

NPI: Subparts FAQs

https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProviderStand/Downloads/npi_fs_subparts_032106.pdf

What are NPI Subparts?

Subparts are components of a health care provider that is an organization (i.e., entity type 2), which may function independently of the organization as individual health care providers (i.e., entity type 1). The Centers for Medicare & Medicaid Services (CMS) requires that the legal entity of a health care provider that is an organization enumerate a subpart if the subpart would be considered a covered health care provider as a separate legal entity.

If a subpart conducts its own HIPAA standard transactions, it must obtain an NPI. It is up to the health care organizations to determine what subparts need a unique NPI on transactions.

If a provider is unsure whether they are a subpart of their organization, they should consult the greater legal entity of their organization.

Examples of Subparts:

Hospitals may identify components of their organization as subparts, these may include rehabilitation units, psychiatric units, acute care services, therapy services, renal dialysis, surgical centers, etc. Pharmacies, Durable Medical Equipment (DME) suppliers, Home Health Agencies, laboratories, etc., may determine each physical location as a subpart. DME providers must have an NPI for each location. Group practices may determine each physical location to be a subpart.

Why Should a Provider Analyze Their Billing Process?

- Individual providers are only assigned one NPI number.
- Organizational providers are allowed multiple NPI numbers for subparts.
- It is the provider's responsibility to identify and enumerate its subparts.
- The provider's internal system may require changes to accommodate NPI.