

ANA ISSUE BRIEF

Information and analysis on topics affecting nurses, the profession and health care.

APRNs with NPIs: Distribution by Role and State

Key Points

APRNs across the U.S. have obtained a National Provider Identifier that facilitates their electronic direct billing to Medicare, Medicaid, and private health plans.

One of the aims of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) was administrative simplification. This included, among other things, creation of a single identifier unique to each health care provider that would be used by all health insurers. This new numbering system was to replace the historical system under which each insurer issued its own unique set of identifiers. By virtue of HIPAA, the Department of Health and Human Services and CMS have developed a system where all providers can be assigned a single number that will identify them in electronic transactions: their National Provider Identifier (NPI). The purpose of the NPI is to uniquely identify a health care provider in health care claims. NPIs may also be used to identify health care providers on prescriptions, in internal files to link proprietary provider identification numbers and other information, in coordination of benefits between health plans, in patient medical record systems, and in program integrity files. The system covers all types of providers including institutional providers—such as hospitals, and non-institutional providers—such as nurses. Registered nurses—in particular, APRNs—who directly bill health insurers for nursing services using electronic billing must apply for, obtain, and use an NPI.

CMS began issuing NPIs in October 2006. All providers, healthcare clearing-houses, and health plans completing electronic transactions were required by regulation to use only the NPI to identify covered healthcare providers by May 23, 2008. Once assigned, a provider's NPI is permanent and remains with the provider regardless of job or location changes. The NPI is a 10-position, "intelligence-free" numeric identifier (10-digit number). That is, nothing in the number itself contains any information on provider specialty or geographic location. Because one of the digits is a "check digit" in theory there could be as many as one billion different NPIs. (In any one year, Medicare carriers and fiscal intermediaries process transactions from approximately one million providers. Early in 2010 the were just more than thee million NPIs were on file at CMS.)

Certified nurse midwives, certified registered nurse anesthetists, nurse practitioners, and clinical nurse specialists are all eligible as covered providers with respect to Medicare. In particular, APRNs with master's degrees providing services within the scope of practice in their state may treat Medicare beneficiaries and directly bill for those services. Those APRNs, however, must first obtain their NPI. (NPIs are also required for those RNs who directly bill Medicaid.) As of March 2010 there were 152,041 individual APRNs in the United States and its ter-



ritories who had active NPIs. (There were an additional 219 individuals with non-U.S. addresses and also 5,833 non-individual NPI holders.) The distribution by APRN role and State is displayed below.

NPI counts

NPI Counts									
jurisdiction	APRNs	CNM	CRNA	NP	CNS				
U.S. AND TER-									
RITORIES	152,041	5,191	35,995	105,958	4,897				
UNITED									
STATES	151,925	5,173	35,974	105,890	4,888				
AK	498	24	45	425	4				
AL	2,601	20	1,229	1,330	22				
AR	1,351	15	358	914	64				
AZ	2,564	80	233	2,189	62				
CA	10,558	526	1,229	8,458	345				
со	2,409	158	308	1,845	98				
СТ	2,494	139	391	1,776	188				
DC	364	30	15	310	9				
DE	569	17	121	400	31				
FL	9,609	281	2,676	6,534	118				
GA	4,737	200	1,445	2,969	123				
HI	480	24	102	316	38				
IA	1,322	45	261	996	20				
ID	685	19	179	468	19				
IL	4,253	233	1,016	2,734	270				
IN	2,777	92	233	2,304	148				
KS	1,828	29	515	1,221	63				
KY	2,772	54	703	1,959	56				
LA	2,394	19	883	1,457	35				
MA	5,638	255	645	4,368	370				
MD	3,052	143	432	2,398	79				
ME	1,189	48	258	841	42				
МІ	5,308	159	2,434	2,668	47				
MN	5,117	144	1,584	3,127	262				
МО	3,811	36	1,215	2,433	127				
MS	1,981	20	456	1,491	14				
MT	486	19	59	389	19				
NC	5,805	193	2,264	3,275	73				
ND	596	8	211	352	25				
NE	1,049	21	269	740	19				
NH	1,045	53	137	836	19				
NJ	3,218	121	415	2,469	213				
NM	949	71	130	675	73				
NV	610	24	95	471	20				
NY	10,101	380	1,022	8,551	148				

152,041 U.S. APRNs have received an NPI



With respect to APRNs and NPIs, New York has the most NPs and CNMs; Florida has the most CRNAs, and Ohio has the most CNSs. California has the most APRNs total.

NPI counts (continued)

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jurisdiction	APRNs	CNM	CRNA	NP	CNS
ОН	5,930	162	1,698	3,642	428
ОК	1,173	35	310	727	101
OR	2,051	155	286	1,562	48
PA	7,471	212	2,533	4,564	162
RI	612	35	115	414	48
SC	2,174	51	811	1,282	30
SD	642	17	285	323	17
TN	5,764	80	1,603	3,987	94
TX	9,120	227	2,456	6,069	368
UT	1,203	71	158	939	35
VA	3,567	95	711	2,681	80
VT	409	44	31	311	23
WA	3,383	136	455	2,718	74
WI	2,993	115	556	2,233	89
wv	978	28	362	574	14
WY	235	10	36	175	14
AMERICAN	4		0	4	0
SAMOA	1	0	0	1	0
FEDERATED					
STATES OF MICRONESIA	2	0	0	2	0
GUAM	19	6	1	12	0
NORTHERN	13	0		12	
MARIANA IS-					
LANDS	5	0	0	5	0
PALAU	2	0	0	2	0
PUERTO RICO	65	7	19	30	9
VIRGIN IS-					
LANDS	22	5	1	16	0

About two thirds of those APRNs with NPIs are Nurse Practitioners: 105,958 in total. NPIs have also been issued to 35,995 CRNA's, 5,191 certified nurse midwives, and 4,897 clinical nurse specialists. California and New York State lead the nation, each with more than 10,000 APRNs in their jurisdictions. New York has the most nurse practitioners with 8,551. (Those two states also lead with respect to certified nurse midwives.) CRNA's, however, are relatively much less common in California and New York. Florida, Pennsylvania, Texas, Michigan, and North Carolina each report more than 2,000 CRNA's with NPIs. Florida has the most at 2,676. The distribution of clinical nurse specialists also differs from that of the nurse practitioners. Ohio, with 428 NPIs for this role, leads the country followed by Massachusetts, with 370 and Texas with 368.



The CMS website has information on both the NPI application and Medicare enrollment as a provider.

More Information

Health care providers who are not HIPPA covered because they do not transmit information electronically are not required to obtain an NPI, but are not prohibited from doing so, and in some cases are encouraged to do so, as that number may be required for billing purposes by another provider to whom a referral has been made. If a non-covered health care provider obtains an NPI, it does not make her or him a covered entity.

RNs who wish to obtain an NPI can apply in several different ways. The online process can be started through the National Plan and Provider Enumeration System (NPPES) at https://nppes.cms.hhs.gov. There is also a paper application process. A copy of the application form (CMS-10114), which includes the NPI Enumerator's mailing address, is available only upon request through the NPI Enumerator. The NPI Enumerator's phone number is 1-800-465-3203 or TTY 1-800-692-2326. More information about the NPI and the NPI process can be obtained at https://www.cms.gov/nationalprovidentstand/.

Qualified APRNs with a master's degree can apply to provide services to Medicare patients and bill directly after they have obtained their NPI. CMS has established an Internet-based Provider Enrollment, Chain and Ownership System (PECOS) for physicians, non-physician practitioners and providers and suppliers organizations. Internet-based PECOS allows APRNs to enroll, make a change in their Medicare enrollment, view their Medicare enrollment information on file with Medicare, or check on status of a Medicare enrollment application via the Internet. More information about the Internet-based PECOS is available at http://www.cms.gov/MedicareProviderSupEnroll/04 InternetbasedPECOS.asp.

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