

# What Is a National Provider Identifier and Why Does Every Dietetics Practitioner Need One?



**T**O IMPROVE THE EFFICIENCY AND effectiveness of the health care system, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) required the US Department of Health and Human Services to develop and adopt national standards for electronic health care transactions and code sets, including the development of a standard, unique health identifier for each health care provider.<sup>1</sup> The National Provider Identifier (NPI) was established as this standard.

An NPI is a unique, 10-digit, intelligence-free, numeric identifier issued free to covered health care providers and suppliers in the United States who complete and submit an NPI application to the federal government.<sup>2</sup> Separate NPIs are used to identify individual clinicians (Type 1 NPI) and organizations and group practices (Type 2 NPI). A sole practitioner may obtain only one Type 1 NPI, which remains active until deactivated by the individual. The NPI is good for life, follows the individual everywhere, and does not change, even when information, such as name or practice location, changes. HIPAA requires all health care providers to obtain and use an NPI when transmitting claims and other health care information electronically.<sup>3</sup>

Even if registered dietitian nutritionists (RDNs) or nutrition and dietetics technicians, registered (NDTRs) are not billing payers, there are at least three key reasons to obtain an NPI. First, NPIs are needed to demonstrate a viable workforce to external stakeholders, including the government and private payers.<sup>4</sup> Evidence of adequate workforce capacity to furnish nutrition care is critical to expanding coverage and payment for services provided by RDNs and NDTRs. The current number of RDNs and NDTRs with NPIs does not accurately reflect the

workforce, underestimating the actual number of trained nutrition and dietetics practitioners available. Such perceived workforce shortages are considered a barrier to access and hamper expansion efforts for increased coverage and payment by all payers.

Second, NPIs are one key piece of information used to determine provider attribution to patient care. Positive patient impact and improved outcomes or other cost–benefit analyses can translate into dollars for providers and health care practices. The use of NPIs creates the potential for stakeholders to determine who is providing care, in either the inpatient or outpatient setting. RDNs and NDTRs who illustrate positive patient impact and improved outcomes or other cost–benefit analyses are more likely to secure a role as a valuable member of the interprofessional, person-centered health care team. Utilizing an NPI in clinical care can help to meet those objectives. By seeing RDN and NDTR involvement, stakeholders can better understand the economic imperative of medical nutrition therapy (MNT) and the value of nutrition and dietetics practitioners in improving health outcomes and preventing avoidable or more expensive care.

Finally, the use of NPIs provides a means to examine cost-effectiveness of nutrition interventions. Data analytics, identifying who is involved in the care, has become a valuable tool to provide insights for resource allocation, especially when establishing cost benchmarks and developing bundled and population-based payment models and clinical episodes of care.<sup>5</sup> Analysis of NPI data can be leveraged to better understand the providers involved in delivering cost-effective care, which not only can help support the allocation of payment for nutrition services in an environment of limited health care dollars, but also secure the future of the nutrition and dietetics profession. For example, data have shown that MNT services provided by RDNs to patients with diabetes improve clinical outcomes and decrease overall costs of care.<sup>6</sup> When RDN encounters are identifiable by NPI taxonomy, stakeholders have the ability to use

the information to factor the cost of nutrition care into health care payments and include nutrition professionals as a valuable member of the interprofessional, person-centered health care team in developing models.

To ensure that the profession remains relevant in a rapidly changing world, RDNs and NDTRs need to be counted and document value. Using an NPI can support those goals. All practicing RDNs and NDTRs should have an NPI.<sup>7</sup> By obtaining and utilizing an NPI, RDNs and NDTRs can demonstrate the strength and value of the nutrition and dietetics workforce for improving the health and well-being of individuals and populations at large.

## References

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