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An upcoming issue that neuropsychologists need to be aware of is related to the National Provider Identification Number, which is an outgrowth of HIPAA. The government has asked providers to “identify” themselves by choosing certain “Taxonomy Codes”. They then will be assigned a National Provider Identification Number (NPI). The NPI is a unique 10-digit number assigned to every health care provider or entity that applies for it. This number will replace other numbers that have been assigned to health care professionals by government and private insurers for use in billing for services. The stated purpose of this NPI is to ensure that individual providers with the same name be uniquely identified. Once a health professional receives a NPI, the number is assigned to that health professional for his or her entire career, regardless of whether the health professional relocates, changes employers or even changes health professions. As of May 23, 2007, all health care professionals will be required to use their NPI when billing electronically any government or private health insurer. Even if a health professional is not subject to HIPAA, for example, because he or she submits claims using a paper format instead of electronically, it is likely that private health insurers will require that all claims include an NPI. For that reason, all health professionals should obtain an NPI if they intend to bill a private insurer

The APA Practice Directorate has raised serious concerns relating to the use of taxonomy codes in the application for a National Provider Identifier number that are relevant to the specialty practice of clinical neuropsychology. For psychology, there are 21 taxonomy codes, including two general codes ("psychologist" and "neuropsychologist") along with many specialty codes. Practitioners can choose the general "psychologist" or "neuropsychologist" general code, or choose between one to fifteen specialty codes. The APA Practice Organization is concerned with the inclusion of the "neuropsychologist" general code among the taxonomy codes, as practicing neuropsychologists may also provide other professional services such as psychotherapy, feedback and cognitive rehabilitation, and typically will not limit themselves to practice in a single area. APA is also concerned that the current list of codes could potentially lead to unintended adverse outcomes. Specifically, the taxonomy information is likely to be made available to insurers. It is unclear how insurers will use this information, or whether it will be used to force psychologists into artificial or constricting categories that may affect payment determinations.

