

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services



Medicare Information for Advanced Practice Registered Nurses, Anesthesiologist Assistants, and Physician Assistants





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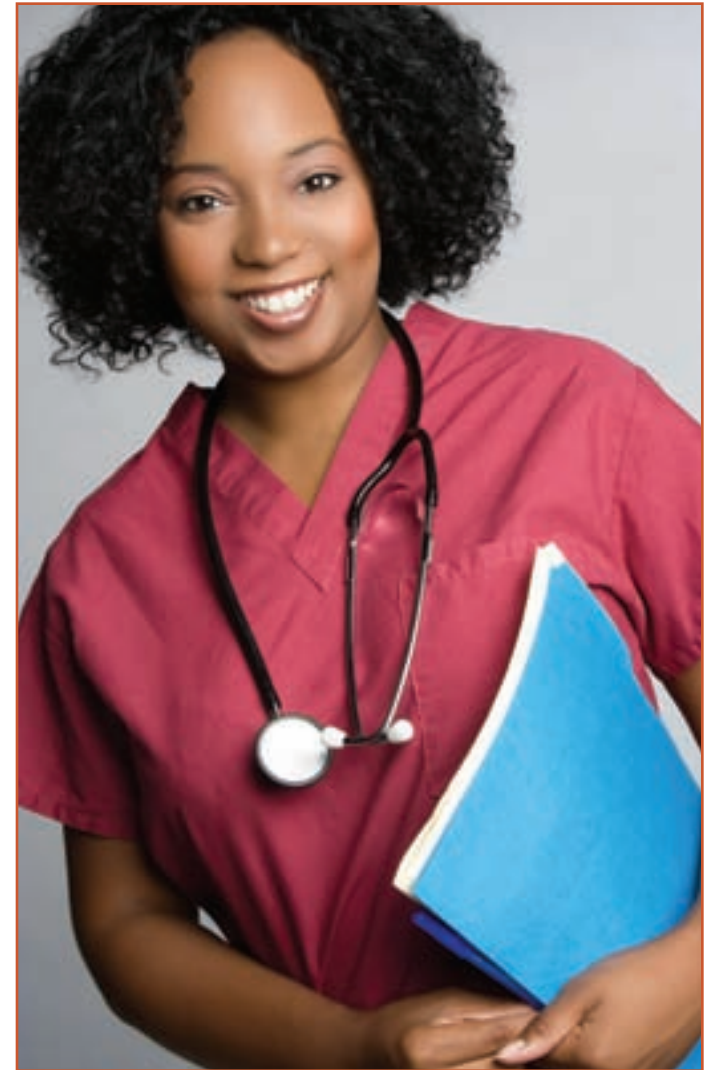
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This publication provides information about required qualifications, coverage criteria, billing, and payment for Medicare services furnished by advanced practice registered nurses (APRN), anesthesiologist assistants (AA), and physician assistants (PA). APRNs include:

- ❖ Certified registered nurse anesthetists (CRNA);
- ❖ Nurse practitioners (NP);
- ❖ Certified nurse-midwives (CNM); and
- ❖ Clinical nurse specialists (CNS).

HOW TO USE THIS PUBLICATION

Within each section of this publication, the provider types are color coded to assist the user in finding information of interest. The first page of each section provides information about required qualifications and coverage criteria for the provider type, and the second page of each section provides information about billing and payment for the provider type.



CERTIFIED REGISTERED NURSE ANESTHETISTS AND ANESTHESIOLOGIST ASSISTANTS



Required Qualifications

- ❖ A CRNA must:
 - Be licensed as a registered professional nurse by the State in which he or she practices;
 - Meet any licensure requirements the State imposes with respect to non-physician anesthetists;
 - 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
 - Meet one of the following:
 - 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
 - Have graduated from one of the nurse anesthesia educational programs described in the third bullet above; and
 - Have passed the certification examination discussed above within 24 months of graduation.
- ❖ An AA must:
 - Work under the direction of an anesthesiologist;
 - Be in compliance with all applicable requirements of State law, including any licensure requirements the State imposes on non-physician anesthetists; and
 - Have graduated from a medical-school based AA education program that:
 - Is accredited by the Committee on Allied Health Education and Accreditation; and
 - Includes approximately two years of specialized science and clinical education in anesthesia at a level that builds on a premedical undergraduate science background.

Coverage Criteria

- ❖ Services or supplies must be medically reasonable and necessary;¹
- ❖ CRNAs and AAs must be legally authorized and qualified to furnish the services in the State in which they are performed; and
- ❖ When general, regional, and monitored anesthesia is administered:
 - 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
 - By an AA – It must be supervised by an anesthesiologist who is immediately available if needed.²

¹Medically necessary services or supplies:

- Are proper and needed for the diagnosis or treatment of the beneficiary's medical condition;
- Are furnished for the diagnosis, direct care, and treatment of the beneficiary's medical condition;
- Meet the standards of good medical practice; and
- Are not mainly for the convenience of the beneficiary, provider, or supplier.

²An anesthesiologist is considered immediately available when he or she:

- Is physically located within the same area as the CRNA or AA; and
- Is not otherwise occupied in a way that prevents an immediate hands-on intervention.

CERTIFIED REGISTERED NURSE ANESTHETISTS AND ANESTHESIOLOGIST ASSISTANTS



Billing

- ❖ A CRNA may bill the Medicare Program either:
 - Directly for services using his or her 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:
 - QX – CRNA Service: With medical direction by a physician;
 - QZ – CRNA Service: Without medical direction by a physician;
 - QS – Monitored anesthesiology care services (can be billed by a CRNA or a physician); and
 - QY – Medical direction of one CRNA by an anesthesiologist.

Payment

- ❖ Made only on assignment basis;³
- ❖ Is subject to Medicare Part B deductible and coinsurance;
- ❖ Services are paid under the CRNA Fee Schedule at the lesser of 80 percent 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 participating anesthesiologist's CF multiplied by the sum of allowable base and time units; and
- ❖ One anesthesia time unit = 15 minutes of anesthesia time.

³Assignment 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 beneficiary any amount other than unmet copayments, deductibles, and/or coinsurance.

NURSE PRACTITIONERS



Required Qualifications

- ❖ A NP must be a registered professional nurse authorized by the State in which services are furnished to practice as a NP in accordance with State law and meet one of the following:
 - Obtained Medicare billing privileges as a NP for the first time on or after January 1, 2003, and:
 - Is certified as a NP by a recognized national certifying body that has established standards for NPs; and
 - Has a Master's degree in nursing or a Doctor of Nursing Practice (DNP) doctoral degree;
 - Obtained Medicare billing privileges as a NP for the first time before January 1, 2003, and meets the certification requirements described above; or
 - Obtained Medicare billing privileges as a NP for the first time before January 1, 2001.

Coverage Criteria

- ❖ Services or supplies must be medically reasonable and necessary;¹
- ❖ The following must be met:
 - Services are performed in collaboration with a physician;⁴
 - Services are the type considered physicians' services if furnished by a medical doctor (MD) or a doctor of osteopathy (DO);
 - Services are not otherwise precluded due to a statutory exclusion; and
 - The NP is legally authorized and qualified to furnish the services in the State in which they are performed;
- ❖ A NP is authorized to furnish assistant-at-surgery services;
- ❖ A NP may be selected as a hospice beneficiary's attending physician, but cannot certify or recertify a terminal illness with a prognosis of six months or less; and
- ❖ Services and supplies may be furnished incident to the services and supplies of a NP.⁵

¹Medically necessary services or supplies:

- Are proper and needed for the diagnosis or treatment of the beneficiary's medical condition;
- Are furnished for the diagnosis, direct care, and treatment of the beneficiary's medical condition;
- Meet the standards of good medical practice; and
- Are not mainly for the convenience of the beneficiary, provider, or supplier.

⁴Collaboration occurs when NPs or 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).

⁵Incident to services:

- Must be an integral part of the patient's normal course of treatment during which the physician has personally performed an initial service and remains actively involved in the course of treatment;
- Are commonly furnished without charge (included in the physician's bill);
- Are an expense to the physician;
- Are commonly furnished in the physician's office or clinic; and
- The physician provides direct supervision, which means that he or she is present in the office suite and immediately available if needed.

NURSE PRACTITIONERS



Billing

- ❖ A NP may either:
 - Bill the Medicare Program directly for services using his or her NPI; or
 - Have an employer or contractor bill for NP services using the NP's NPI for reassigned payment;
- ❖ A supervising physician must bill under his or her NPI for services that a NP furnishes incident to their professional services; and
- ❖ A NP must bill under his or her NPI for services that are furnished incident to their own professional services.

Payment

- ❖ Made only on assignment basis;³
- ❖ The outpatient mental health treatment limitation applies;⁶
- ❖ Services are paid at 85 percent of the amount that a physician is paid under the Medicare Physician Fee Schedule (PFS);
- ❖ Assistant-at-surgery services are paid at 85 percent of 16 percent of what a physician is paid under the Medicare PFS;
- ❖ 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 percent of the amount that a physician is paid under the Medicare PFS; and
- ❖ When services furnished to hospital inpatients and outpatients are billed directly, payment is unbundled and made to the NP.

³Assignment 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 beneficiary any amount other than unmet copayments, deductibles, and/or coinsurance.

⁶The outpatient mental health treatment limitation:

- Generally applies to all covered mental health therapeutic services that are performed in an outpatient setting; and
- Effective January 1, 2010, a reduction of 68.75 percent is applied to the 85 percent payment amount under the Medicare PFS. However, the percentage payment reduction under the outpatient mental health treatment limitation (the limitation) will continue to change until January 1, 2014, when the limitation will be eliminated.

CERTIFIED NURSE-MIDWIVES



Required Qualifications

- ❖ A CNM must:
 - Be a registered professional nurse who is legally authorized to practice as a nurse-midwife in the State in which the services are performed;
 - Have successfully completed a program of study and clinical experience for nurse-midwives that is accredited by an accrediting body approved by the U.S. Department of Education; and
 - Be certified as a nurse-midwife by the American College of Nurse-Midwives or the American College of Nurse-Midwives Certification Council.

Coverage Criteria

- ❖ Services or supplies must be medically reasonable and necessary;¹
- ❖ The CNM must be legally authorized and qualified to furnish the services in the State in which they are performed;
- ❖ Services are the type considered physicians' services if furnished by a MD or a DO;
- ❖ Services can be performed without physician supervision, oversight, or collaboration;
- ❖ Services are not otherwise precluded due to a statutory exclusion;
- ❖ Services are covered in all settings including:
 - Offices;
 - Clinics;
 - Birthing centers;
 - Patients' homes; and
 - Hospitals; and
- ❖ Services and supplies may be furnished incident to the services and supplies of a CNM.⁵

¹Medically necessary services or supplies:

- Are proper and needed for the diagnosis or treatment of the beneficiary's medical condition;
- Are furnished for the diagnosis, direct care, and treatment of the beneficiary's medical condition;
- Meet the standards of good medical practice; and
- Are not mainly for the convenience of the beneficiary, provider, or supplier.

⁵Incident to services:

- Must be an integral part of the patient's normal course of treatment during which the physician has personally performed an initial service and remains actively involved in the course of treatment;
- Are commonly furnished without charge (included in the physician's bill);
- Are an expense to the physician;
- Are commonly furnished in the physician's office or clinic; and
- The physician provides direct supervision, which means that he or she is present in the office suite and immediately available if needed.

CERTIFIED NURSE-MIDWIVES



Billing

- ❖ A CNM may either:
 - Bill the Medicare Program directly for services using his or her NPI; or
 - Have an employer or contractor bill for CNM services using the CNM's NPI for reassigned payment;
- ❖ A supervising physician must bill under his or her NPI for services that a CNM furnishes incident to their professional services;
- ❖ A CNM must bill under his or her NPI for services that are furnished incident to their 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

- ❖ Made only on assignment basis;³
- ❖ The outpatient mental health treatment limitation applies;⁶
- ❖ Effective January 1, 2011, Medicare payment for CNM services is increased to 80 percent of the lesser of the actual charge or 100 percent of the amount that a physician is paid under the Medicare PFS (services were previously paid at 80 percent of the lesser of the actual charge or 65 percent of the amount that a physician is paid under the Medicare 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 85 percent of the amount that a physician is paid under the Medicare PFS;
- ❖ When services furnished to hospital inpatients and outpatients are billed directly, payment is unbundled and made to the CNM; and
- ❖ When a CNM provides most of the service and calls in the collaborating physician to provide a portion of the care or when the physician provides most of the service and calls in a CNM, payment is based on the portion of the global fee that would have been paid to the other provider.

³Assignment 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 beneficiary any amount other than unmet copayments, deductibles, and/or coinsurance.

⁶The outpatient mental health treatment limitation:

- Generally applies to all covered mental health therapeutic services that are performed in an outpatient setting; and
- Effective January 1, 2010, a reduction of 68.75 percent is applied to the 85 percent payment amount under the Medicare PFS. However, the percentage payment reduction under the outpatient mental health treatment limitation (the limitation) will continue to change until January 1, 2014, when the limitation will be eliminated.

CLINICAL NURSE SPECIALISTS



Required Qualifications

- ❖ A CNS must meet the following:
 - Is a RN currently licensed to practice in the State in which he or she practices and is authorized to furnish the services of a CNS in accordance with State law;
 - Has a DNP doctoral degree or a Master's degree in a defined clinical area of nursing from an accredited educational institution; and
 - Is certified as a CNS by a recognized national certifying body that has established standards for CNSs.

Coverage Criteria

- ❖ Services or supplies must be medically reasonable and necessary;¹
- ❖ All of the following must be met:
 - The CNS is legally authorized and qualified to furnish the services in the State in which they are performed;
 - Services are performed in collaboration with a physician;⁴
 - Services are the type considered physicians' services if furnished by a MD or a DO; and
 - Services are not otherwise precluded due to a statutory exclusion;
- ❖ A CNS is authorized to furnish assistant-at-surgery services; and
- ❖ Services and supplies may be furnished incident to the services and supplies of a CNS.⁵

¹Medically necessary services or supplies:

- Are proper and needed for the diagnosis or treatment of the beneficiary's medical condition;
- Are furnished for the diagnosis, direct care, and treatment of the beneficiary's medical condition;
- Meet the standards of good medical practice; and
- Are not mainly for the convenience of the beneficiary, provider, or supplier.

⁴Collaboration occurs when NPs or 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).

⁵Incident to services:

- Must be an integral part of the patient's normal course of treatment during which the physician has personally performed an initial service and remains actively involved in the course of treatment;
- Are commonly furnished without charge (included in the physician's bill);
- Are an expense to the physician;
- Are commonly furnished in the physician's office or clinic; and
- The physician provides direct supervision, which means that he or she is present in the office suite and immediately available if needed.

CLINICAL NURSE SPECIALISTS



Billing

- ❖ A CNS may bill the Medicare Program:
 - Directly for services using his or her NPI; or
 - Have an employer or contractor bill for CNS services using the CNS's NPI for reassigned payment;
- ❖ A supervising physician must bill under his or her NPI for services that a CNS furnishes incident to their professional services; and
- ❖ A CNS must bill under his or her NPI for services that are furnished incident to their own professional services.

Payment

- ❖ Made only on assignment basis;³
- ❖ The outpatient mental health treatment limitation applies;⁶
- ❖ Services are paid at 85 percent of the amount that a physician is paid under the Medicare PFS;
- ❖ Assistant-at-surgery services are paid at 85 percent of 16 percent of what a physician is paid under the Medicare PFS;
- ❖ 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 percent of the amount that a physician is paid under the Medicare PFS; and
- ❖ When services furnished to hospital inpatients and outpatients are billed directly, payment is unbundled and made to the CNS.

³Assignment 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 beneficiary any amount other than unmet copayments, deductibles, and/or coinsurance.

⁶The outpatient mental health treatment limitation:

- Generally applies to all covered mental health therapeutic services that are performed in an outpatient setting; and
- Effective January 1, 2010, a reduction of 68.75 percent is applied to the 85 percent payment amount under the Medicare PFS. However, the percentage payment reduction under the outpatient mental health treatment limitation (the limitation) will continue to change until January 1, 2014, when the limitation will be eliminated.

PHYSICIAN ASSISTANTS



Required Qualifications

- ❖ A PA must be licensed by the State to practice as a PA and either:
 - 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
 - Have passed the national certification examination administered by the National Commission on Certification of Physician Assistants.

Coverage Criteria

- ❖ Services or supplies must be medically reasonable and necessary;¹
- ❖ The following must be met:
 - The PA is legally authorized to furnish the services in the State in which they are performed;
 - Services are performed by an individual who meets all PA qualifications;
 - Services are the type considered physicians' services if furnished by a MD or a DO;
 - Services are performed under the general supervision of a physician (a MD or a DO); and
 - Services are not otherwise precluded from coverage due to a statutory exclusion;
- ❖ The physician supervisor or designee need not be physically present when a service is being furnished unless State law or regulations require otherwise;
- ❖ A PA is authorized to furnish assistant-at-surgery services; and
- ❖ Services and supplies may be furnished incident to the services and supplies of a PA.⁵

¹Medically necessary services or supplies:

- Are proper and needed for the diagnosis or treatment of the beneficiary's medical condition;
- Are furnished for the diagnosis, direct care, and treatment of the beneficiary's medical condition;
- Meet the standards of good medical practice; and
- Are not mainly for the convenience of the beneficiary, provider, or supplier.

⁵Incident to services:

- Must be an integral part of the patient's normal course of treatment during which the physician has personally performed an initial service and remains actively involved in the course of treatment;
- Are commonly furnished without charge (included in the physician's bill);
- Are an expense to the physician;
- Are commonly furnished in the physician's office or clinic; and
- The physician provides direct supervision, which means that he or she is present in the office suite and immediately available if needed.

PHYSICIAN ASSISTANTS



Billing

- ❖ When billing the Medicare Program for PA services:
 - The PA's W-2 employer or 1099 independent contractor must bill under the PA's NPI;
 - The PA cannot reassign payment for their services; therefore, the PA's employer or contractor cannot bill for reassigned services;
 - A supervising physician must bill under his or her NPI for services that a PA furnishes incident to their professional services; and
 - The employer or contractor of a PA must bill under the PA's NPI for services furnished incident to the PA's professional services.

Payment

- ❖ Made only on assignment basis;³
- ❖ The outpatient mental health limitation applies;⁶
- ❖ 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
 - 1099 Independent Contractor;
- ❖ Services are paid at 85 percent of the amount that a physician is paid under the Medicare PFS;
- ❖ Assistant-at-surgery services are paid at 85 percent of 16 percent of what a physician is paid under the Medicare PFS; 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 percent of the amount a physician is paid under the Medicare PFS.

³Assignment 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 beneficiary any amount other than unmet copayments, deductibles, and/or coinsurance.

⁶The outpatient mental health treatment limitation:

- Generally applies to all covered mental health therapeutic services that are performed in an outpatient setting; and
- Effective January 1, 2010, a reduction of 68.75 percent is applied to the 85 percent payment amount under the Medicare PFS. However, the percentage payment reduction under the outpatient mental health treatment limitation (the limitation) will continue to change until January 1, 2014, when the limitation will be eliminated.

RESOURCES

To find additional information about services furnished by APRNs, AAs, and PAs, visit http://www.cms.gov/MLNProducts/70_APNPA.asp on the Centers for Medicare & Medicaid Services (CMS) website and refer to the “Medicare Benefit Policy Manual” (Publication 100-02) and the “Medicare Claims Processing Manual” (Publication 100-04) located at <http://www.cms.gov/Manuals/IOM/list.asp> on the CMS website. To find Medicare information for beneficiaries (e.g., Medicare basics, managing health, and resources), visit <http://www.medicare.gov> on the CMS website.







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