

National Provider Identifiers

HIPAA requires that all health care providers obtain and use a standard National Provider Identifier, or NPI.

Physicians and other health care providers can first apply for a number May 23, 2005, the effective date of the regulations implementing the NPI. Compliance is due by May 23, 2007 (contingency plan extended to May 23, 2008); after which all HIPAA covered entities must exclusively use NPIs to identify health care providers in standard transactions (though small health plans have one extra year). While all physicians who transmit health information in electronic form are covered entities and are required to obtain and use a NPI, non-covered entity physicians (i.e., physicians using only paper claims) are also free to obtain and use a number. Obtaining a number will *not* result in making a non-covered entity a covered entity.

NPIs are intended to alleviate confusion and hassle surrounding health plan transactions by requiring health care providers to be identified by a single, ten-digit identifier, instead of utilizing different identifying numbers when dealing with various health plans, as is current practice.

After the 2005 effective date, health care providers (defined at 45 C.F.R. §160.103) will be able to apply electronically or via paper for a NPI through the Centers for Medicare and Medicaid Services' National Provider System (NPS). After obtaining a number, health care providers will be responsible for updating pertinent information with NPS within 30 days of a change.

Helpful Informational

- All separate legal entities will need a unique NPI after May 23, 2007.
- NPS will accept bulk applications for NPIs submitted by medical staffs, health plan physicians and other large groups.
- Tax identification numbers will continue to exist after the compliance date.