

**REQUIREMENT FOR  
NATIONAL PROVIDER IDENTIFIER (NPI) AND TAXONOMY CODES**

- 1. REASON FOR ISSUE:** This Veterans Health Administration (VHA) Directive establishes the requirement that all individual health care practitioners who provide billable health care services must obtain a National Provider Identifier (NPI) and designate their Taxonomy Code(s) (Specialties and Subspecialties) on their NPI application.
- 2. SUMMARY OF CHANGES:** This Directive is being revised to become a permanent directive and provide updated references for NPI and Taxonomy Code(s).
- 3. RELATED ISSUES:** VA Handbooks 5005 and 5021.
- 4. RESPONSIBLE OFFICE:** The Deputy Under Secretary for Health for Operations and Management (10N), Chief Business Office (10NB), is responsible for the contents of this Directive. Questions may be addressed at 202-382-2579 or referred to [vhaconpi@va.gov](mailto:vhaconpi@va.gov).
- 5. RESCISSIONS:** VHA Directive 2008-030, dated June 3, 2008 is rescinded.
- 6. RECERTIFICATION:** This VHA Directive is scheduled for recertification on or before the last working day of November 2018.

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## **REQUIREMENT FOR NATIONAL PROVIDER IDENTIFIER (NPI) AND TAXONOMY CODES**

**1. PURPOSE:** This Veterans Health Administration (VHA) Directive establishes the requirement that all individual health care practitioners who provide billable health care services must obtain a National Provider Identifier (NPI), designate their Taxonomy Code(s) (Specialties and Subspecialties) on their NPI application, and provide this information to the designated NPI Maintenance Team Leader for their facility. **AUTHORITY:** 38 U.S.C. 1729, 7301(b); 45 CFR part 162, subpart D.

### **2. BACKGROUND:**

a. VHA's authority to bill third-party insurance carriers (payers) for Veterans' non-service connected care is title 38 United States Code (U.S.C.) §1729.

b. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires VHA to use NPIs where applicable. The NPI is a unique, nationwide 10-digit numerical identifier, assigned to health care providers by the Centers for Medicare and Medicaid Services (CMS), intended to streamline electronic health care transactions by using a consistent identifier across payers.

(1) Under the HIPAA NPI Final Rule (45 CFR part 162), HIPAA-standard electronic transactions must include NPIs for individual health care practitioners including physicians, advanced practice nurses, pharmacists, behavioral health and social service providers, etc. (see Appendix A). NPIs are essential to VHA third-party reimbursement revenue, as VHA's claims that do not reflect NPIs will be rejected by the payers.

(2) Taxonomy Codes (designations of Specialty and Subspecialty) must be specified for individual health care practitioner NPIs (obtained through the National Plan and Provider Enumeration System (NPPES)). Taxonomy Code information is essential to the continuity of VHA third-party revenue. Certain payers require practitioner Taxonomy Codes on electronic transactions, and will reject electronic transactions that do not include appropriate practitioner Taxonomy Codes.

c. The Department of Veterans Affairs (VA) Billing and Collections System of Records covers collection of NPI information and disclosure for routine purposes, which includes third-party billing.

**3. POLICY:** It is VHA's policy that as a condition of employment all billable health care practitioners shall furnish to VHA both NPI and Taxonomy Code information as requested.

### **4. RESPONSIBILITIES:**

a. **Medical Facility Director.** The Medical Facility Director is responsible for ensuring that:

(1) A facility NPI Maintenance Team Leader is designated. This may be assigned as a collateral duty. Likely candidates include staff from Human Resources, Contracting, Privacy Office, Credentialing, Compliance, Program Application Specialists, or other appropriate groups.

(2) All health care practitioners providing billable health care services on behalf of the facility provide both NPI and Taxonomy Code information to the designated NPI Maintenance Team Leader as requested.

(a) In the event that health care practitioners providing billable health care services to their facility (including Community Based Outpatient Clinics (CBOC) and any other health care locations associated with their facility) fail or refuse to provide NPI and Taxonomy Code information to VHA, appropriate disciplinary measures may be taken, in accordance with VA Handbook 5021 in the case of employees, and in accordance with contractual stipulations in the case of contracted health care practitioners.

(b) No health care practitioner seeking employment by VHA may be appointed to provide billable health care services to a VA medical facility (including CBOCs and any other health care locations associated with that facility) without first furnishing the correct NPI and Taxonomy Code information to the designated NPI Maintenance Team Leader for the facility at which the practitioner seeks to be appointed. Practitioners must provide the official NPI and Taxonomy Code notification issued by NPPES.

b. **NPI Maintenance Team Leader.** NPI Maintenance Team Leader are responsible for:

(1) Coordinating a local cross-functional team to assist appointed billable health care practitioners as needed (including new hires, and those returning from military or sick leave) in obtaining NPIs and designating their Specialties and Subspecialties by means of Taxonomy Codes on the NPI application.

(2) Ensuring that NPI and any appropriate Taxonomy Code information is entered into VistA or any successor repository for this information.

(3) Responding to requests for NPIs from non-VA providers, academic affiliates, and payers.

(4) Coordinating with Consolidated Patient Account Center (CPAC) and facility billing staff, as needed, regarding NPI and Taxonomy Code needs for back-billing or for enrollment of new practitioners with payers.

(5) Assisting in the resolution of third-party reimbursement claim rejections relating to NPIs or Taxonomy Codes.

## 5. REFERENCES:

a. Department of Veterans Affairs System of Records, The Revenue Program—Billing and Collections Records-VA (114VA16), 70 FR 55207 (September 20, 2005); amended at 74 FR 65595 (December 10, 2009).

- b. VA Handbook 5005, Staffing.
- c. VA Handbook 5021, Staffing.
- d. VHA Directive 2011-006, Revised Billing Guidance for Services Provided by Supervising Practitioners and Residents.
- e. Standards for Information Transactions and Data Elements, Section 1173 of the Social Security Act (42 U.S.C. § 1320d-2).
- f. Standard Unique Health Identifier for Health Care Providers, 45 CFR part 162, subpart D.

**HEALTH CARE PRACTITIONERS  
NEEDING NATIONAL PROVIDER IDENTIFIERS (NPIs)**

**1. Veterans Health Administration (VHA) “billable” practitioners must have an NPI and designate their Specialties and Subspecialties, known as Taxonomy Codes.** The following list provides guidance as to which VHA health care practitioners require an NPI. This list is not meant to restrict current billing practices in any manner; current billing practices should continue as providers work to acquire an NPI. If a facility is currently billing for the services of a health care practitioner category not on this list, that practitioner must have an NPI.

a. **Allopathic (Doctor of Medicine (M.D.) and equivalent degrees) and Osteopathic Physicians (D.O.).**

b. **Behavioral Health and Social Service Providers:**

(1) Counselor;

(2) Psychologist; and

(3) Social Worker (Clinical Social Worker (CSW), Licensed Independent Social Worker (LISW) and equivalent certificates).

c. **Chiropractic Providers.** Chiropractor.

d. **Dental Providers.** Dentist.

e. **Dietary and Nutritional Services Providers.** Registered Dietitian.

f. **Eye and Vision Service Providers.** Optometrist.

g. **Pharmacy Service Providers.** Pharmacist.

h. **Physician Assistants and Advanced Practice Nursing Providers, as:**

(1) Anesthesiologist Assistant;

(2) Clinical Nurse Specialist;

(3) Midwife, Certified Nurse;

(4) Nurse Anesthetist Certified Registered;

(5) Nurse Practitioner; and

(6) Physician Assistant.

- i. **Podiatric Medicine and Surgery Providers.** Podiatrist.
- j. **Respiratory, Rehabilitative, and Restorative Care Providers, as:**
  - (1) Occupational Therapist (OT); and
  - (2) Physical Therapist (PT).
- k. **Speech, Language, and Hearing Providers, as:**
  - (1) Audiologist; and
  - (2) Speech Language Pathologists.

**2. Special cases for which NPIs and Specialty and Subspecialty information may be needed:**

a. **Nurses.** Most general nursing services are not billable. However, home health care skilled nursing services may be billable, in which case the nurse providing those services would need an NPI. Advanced Practice Nurses require an NPI.

b. **Residents and Fellows.** Residents who write outpatient pharmacy prescriptions in their own name need NPIs; this may include physician residents (that is, residents in medicine, surgery, psychiatry, rehabilitation, pathology, dermatology, or other specialties/subspecialties), as well as residents in optometry, podiatry, dentistry, and pharmacy. Residents and fellows need NPIs if they work in an Emergency Room where they are privileged and provide billable services.

c. **Research.** Practitioners involved in research who also provide billable services should obtain an NPI.