



## ADVANCED PRACTICE REGISTERED NURSES, ANESTHESIOLOGIST ASSISTANTS, AND PHYSICIAN ASSISTANTS



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## ENROLLMENT AND PRACTICE INFORMATION

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This booklet outlines the required healthcare practitioner qualifications and coverage, billing, and payment criteria for Medicare services furnished by:

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

## GLOSSARY

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### Reasonable and Necessary

Reasonable and necessary is a standard applied to every request for payment (bill) which limits Medicare payment to covered services addressing and treating the patient's complaints and symptoms. Services must meet specific medical necessity requirements contained in the statutes, regulations, manuals, and defined by National Coverage Determinations (NCDs) and Local Coverage Determinations (LCDs). For every service billed, you must indicate any specific signs, symptoms, or patient complaints that make each service reasonable and necessary.

### Assignment

Assignment means the provider or supplier:

- Accepts the Medicare-allowed amount as payment in full for their services
- May not bill or collect from the patient any amount other than unmet [copayments, deductibles, and/or coinsurance](#)

### Collaboration

Collaboration occurs when NPs and CNSs:

- Work with one or more physicians to deliver health care services within the scope of their professional expertise
- Furnish medical direction and appropriate supervision as required by State law where they furnish services (Medicare does not require the collaborating physician's presence when you furnish services or independently evaluate patients)

## Physician Services

The professional services performed by a physician or physicians for a patient including diagnosis, therapy, surgery, consultation, and care plan oversight.

### Immediately Available

For purposes of supervising CRNAs and AAs, Medicare considers an anesthesiologist “immediately available” when they are:

- Physically located within the same area as the CRNA or AA
- Not otherwise occupied in a way that prevents an immediate hands-on intervention

### Incident To

Incident to services or supplies are those furnished as an integral, although incidental, part of the physician’s personal professional services in the course of diagnosis and treatment. Therefore, 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 get 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. States cover and pay under the incident to provision, when the services and supplies comply with their State law and meet all the following requirements:

- Services and supplies are an integral part of the patient’s normal course of treatment when the physician or other listed practitioner 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.
- The physician or other listed practitioner furnishes direct supervision for incident to services and only the physician or other listed practitioner who directly supervises the incident to services may bill them.
- Medicare requires general physician or other listed practitioner supervision when clinical staff furnish services and supplies incident to [Transitional Care Management](#) (TCM) and [Chronic Care Management](#) (CCM). However, only the supervising physician or other listed practitioner may bill Medicare for services and supplies furnished incident to TCM and CCM services.

## PROVIDERS ENROLLING IN THE MEDICARE PROGRAM

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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 National Provider Identifier (NPI) or the supervising physician's NPI. To get Medicare payment you must:

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

## CERTIFIED REGISTERED NURSE ANESTHETISTS (CRNAs) QUALIFICATIONS AND BILLING GUIDELINES

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“You” refers to CRNAs in this section. For complete details on CRNA billing and payment, refer to Sections 50 and 140 of [Chapter 12 of the Medicare Claims Processing Manual](#).

### CRNA Qualifications

You must:

- Be licensed as a 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 the standards of the [Council on Accreditation of Nurse Anesthesia Educational Programs \(COA\)](#)
- Meet one of these criteria:
  - Passed a certification examination from the [National Board of Certification and Recertification for Nurse Anesthetists](#)
  - Graduated from one of the nurse anesthesia educational programs that meets the standards of the COA, and passed the above certification examination within 24 months of graduation

## CRNA Condition of Participation in the Medicare Program

These conditions apply:

- You are legally authorized and qualified to furnish the services in the State where you perform them
- Services are not otherwise precluded due to a statutory exclusion, and the services are reasonable and necessary
- When you administer anesthesia in a hospital, the operating practitioner performing the procedure or an anesthesiologist immediately available if needed must supervise you unless the State where you practice opted out of the supervision requirements
- The 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 the supervision requirements

## CRNA Billing Guidelines

These billing guidelines apply:

- You may bill the Medicare Program either:
  - Directly for services using your NPI
  - Under the NPI of a hospital, physician, group practice, or ASC where 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 is placed safely under post-operative care
- As long as 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 anesthesiologist can use the QS modifier, monitored anesthesia care service, for informational purposes. Providers must report actual anesthesia time and one of the payment modifiers on the claim.

  - QY – Medical direction of one qualified nonphysician anesthesiologist service with medical direction by a physician
  - QZ – CRNA service without medical direction by a physician
  - QX – Qualified nonphysician anesthesiologist with medical direction by a physician

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## CRNA Payment Guidelines

These payment guidelines apply:

- Medicare makes payment only on assignment
- Medicare subjects payment to Part B [copayments, deductibles and/or coinsurance](#)
- Medicare pays services under the Anesthesia Fee Schedule based on:
  - The applicable locality adjusted anesthesia conversion factor (CF) multiplied by the sum of allowable base and time units; one anesthesia time unit = 15 minutes of anesthesia time

## ANESTHESIOLOGIST ASSISTANTS (AAs) QUALIFICATIONS AND BILLING GUIDELINES

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“You” refers to AAs in this section. For complete details on coverage, billing, and payment for non-physician anesthetists, refer to Sections 50 and 140 of [Chapter 12 of the Medicare Claims Processing Manual](#).

### AA Qualifications

You must:

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

### AA Condition of Participation in the Medicare Program

These conditions apply:

- You are legally authorized and qualified to furnish the services in the State where you perform them
- Services are not otherwise precluded due to a statutory exclusion, and the services are reasonable and necessary
  - An anesthesiologist who is immediately available supervises when you administer anesthesia in a hospital
  - An anesthesiologist must supervise when you administer anesthesia in a CAH or ASC

## AA Billing Guidelines

These billing guidelines apply:

- You may bill the Medicare Program either:
  - Directly for services using your NPI
  - Under the NPI of a hospital, physician, group practice, or ASC where 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 is placed safely under post-operative care
- As long as 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 anesthesiologist can use the QS modifier for informational purposes. Providers must report actual anesthesia time and one of the payment modifiers on the claim.
  - QY – Medical direction of one qualified nonphysician anesthesiologist service with medical direction by a physician
  - QX – Qualified nonphysician anesthesiologist with medical direction by a physician

## AA Payment Guidelines

These payment guidelines apply:

- Medicare makes payment only on assignment
- Medicare subjects payment to Part B [copayments, deductibles and/or coinsurance](#)
- Medicare pays services under the Anesthesia Fee Schedule based on:
  - The applicable locality adjusted anesthesia CF multiplied by the sum of allowable base and time units; one anesthesia time unit = 15 minutes of anesthesia time

## NURSE PRACTITIONERS (NPs) QUALIFICATIONS AND BILLING GUIDELINES

“You” refers to NPs in this section. For complete details on coverage, billing, and payment for NPs, refer to Section 120 of [Chapter 12 of the Medicare Claims Processing Manual](#), Section 200 of [Chapter 15 of the Medicare Benefit Policy Manual](#), or [42 Code of Federal Regulations \(CFR\) § 410.75](#).

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## NP Qualifications

You must:

- Be a registered professional nurse authorized by the State where you practice as an NP according to State law by December 31, 2000
- Be certified as an NP by a recognized [national certifying body](#) that established standards for NPs and meet one of these criteria:
  - Possess Medicare billing privileges as an NP for the first time before January 1, 2001 and meet the certification requirements described
  - Possess Medicare billing privileges as an NP for the first time before January 1, 2003, meet the certification requirements described, and have a master's degree in Nursing or a Doctor of Nursing Practice (DNP) doctoral degree

## NP Condition of Participation in the Medicare Program

These conditions apply:

- You are legally authorized and qualified to furnish the services in the State where you perform them
- Services are not otherwise precluded due to a statutory exclusion, and the services are reasonable and necessary
- Services are the type considered physicians' services if furnished by a medical doctor or a doctor of osteopathy
- You perform services in collaboration with a physician
- Medicare may cover NP assistant-at-surgery services
- Medicare may cover incident to services and supplies

## NP Billing Guidelines

These billing guidelines apply:

- You may either:
  - Bill the Medicare Program directly for services using your NPI
  - Have an employer or contractor bill 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
- Report only the AS modifier on the claim form when an NP bills assistant-at-surgery services

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## NP Payment Guidelines

These payment guidelines apply:

- Medicare makes payment only on assignment
- Medicare pays services at 80% of the lesser of the actual charge or 85% of the amount a physician gets under the [Medicare Physician Fee Schedule](#) (PFS)
- Payment is made directly to the NP for assistant-at-surgery services at 80% of the lesser of the actual charge or 85% of 16% of the amount a physician gets under the Medicare PFS
- Medicare pays services furnished incident to the services of an NP in a setting outside of a hospital at 85% of the amount a physician gets under the Medicare PFS
- When you bill directly for services to hospital inpatients and outpatients, payment is unbundled and made to the NP

## CERTIFIED NURSE-MIDWIVES (CNMs) QUALIFICATIONS AND BILLING GUIDELINES

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“You” refers to CNMs in this section. For complete details on coverage, billing, and payment for CNMs, refer to Section 180 of [Chapter 15 of the Medicare Benefit Policy Manual](#), Section 130 of [Chapter 12 of the Medicare Claims Processing Manual](#), or [42 CFR § 410.77](#).

### CNM Qualifications

You must:

- Be currently licensed to practice in the State as a registered professional nurse
- Meet one of the following:
  - Be legally authorized to practice as a nurse-midwife in the State where you perform services and have completed a State-specified program of study and clinical experience for nurse-midwives
  - If there is no State-specified program, then the nurse-midwife must:
    - Be certified as a nurse-midwife by the [American College of Nurse-Midwives](#) (ACNM)
    - Have satisfactorily completed a formal education program that qualifies you to take the ACNM certification exam
    - Have successfully completed a formal education program for preparing registered nurses to furnish gynecological and obstetrical care to women during pregnancy, delivery, and the post-partum period, and care to normal newborns, and have practiced as a nurse-midwife for a total of 12 months during any 18-month period from August 8, 1976, to July 16, 1982

## CNM Condition of Participation in the Medicare Program

These conditions apply:

- You are legally authorized and qualified to furnish the services in the State where you perform them
- Services are not otherwise precluded due to a statutory exclusion, and the services are medically reasonable and necessary
- Services are the type considered physicians' services if furnished by a medical doctor or a doctor of osteopathy
- You perform the services without physician supervision and without association with a physician or health care provider, unless State law requires it
- Place of service is not restricted. Medicare covers services in all settings, including:
  - Birthing centers
  - Clinics
  - Hospitals
  - Nurse-midwives' offices
  - Patients' homes
- Medicare covers incident to services and supplies as if they were incident to a doctor of medicine or osteopathy

## CNM Billing Guidelines

These billing guidelines apply:

- You may either:
  - Bill the Medicare Program directly for services using specialty code 42 and your NPI
  - Have an employer or contractor bill your services using specialty code 42 and your NPI for reassigned payment
- A supervising physician must bill under their 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 (reduced services) to report the billing provider did not furnish all services covered by the global allowance (do not use when billing for split/shared evaluation and management visits)

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## CNM Payment Guidelines

These payment guidelines apply:

- Medicare makes payment only on assignment
- Medicare pays services at 80% of the lesser of the actual charge, or 100% of the amount a physician gets for the same service under the Medicare PFS
- Payment for services furnished incident to CNM services in a setting outside of a hospital is made to the CNM at 80% of the actual charge or 100% of the amount paid a physician 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 furnish most of a global service and call in the physician to furnish a portion of the care or when the physician furnishes most of the service and calls you in, Medicare bases payment on the portion of the global fee that would be paid to the other provider

## CLINICAL NURSE SPECIALISTS (CNSs) QUALIFICATIONS AND BILLING GUIDELINES

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“You” refers to CNSs in this section. For complete details on coverage, billing, and payment for CNSs, refer to Section 210 of [Chapter 15 of the Medicare Benefit Policy Manual](#), Section 120 of [Chapter 12 of the Medicare Claims Processing Manual](#), or [42 CFR § 410.76](#).

### CNS Required Qualifications

You must:

- Be a registered nurse currently licensed to practice in the State where you furnish services and authorized to furnish the services of a CNS according to State law
- Have 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](#) with established CNS standards

### CNS Condition of Participation in the Medicare Program

These conditions apply:

- You are legally authorized and qualified to furnish the services in the State where you perform them
- Services are not otherwise precluded due to a statutory exclusion, and the services are reasonable and necessary
- Services are the type considered physicians’ services if furnished by a medical doctor or a doctor of osteopathy

- You perform the services in collaboration with a physician
- Medicare may cover assistant-at-surgery services furnished by a CNS
- Medicare may cover incident to services and supplies

## CNS Billing Guidelines

These billing guidelines apply:

- You may bill the Medicare Program either:
  - Directly for services using your NPI
  - Have an employer or contractor bill for CNS services using your NPI for reassigned payment
- A supervising physician must bill under their 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.

## CNS Payment Guidelines

These payment guidelines apply:

- Medicare makes payment only on assignment
- Medicare pays services directly to the CNS at 80% of the lesser of the actual charge or at 85% of the amount a physician gets under the Medicare PFS
- Medicare makes payment directly to the CNS for assistant-at-surgery services at 85% of 16% of the amount a physician gets under the Medicare PFS for assistant-at-surgery services
- Medicare makes payment for services furnished incident to the services of a CNS in a setting outside of a hospital to the CNS at 85% of the amount a physician gets under the Medicare PFS
- When you bill directly for services furnished to hospital inpatients and outpatients, payment is unbundled and made to the CNS

## PHYSICIAN ASSISTANTS (PAs) QUALIFICATIONS AND BILLING GUIDELINES

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“You” refers to PAs in this section. For complete details on coverage, billing, and payment for PAs, refer to Section 190 of [Chapter 15 of the Medicare Benefit Policy Manual](#), Section 110 of [Chapter 12 of the Medicare Claims Processing Manual](#), or [42 CFR § 410.74](#).

## PA Qualifications

You must:

- Be licensed by the State to practice as a PA and meet one of these criteria:
  - Graduated from a PA educational program accredited by the [Accreditation Review Commission on Education for the Physician Assistant](#) (or its predecessor agencies, the Commission on Accreditation of Allied Health Education Programs, and the Committee on Allied Health Education and Accreditation)
  - Passed the national certification examination administered by the [National Commission on Certification of Physician Assistants](#)

## PA Condition of Participation in the Medicare Program

These conditions apply:

- You are legally authorized and qualified to furnish the services in the State where you perform them
- Services are not otherwise precluded due to a statutory exclusion, and the services are reasonable and necessary
- Services are the type considered physician's services if furnished by a medical doctor or a doctor of osteopathy
- You meet all the qualifications to perform the services
- You furnish the services under the general supervision of a medical doctor or a doctor of osteopathy
- The physician supervisor or designee need not be physically present when you perform a service and is available by telephone unless State law or regulations require otherwise
- Medicare may cover assistant-at-surgery services furnished by a PA
- Medicare may cover incident to services and supplies

## PA Billing Guidelines

These billing guidelines apply when billing PA services to the Medicare Program:

- Your W-2 employer or 1099 independent contractor must bill under your NPI
- You cannot reassign payment for your services; therefore, your employer or contractor cannot bill for reassigned services
- A supervising physician must bill under their 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

## PA Payment Guidelines

These payment guidelines apply:

- Payment is made only on assignment
- Payment may be made only to your:
  - Qualified employer eligible to enroll in the Medicare Program under existing provider/supplier categories
  - Contractor
- Medicare pays services at 80% of the actual charge or 85% of the amount Medicare pays a physician under the Medicare PFS
- Medicare makes payment to the PA's employer or contractor for assistant-at-surgery services at 85% of 16% of the amount a physician gets under the Medicare PFS for assistant-at-surgery services
- Medicare makes payment for services furnished incident to the services of a PA in a setting outside of a hospital to the employer or contractor of a PA at 85% of the amount a physician gets under the Medicare PFS

## RESOURCES

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

Resource	Website
Medicare Anesthesiologist Center	<a href="https://www.cms.gov/Center/Provider-Type/Anesthesiologists-Center">CMS.gov/Center/Provider-Type/Anesthesiologists-Center</a>
Medicare Physician Center	<a href="https://www.cms.gov/Center/Provider-Type/Physician-Center">CMS.gov/Center/Provider-Type/Physician-Center</a>
Medicare Provider-Supplier Enrollment	<a href="https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll">CMS.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll</a>
Services Furnished by APRNs, AAs, and PAs	Chapter 15 of the Medicare Benefit Policy Manual <a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf">CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf</a>  Chapter 12 of the Medicare Claims Processing Manual <a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf">CMS.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf</a>

**Table 2. Hyperlink Table**

Embedded Hyperlink	Complete URL
Copayments, deductibles, and/or coinsurance	<a href="https://www.medicare.gov/your-medicare-costs/medicare-costs-at-a-glance">https://www.medicare.gov/your-medicare-costs/medicare-costs-at-a-glance</a>
Transitional Care Management	<a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN908628">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN908628</a>
Chronic Care Management	<a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN909188">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/ICN909188</a>
Identity & Access Management (I&A) System	<a href="https://nppes.cms.hhs.gov/IAWeb/startRegistration.do">https://nppes.cms.hhs.gov/IAWeb/startRegistration.do</a>
National Plan & Provider Enumeration System (NPPES)	<a href="https://nppes.cms.hhs.gov">https://nppes.cms.hhs.gov</a>
Provider Enrollment, Chain, and Ownership System (PECOS)	<a href="https://pecos.cms.hhs.gov">https://pecos.cms.hhs.gov</a>
CMS-855 Application	<a href="https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/EnrollmentApplications">https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/MedicareProviderSupEnroll/EnrollmentApplications</a>
Chapter 12 of the Medicare Claims Processing Manual	<a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c12.pdf</a>
Council on Accreditation of Nurse Anesthesia Educational Programs	<a href="https://www.coacrna.org">https://www.coacrna.org</a>
National Board of Certification and Recertification for Nurse Anesthetists	<a href="https://www.nbcrna.com">https://www.nbcrna.com</a>
Commission on Accreditation of Allied Health Education Programs	<a href="https://www.caahep.org">https://www.caahep.org</a>
Chapter 15 of the Medicare Benefit Policy Manual	<a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf</a>
42 Code of Federal Regulations (CFR) § 410.75	<a href="https://www.ecfr.gov/cgi-bin/text-idx?SID=8cec6b3ca4a9cda375b73c94d4973889&amp;mc=true&amp;node=se42.2.410_175&amp;rgn=div8">https://www.ecfr.gov/cgi-bin/text-idx?SID=8cec6b3ca4a9cda375b73c94d4973889&amp;mc=true&amp;node=se42.2.410_175&amp;rgn=div8</a>

**Table 2. Hyperlink Table (cont.)**

Embedded Hyperlink	Complete URL
National Certifying Body	<a href="https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf#page=147">https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c15.pdf#page=147</a>
Medicare Physician Fee Schedule	<a href="https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243670">https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/MLN-Publications-Items/CMS1243670</a>
42 CFR § 410.77	<a href="https://gov.ecfr.io/cgi-bin/text-idx?SID=e3496b7a3bbf68dd2f856d50fd5a34b2&amp;mc=true&amp;node=se42.2.410_177&amp;rgn=div8">https://gov.ecfr.io/cgi-bin/text-idx?SID=e3496b7a3bbf68dd2f856d50fd5a34b2&amp;mc=true&amp;node=se42.2.410_177&amp;rgn=div8</a>
American College of Nurse-Midwives	<a href="http://www.midwife.org">http://www.midwife.org</a>
42 CFR § 410.76	<a href="https://gov.ecfr.io/cgi-bin/text-idx?SID=e3496b7a3bbf68dd2f856d50fd5a34b2&amp;mc=true&amp;node=se42.2.410_176&amp;rgn=div8">https://gov.ecfr.io/cgi-bin/text-idx?SID=e3496b7a3bbf68dd2f856d50fd5a34b2&amp;mc=true&amp;node=se42.2.410_176&amp;rgn=div8</a>
42 CFR § 410.74	<a href="https://gov.ecfr.io/cgi-bin/text-idx?SID=e3496b7a3bbf68dd2f856d50fd5a34b2&amp;mc=true&amp;node=se42.2.410_174&amp;rgn=div8">https://gov.ecfr.io/cgi-bin/text-idx?SID=e3496b7a3bbf68dd2f856d50fd5a34b2&amp;mc=true&amp;node=se42.2.410_174&amp;rgn=div8</a>
Accreditation Review Commission on Education for the Physician Assistant	<a href="http://www.arc-pa.org">http://www.arc-pa.org</a>
National Commission on Certification of Physician Assistants	<a href="https://www.nccpa.net">https://www.nccpa.net</a>

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