

National Provider Identifier (NPI) as the Unique Nurse Identifier

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Summary

NPIs remain the gold standard for identifying and reimbursing the health care clinicians who provide care for the patient. As we move toward full recognition of the value of nursing, obtaining NPIs is a good first step to strive towards direct reimbursement for critical nursing services that are key to the provision of quality patient care.

Purpose

Health system transformation that recognizes the value of nursing services through positive patient outcomes and correlating reimbursement are priorities of ANA. Use of national provider identifiers (NPIs) allow providers, including Advanced Practice Registered Nurses (APRNs), to bill Medicare and Medicaid for services provided to patients. The purpose of this position statement is to:

1. Affirm the role that the NPI plays in billing and reimbursement; and
2. Establish that an NPI is foundational to evaluating the value of the nurse in the health care system.

Statement of ANA Position

Registered nurses (RNs) are integral parts of the health care team and spend significant time with patients providing clinical services. In the current health care financing system, this work is generally not accounted for, other than in the physician's practice expense (PE) relative value unit (RVU). The lack of NPIs for nurses makes it extremely difficult to record, measure, and value the

services they provide and their impact on patient outcomes. In this position statement, ANA will detail the key role that NPIs play in reimbursement and how obtaining an NPI is a first step to recognize and evaluate the value of the nurse in the health care delivery system. The time spent by the RN is the main element of RN work that is captured in the PE of billing providers. Obtaining and recording NPIs in appropriate healthcare data systems would allow health systems, payers, and enterprise resource planning systems to extract nursing services from other providers. This then allows for a quantitative analysis and substantive demonstration of the nurse's role and value as an integral member of a patient's health care team.

Policy and Practice Recommendations

As policymakers, health care organizations, and payers continue to look at ways to evolve and reform the health care system, ANA strongly advocates for changes in current reimbursement models to recognize the value of the nurse. The American Medical Association (AMA) created the CPT and RUC system to value the work done by physicians and other qualified healthcare providers. While APRNs and other non-physician providers have NPIs, patient care provided by RNs is not billed separately. The result is that RNs have historically been included as part of PE when the RUC either establishes or modifies the value of procedures in the CPT code set. However, this only captures the time it takes rather than fully capturing the scope of services that RNs provide to patients. RNs must be recognized for their expertise and the clinical services they provide and, therefore, ANA recommends:

1. All RNs and APRNs should obtain an NPI to elevate and recognize them as clinicians providing vital services to patients.
2. Employers should assist RNs in obtaining NPIs.

Background

Passage of the Health Insurance Portability and Access Act of 1996 (HIPAA) created a system that required unique healthcare identifiers for each healthcare provider. The NPI was created to fulfill this requirement and continues to fulfill this role today. CMS began issuing NPIs in 2006 and starting in May of 2008 CMS required the use of NPIs by healthcare providers in order to receive reimbursement for services provided.

NPIs are standard and required by both Medicare and Medicaid to reimburse clinicians, who use a unique NPI to bill Medicare and Medicaid for services provided. The current reimbursement model does not allow RNs to bill using this system and registered nurse time and effort is not separately reimbursed. Other federal health programs, including TRICARE, also require use of NPIs for billing healthcare providers. Additionally, while not required by law, many private payers require providers to bill using NPIs.

Obtaining NPIs is free and is recognized by the Office of the National Coordinator for Health Information Technology (ONC) as the standard to meet the interoperability need for representing the health care provider. Additionally, NPIs are standard across health care professionals and unlike

licensure, it can be used if a nurse moves across state lines. The NPI does not contain any personal information about the provider.

CMS provides three ways to obtain an NPI.

- 1) Apply online through the National Plan and Provider Enumeration System.
- 2) Apply with a paper application. The application is available through CMS.
- 3) Give permission to an Electronic File Interchange Organization to submit application data on one's behalf.

Employees are always able to apply for their own NPI. The process takes only a few minutes to complete and the number is usually assigned within 24 hours, but if the provider is employed by a healthcare organization and has not previously received their own NPI, then the healthcare organization can apply for the NPI on behalf of their employee, but these are frequently not taken as a priority so the clinician may want to apply for their own NPI. NPIs do not change and remain with the providers even if they change employment.

Obtaining NPIs are not required for RNs, but they are eligible to receive them. Currently, NPIs would not change RN reimbursement or pay as RN times and services provided are now included in the PE of physician RVUs. Obtaining NPIs is an important first step in changing this structure as ANA continues to advocate for separate reimbursement for the work done by RNs.

References

<https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/NPI-What-You-Need-To-Know.pdf>

<https://www.nursingworld.org/~4af21e/globalassets/docs/ana/ethics/aprns-with-npis.pdf>