provided and would otherwise be covered if provided by a physician or as incident to a physician's service
- We consider the services physician services if a medical doctor or doctor of osteopathy provided them
- You provide services without physician supervision and without association with a physician or other health care provider, unless otherwise required under state law
- You may provide services and supplies incident to your personal professional services
- Place of service isn't restricted; we cover services in all settings, including:
 - Birthing centers
 - Clinics
 - Hospitals
 - Nurse-midwives' offices
 - Patients' homes

Certified Nurse-Midwife Billing Guidelines

These billing guidelines apply:

- You may:
 - Use your NPI and specialty code 42 to bill your services directly
 - Let an employer or contractor use your NPI and specialty code 42 to bill your reassigned services
- Supervising physicians must use their NPI to bill incident to professional services you provide
- You must use your NPI to bill services provided incident to your own professional services
- Use billing modifier 52 (reduced services) to report the billing provider didn't provide all covered global services allowed (don't use when billing split or shared evaluation and management visits)
- **If you provide services on an assignment-related basis, you can't charge a patient more than the amounts permitted under [42 CFR 424.55](#)**
 - **If a patient paid for a service over these limits, you must refund their payment**

Certified Nurse-Midwife Payment Guidelines

These payment guidelines apply:

- We pay only on assignment
- We pay services at 80% of the lesser of the actual charge or 100% of the amount a physician gets under the [Medicare PFS](#)
- We pay covered drugs and biologicals provided incident to your services according to Part B drug and biological payment methodology
- We pay your covered clinical diagnostic lab services according to the clinical diagnostic lab fee schedule
- We pay your services provided incident to a CNM outside a hospital setting at 80% of the actual charge or 100% of the amount a physician gets under the Medicare PFS
- When you bill hospital inpatient and outpatient services directly, we unbundle the payment and make the payment to you
- When you provide most of a global service and call in a physician to provide a portion of the care or when the physician provides most of the service and calls you in, we base payment on the portion of the global fee that we would pay to the other provider
 - You and physicians use reduced service modifiers to report they didn't provide all covered global allowance services

Anesthesiologist Assistant Qualifications, Services, & Billing Guidelines

In this section, “**you**” refers to AAs. [Sections 50 and 140 of Medicare Claims Processing Manual, Chapter 12](#) have complete AA services, billing, and payment details. [42 CFR 410.69](#) has these qualifications.

Anesthesiologist Assistant Qualifications

You must:

- Work under anesthesiologist direction
- Comply with all applicable state laws, including state licensure requirements imposed on non-physician anesthetists
- Graduate from a medical school-based AA education program:
 - Accredited by the [Commission on Accreditation of Allied Health Education Programs](#)
 - Includes approximately 2 years specialized science and clinical anesthesia education at a level that builds on a premedical undergraduate science background

Anesthesiologist Assistant Services

You must meet these service requirements:

- You’re legally authorized to perform anesthesia and related care in the state where you furnish the services
- When administering anesthesia in a hospital, CAH, or ASC, you provide services under the supervision of the anesthesiologist who’s immediately available, if needed



Anesthesiologist Assistant Billing Guidelines

These billing guidelines apply:

- You may:
 - Use your NPI to bill your services directly
 - Use hospital, physician, group practice, or ASC NPI where you have an employment or contractor relationship to bill your services
- Anesthesia time is the continuous period that:
 - Begins when you've prepared the patient for anesthesia services in the operating room or equivalent area
 - Ends when you place the patient safely under post-operative care
- If you provide continuous anesthesia care within the time periods around an interruption, you can add blocks of anesthesia time
- Anesthesia billing modifiers include:
 - **QS:** Monitored anesthesia care service
Note: A physician or qualified non-physician anesthetist can use the QS modifier, monitored anesthesia care service, for informational purposes. Providers must report actual anesthesia time and 1 payment modifier on the claim.
 - **QY:** Medical direction of 1 qualified non-physician anesthetist service with medical direction by a physician
 - **QZ:** CRNA service without medical direction by a physician
 - **QX:** Qualified non-physician anesthetist service with medical direction by a physician

Anesthesiologist Assistant Payment Guidelines

These payment guidelines apply:

- We pay only on assignment
- We pay services at 100% under the [Medicare PFS](#)
- We subject payment to Part B [copayments, deductibles, and coinsurance](#)
- You may bill your services directly or have payment made to an individual or entity (for example, hospital, CAH, physician, group practice, or ASC) if you have an employment or contractor relationship providing payment made to you or an entity
- We pay services under the Anesthesia Fee Schedule based on applicable locality adjusted anesthesia Conversion Factor (CF) multiplied by the sum of allowable base and time units; 1 anesthesia time unit = 15 minutes anesthesia time

Physician Assistant Qualifications, Services, & Billing Guidelines

In this section, “**you**” refers to PAs. [Section 190 of Medicare Benefit Policy Manual, Chapter 15](#) and [section 110 of Medicare Claims Processing Manual, Chapter 12](#) have complete PA services, billing, and payment details. [42 CFR 410.74](#) has these qualifications.

Physician Assistant Qualifications

You must:

- Be a licensed PA by the state where you practice
- Have graduated from a PA educational program accredited by [Accreditation Review Commission on Education for the Physician Assistant](#) (or its predecessor agencies, the Commission on Accreditation of Allied Health Education Programs, and Committee on Allied Health Education and Accreditation)
- Passed the national certification exam the [National Commission on Certification of Physician Assistants](#) administers

Physician Assistant Services

You must meet these service requirements:

- You’re legally authorized to practice medicine in the state where you furnish the services
- We don’t statutorily preclude the services, and they’re reasonable and necessary
- We consider the services physician services if a medical doctor or doctor of osteopathy provided them
- You must provide services under physician supervision and we cover services only when provided according to state law and scope-of-practice rules
 - **You have flexibility to meet the statutory physician supervision requirement in collaboration with physicians and forming partnerships if it’s according to your state scope of practice laws**
- We may cover assistant-at-surgery services you provide
- You may provide services and supplies incident to your personal professional services

Physician Assistant Billing Guidelines

These billing guidelines apply:

- Before January 1, 2022, we paid your employer whether you provided services under a W-2, employer-employee employment relationship, or you were an independent contractor who got a 1099 reflecting the relationship
 - **Effective January 1, 2022, you can bill us and we pay directly for your services like we do for NPs and CNSs**

- Before January 1, 2022, you couldn't reassign payment for your services and your employer or contractor couldn't bill reassigned services
 - Effective January 1, 2022, you may reassign your service payment rights and incorporate as a group of only practitioners in your specialty and bill us like NPs and CNSs do
- Before January 1, 2022, we required a supervising physician bill under their NPI for services you provided incident to the physician's professional services
- Before January 1, 2022, we required your employer or contractor to bill under your NPI for services provided incident to your professional services
 - Effective January 1, 2022, you must bill under your NPI
- If you provide services on an assignment-related basis, you can't charge a patient more than the amounts permitted under [42 CFR 424.55](#)
 - If a patient paid a service over these limits, you must refund their payment

Physician Assistant Payment Guidelines

These payment guidelines apply:

- We pay only on assignment
- January 1, 2022, we make your professional services payments, including services and supplies payments provided incident to your services
- January 1, 2022, we pay your professional services provided in all rural and non-rural settings and areas
 - We make payment to you only if no facility or other provider charges or we didn't pay any other service amount they provided
- We pay services at 80% of the lesser of the actual charge or at 85% of the amount a physician gets under the [Medicare PFS](#)
- We pay your assistant-at-surgery services directly at 85% of 16% of the amount a physician gets under the Medicare PFS
- We pay services provided incident to a PA outside a hospital at 85% of the amount a physician gets under the Medicare PFS
- When you bill hospital inpatient and outpatient services directly, we unbundle the payment and make the payment to you

Resources

- [Become a Medicare Provider or Supplier](#)
- [Medicare Anesthesiologist Center](#)
- [Medicare Physician Center](#)

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