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

Medicare Learning Network®
Official Information Health Care Professionals Can Trust

Open a Text-Only Version

Advanced Practice Registered Nurses, Anesthesiologist Assistants, and Physician Assistants

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

Table 2. Hyperlink Table, at the end of this document, provides the complete URL for each hyperlink.

SUPPLIER CHARTS

The supplier charts provide information on the required qualifications, coverage criteria, billing, and payment for Medicare services furnished by certified registered nurse anesthetists (CRNAs), 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 supplier type is color coded to assist you in finding information of interest.

CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNAs)

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

Required Qualifications for CRNAs

- You must:
  - Be licensed as a registered professional nurse by the State where you practice
  - 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
  - Meet one of these criteria:
    - Have passed a certification examination of the Council on Certification of Nurse Anesthetists or the Council on Recertification of Nurse Anesthetists or
    - Have graduated from one of the nurse anesthesia educational programs that meets the standards of the Council on Accreditation of Nurse Anesthesia Programs and passed the above certification examination within 24 months of graduation

Coverage Criteria for CRNAs

- These 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[1]
  - When anesthesia is administered in a hospital, you must be under the supervision of the operating practitioner performing the procedure or of an anesthesiologist who is immediately available if needed, unless you are located in a State that has opted out of the supervision requirements[2]
  - When anesthesia is administered in a Critical Access Hospital or Ambulatory Surgical Center (ASC), you must be under the supervision of the operating practitioner performing the procedure, unless you are located in a State that has opted out of the supervision requirements

[1] Services must meet specific medical necessity requirements contained in the statute, regulations, and manuals and specific medical necessity criteria defined by National Coverage Determinations and Local Coverage Determinations (if any exist for the service you are reporting). For every service billed, you must indicate the specific sign, symptom, or patient complaint that makes the service reasonable and necessary.

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

CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNAs) (cont.)

Billing Guidelines for CRNAs

- These billing guidelines apply:
  - You may bill the Medicare Program either:
    - Directly for services using your National Provider Identifier (NPI) or
    - Under the NPI of a hospital, physician, group practice, or ASC with which you have an employment or contractual relationship
  - Anesthesia time is the continuous period that:
    - Begins when the patient is prepared for anesthesia services in the operating room or equivalent area
    - 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
  - Anesthesia billing modifiers include:
    - 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
    - QX – CRNA service: with medical direction by a physician

Payment Guidelines for CRNAs

- These 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 Anesthesia Fee Schedule at the lesser of 80% of one of these:
    - The actual charge
    - The applicable CRNA conversion factor (CF) multiplied by the sum of allowable base and time unit
    - The applicable locality of the participating anesthesiologist's CF multiplied by the sum of allowable base and time units
  - One anesthesia time unit = 15 minutes of anesthesia time

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

ANESTHESIOLOGIST ASSISTANTS (AAs)

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

Required Qualifications for AAs

- You 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
  - Have graduated from a medical school-based AA education program that:
    - Is accredited by the Committee on Allied Health Education and Accreditation
    - Includes approximately 2 years of specialized science and clinical education in anesthesia at a level that builds on a premedical undergraduate science background

Coverage Criteria for AAs

- These 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[1]
  - When anesthesia is administered in a hospital, you must be under the supervision of an anesthesiologist who is immediately available if needed[2]
  - When anesthesia is administered in a Critical Access Hospital or Ambulatory Surgical Center (ASC), you must be under the supervision of an anesthesiologist

[1] Services must meet specific medical necessity requirements contained in the statute, regulations, and manuals and specific medical necessity criteria defined by National Coverage Determinations and Local Coverage Determinations (if any exist for the service you are reporting). For every service billed, you must indicate the specific sign, symptom, or patient complaint that makes the service reasonable and necessary.

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

ANESTHESIOLOGIST ASSISTANTS (AAs) (cont.)

Billing Guidelines for AAs

- These billing guidelines apply:
  - You may bill the Medicare Program either:
    - Directly for services using your National Provider Identifier (NPI) or
    - Under the NPI of a hospital, physician, group practice, or ASC with which you have an employment or contractual relationship
  - Anesthesia time is the continuous period that:
    - Begins when the patient is prepared for anesthesia services in the operating room or equivalent area
    - 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
  - Anesthesia billing modifiers include:
    - 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
    - QX – CRNA service: with medical direction by a physician

Payment Guidelines for AAs

- These 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 Anesthesia Fee Schedule at the lesser of 80% of one of these:
    - The actual charge
    - The applicable CRNA conversion factor (CF) multiplied by the sum of allowable base and time units
    - The applicable locality of the participating anesthesiologist's CF multiplied by the sum of allowable base and time units
  - One anesthesia time unit = 15 minutes of anesthesia time

[3] Assignment means that the provider or supplier:
- Will be paid the Medicare-allowed amount as payment in full for his or her services.
- 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 these criteria:
    - 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
      - 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

- These 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[1]
  - 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[4]
  - Assistant-at-surgery services furnished by a NP may be covered
  - Incident to services and supplies may be covered[5]

[1] Services must meet specific medical necessity requirements contained in the statute, regulations, and manuals and specific medical necessity criteria defined by National Coverage Determinations and Local Coverage Determinations (if any exist for the service you are reporting). For every service billed, you must indicate the specific sign, symptom, or patient complaint that makes the service reasonable and necessary.

[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.
- 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] Physicians, NPs, CNMs, CNSs, and PAs may have services and supplies furnished incident to their professional service. NPs, CNMs, CNSs, and PAs may enroll in and obtain payment from Medicare for incident to services they furnish and for services that other non-physician practitioners (NPPs) furnish incident to their own professional services. 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 these 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 or 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.
- Services and supplies must be furnished in accordance with applicable State law.
- The physician or other listed practitioner provides direct supervision for incident to services, and only the physician or other listed practitioner who directly supervises the incident to services may bill for such services.
- For services and supplies furnished incident to Transitional Care Management (TCM) and Chronic Care Management (CCM) services by clinical staff, general supervision is required by the physician or other listed practitioner. However, only the supervising physician or other listed practitioner may bill Medicare for services and supplies furnished incident to TCM and CCM services.

NURSE PRACTITIONERS (NPs) (cont.)

Billing Guidelines for NPs

- These 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

Payment Guidelines for NPs

- These 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
  - 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.
- 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.

Required Qualifications for CNMs	Coverage Criteria for CNMs
❖ You must: ◦ Be a registered professional nurse who is legally authorized to practice as a nurse-midwife in the State in which you perform services ◦ 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 ◦ Be certified as a nurse-midwife by the American College of Nurse-Midwives or the American College of Nurse-Midwives Certification Council	❖ These 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 medically reasonable and necessary[1] ◦ Services are the type considered physicians’ services if furnished by a medical doctor or a doctor of osteopathy ◦ Services are performed without physician supervision and without association with a physician or health care provider, unless otherwise required by State law ◦ Services are covered in all settings including: - Offices - Clinics - Birthing centers - Patients’ homes - Hospitals ◦ Incident to services and supplies may be covered[5] [1] Services must meet specific medical necessity requirements contained in the statute, regulations, and manuals and specific medical necessity criteria defined by National Coverage Determinations and Local Coverage Determinations (if any exist for the service you are reporting). For every service billed, you must indicate the specific sign, symptom, or patient complaint that makes the service reasonable and necessary. [5] Physicians, NPs, CNMs, CNSs, and PAs may have services and supplies furnished incident to their professional service. NPs, CNMs, CNSs, and PAs may enroll in and obtain payment from Medicare for incident to services they furnish and for services that other NPPs furnish incident to their own professional services. 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 these 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 or 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. • Services and supplies must be furnished in accordance with applicable State law. • The physician or other listed practitioner provides direct supervision for incident to services, and only the physician or other listed practitioner who directly supervises the incident to services may bill for such services. • For services and supplies furnished incident to Transitional Care Management (TCM) and Chronic Care Management (CCM) services by clinical staff, general supervision is required by the physician or other listed practitioner. However, only the supervising physician or other listed practitioner may bill Medicare for services and supplies furnished incident to TCM and CCM services.

CERTIFIED NURSE-MIDWIVES (CNMs) (cont.)

Billing Guidelines for CNMs

- These 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
  - 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

- These 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
  - 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

[3] Assignment means that the provider or supplier:
- Will be paid the Medicare-allowed amount as payment in full for his or her services.
- 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
  - Be certified as a CNS by a recognized national certifying body that has established standards for CNSs

Coverage Criteria for CNSs

- These 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[1]
  - 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[4]
  - Assistant-at-surgery services furnished by a CNS may be covered
  - Incident to services and supplies may be covered[5]

[1] Services must meet specific medical necessity requirements contained in the statute, regulations, and manuals and specific medical necessity criteria defined by National Coverage Determinations and Local Coverage Determinations (if any exist for the service you are reporting). For every service billed, you must indicate the specific sign, symptom, or patient complaint that makes the service reasonable and necessary.

[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.
- 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] Physicians, NPs, CNMs, CNSs, and PAs may have services and supplies furnished incident to their professional service. NPs, CNMs, CNSs, and PAs may enroll in and obtain payment from Medicare for incident to services they furnish and for services that other NPPs furnish incident to their own professional services. 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 these 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 or 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.
- Services and supplies must be furnished in accordance with applicable State law.
- The physician or other listed practitioner provides direct supervision for incident to services, and only the physician or other listed practitioner who directly supervises the incident to services may bill for such services.
- For services and supplies furnished incident to Transitional Care Management (TCM) and Chronic Care Management (CCM) services by clinical staff, general supervision is required by the physician or other listed practitioner. However, only the supervising physician or other listed practitioner may bill Medicare for services and supplies furnished incident to TCM and CCM services.

CLINICAL NURSE SPECIALISTS (CNSs) (cont.)

Billing Guidelines for CNSs

- These 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
  - You must bill under your NPI for services that are furnished incident to your own professional services

Payment Guidelines for CNSs

- These 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
  - 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.
- May not bill or collect from the patient any amount other than unmet copayments, deductibles, and/or coinsurance.

PHYSICIAN ASSISTANTS (PAs)

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

Required Qualifications for PAs

- You must:
  - Be licensed by the State to practice as a PA and meet one of these criteria:
    - 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 for PAs

- These 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[1]
  - Services are the type considered physician’s services if furnished by a medical doctor or a doctor of osteopathy
  - Services are performed by an individual who meets all PA qualifications
  - Services are performed under the general supervision of a medical doctor or a doctor of osteopathy
  - 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
  - Assistant-at-surgery services furnished by a PA may be covered
  - Incident to services and supplies may be covered[5]

[1] Services must meet specific medical necessity requirements contained in the statute, regulations, and manuals and specific medical necessity criteria defined by National Coverage Determinations and Local Coverage Determinations (if any exist for the service you are reporting). For every service billed, you must indicate the specific sign, symptom, or patient complaint that makes the service reasonable and necessary.

[5] Physicians, NPs, CNMs, CNSs, and PAs may have services and supplies furnished incident to their professional service. NPs, CNMs, CNSs, and PAs may enroll in and obtain payment from Medicare for incident to services they furnish and for services that other NPPs furnish incident to their own professional services. 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 these 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 or 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.
- Services and supplies must be furnished in accordance with applicable State law.
- The physician or other listed practitioner provides direct supervision for incident to services, and only the physician or other listed practitioner who directly supervises the incident to services may bill for such services.
- For services and supplies furnished incident to Transitional Care Management (TCM) and Chronic Care Management (CCM) services by clinical staff, general supervision is required by the physician or other listed practitioner. However, only the supervising physician or other listed practitioner may bill Medicare for services and supplies furnished incident to TCM and CCM services.

PHYSICIAN ASSISTANTS (PAs) (cont.)

Billing Guidelines for PAs

- These 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
  - Your employer or contractor must bill under your NPI for services furnished incident to your professional services

Payment Guidelines for PAs

- These 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
    - 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
  - 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.
- May not bill or collect from the patient any amount other than unmet copayments, deductibles, and/or coinsurance.

ENROLLING IN THE MEDICARE PROGRAM

APRNs, AAs, and PAs who care for Medicare patients must enroll in the Medicare Program. You must enroll regardless of whether you are a participating provider or you bill services under your NPI or the supervising physician's NPI. To enroll in and obtain payment from Medicare, you must apply for a NPI and enrollment in the Medicare Program.

RESOURCES

Table 1 provides resource information on services furnished by APRNs, AAs, and PAs.

Table 1. Resource Information on Services Furnished by APRNs, AAs, and PAs

For More Information About…	Resource
Services Furnished by APRNs, AAs, and PAs	CMS.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/APNPA.html Chapter 15 of the Medicare Benefit Policy Manual (Publication 100-02) Chapter 12 of the Medicare Claims Processing Manual (Publication 100-04)
Enrolling in the Medicare Program	CMS.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll
All Available Medicare Learning Network® Products	MLN Catalog
Provider-Specific Medicare Information	MLN Guided Pathways: Provider Specific Medicare Resources
Medicare Information for Patients	Medicare.gov

Table 2. Hyperlink Table

Embedded Hyperlink	Complete URL
Chapter 15 of the Medicare Benefit Policy Manual	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf
Chapter 12 of the Medicare Claims Processing Manual	https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf
MLN Catalog	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNCatalog.pdf
MLN Guided Pathways: Provider Specific Medicare Resources	https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNEdWebGuide/Downloads/Guided_Pathways_Provider_Specific_booklet.pdf

Check out CMS on: