

NPI – National Provider Identifier

NIP FAQ <https://nppes.cms.hhs.gov/webhelp/nppeshelp/NPPES%20FAQS.html>

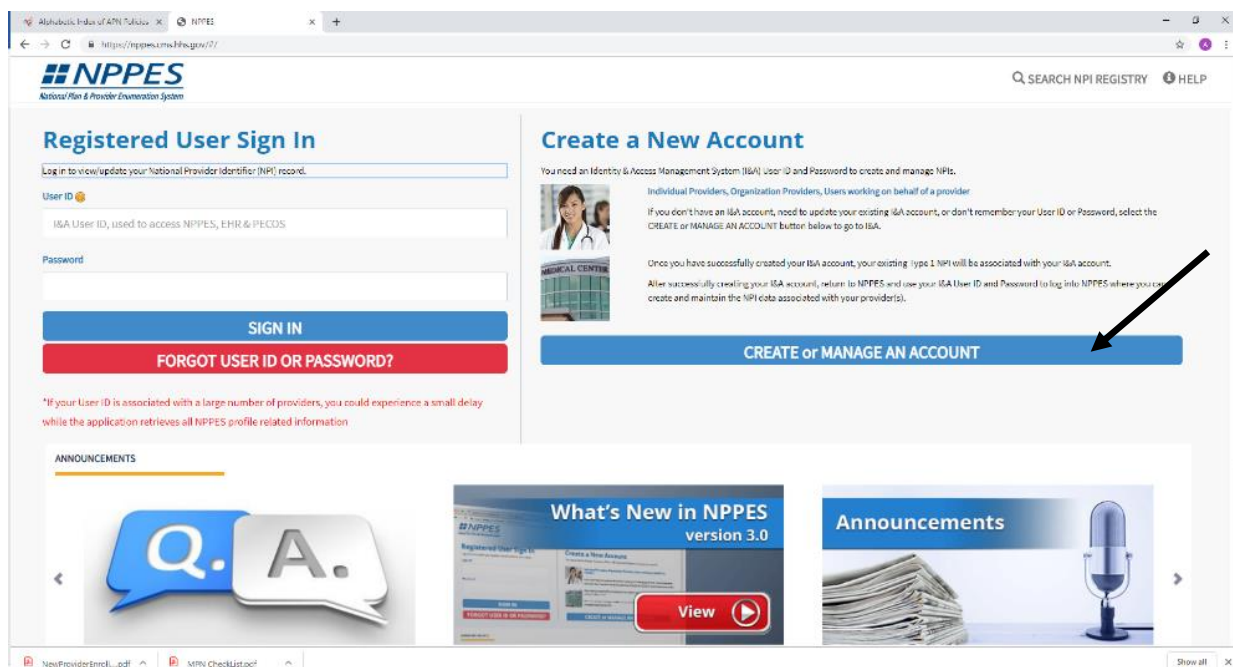
Application Tips

- The NPPES application is most compatible with the following browsers
 - Google Chrome version 62
 - Microsoft Internet Explorer version 11
- You access NPPES using your Identity & Access Management System (I&A) user ID and password
- Your access to providers in NPPES is governed by the access you have been granted in I&A
- You have the ability to save partially completed applications and return later to complete and submit
- You have the ability to create NPI applications for a new provider (one that does not exist in NPPES) even if you have not been granted access to the provider via I&A
- Print the confirmation page that appears at the end of the application for your records
- You have the ability to enter multiple practice locations
 - Only one is required and must be identified as the primary taxonomy
 - Not all taxonomies require licenses. Organizational providers are not required to enter a taxonomy license
 - If you enter your Medicaid number as an identifier in the other identification numbers section, list the stat that assigned the number
 - PO boxes and Commercial Mail Receiving Agencies (CMRAs) may not be entered as practice location addresses

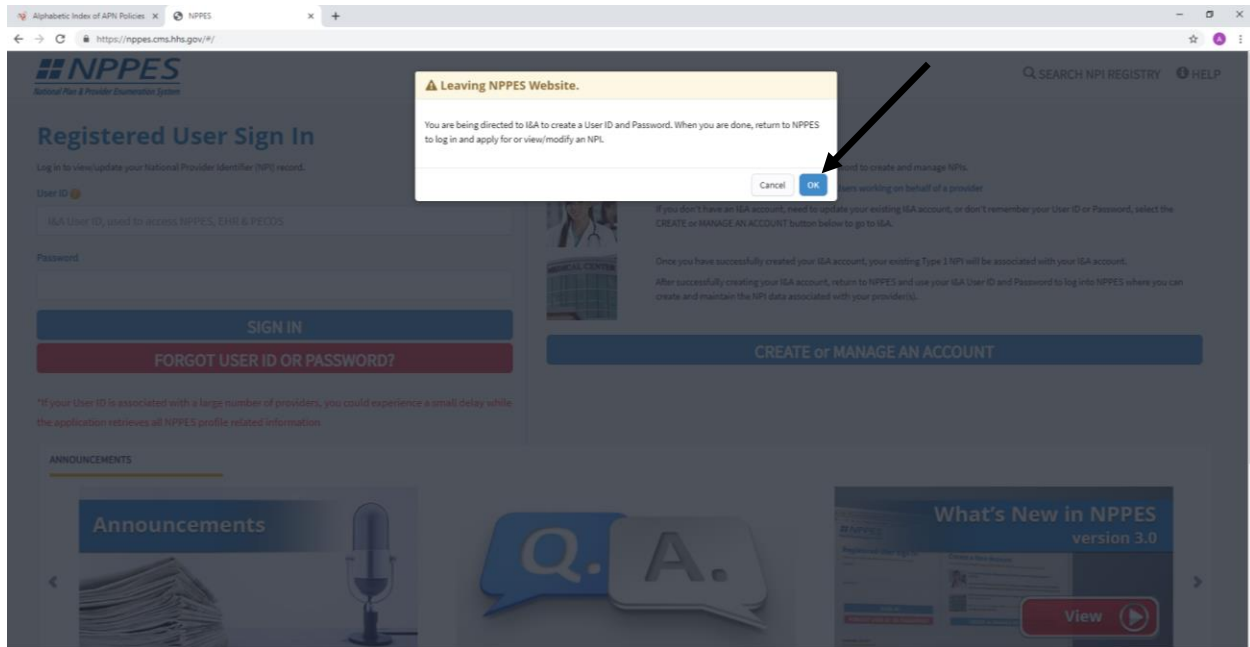
Paper form - <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/CMS10114.pdf>

Application help - <https://nppes.cms.hhs.gov/webhelp/index.html>

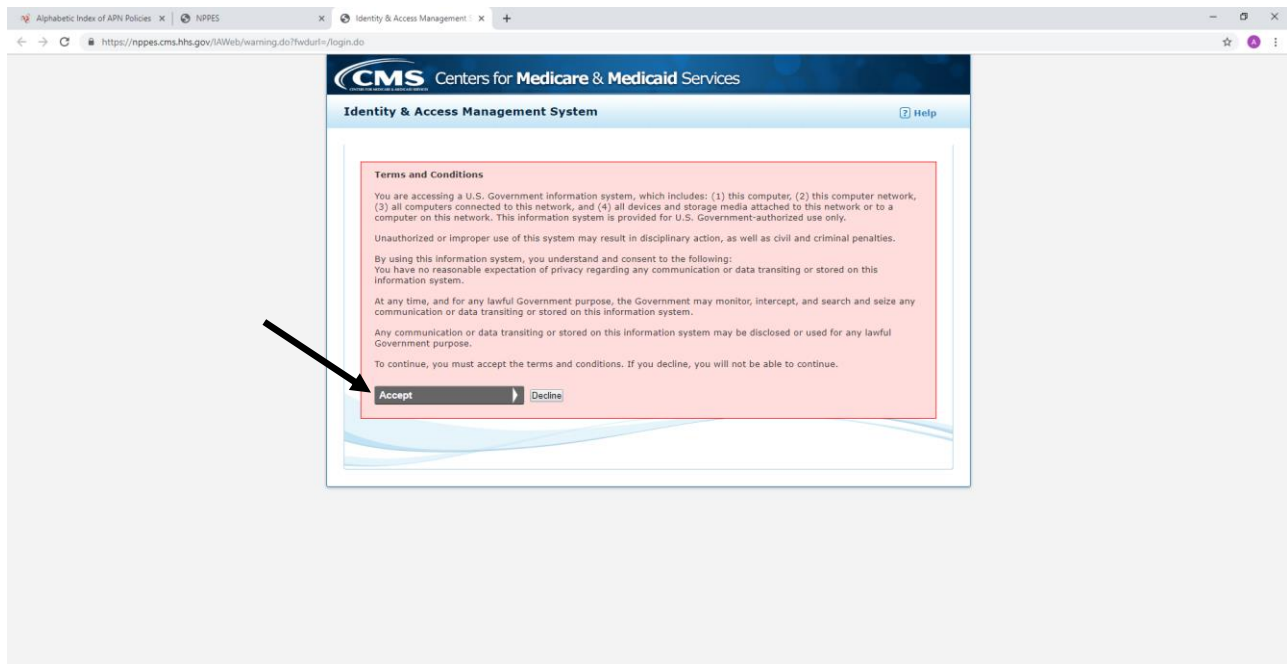
- 1) Go to the National Plan & Provider Enumeration System (NPPES) website, <https://nppes.cms.hhs.gov/#/>
- 2) Click on Create or Manage an Account



3) Click OK



4) Click Accept



5) Click Create Account Now

Alphabetic Index of APN Policies | NPPES | Identity & Access Management | +

https://nppes.cms.hhs.gov/IAWeb/login.do

CMS Centers for Medicare & Medicaid Services

Identity & Access Management System [Help](#)

Important Announcement:
To better protect your information, we will be implementing Multi-Factor Authentication (MFA) in September 2019.

Authorized users are able to sign in to the Identity & Access Management System. If you are a new user you must first [register](#).

Sign In

- Indicates required field(s)
- User ID:**
- Password:**

Sign In ▶

[Forgot Password](#)
[Retrieve Forgotten User ID](#)
[Enter your PIN](#)

One account to access multiple systems

Create one account with the Identity & Access Management System to manage access to NPPES, PECOS, and other incentive programs, manage staff, and authorize others to access your information. **Create Account Now** ▶

PECOS Use this system to register for Medicare or update your current enrollment information.
Register to receive EHR incentive payments for eligible professionals and hospitals that adopt, implement and upgrade or demonstrate meaningful use with certified EHR technology.

NPPES Use this system to apply for and manage National Provider Identifiers (NPIs).
National Plan & Provider Enumeration System

Quick Reference Guide
Overview of features and tools to manage your account.

Frequently Asked Questions
Answers to common questions about registration, who should register, and how to manage your account.

6) Fill out all of the information

7) Click submit

Alphabetic Index of APN Policies | NPPES | User Registration Create E-mail | +

https://nppes.cms.hhs.gov/IAWeb/register/startRegistration.do

CMS Centers for Medicare & Medicaid Services

Identity & Access Management System [Help](#)

User Registration

- Indicates required field(s)

Note: The e-mail address provided must be a unique e-mail address for you, and will be the e-mail address used to contact you regarding your user account.

E-mail Address:

Confirm E-mail Address:

Enter the text from the image above:

Submit ▶ | [Cancel](#)

Quick Reference Guide
Overview of features and tools to manage your account.

Frequently Asked Questions
Answers to common questions about registration, who should register, and how to manage your account.

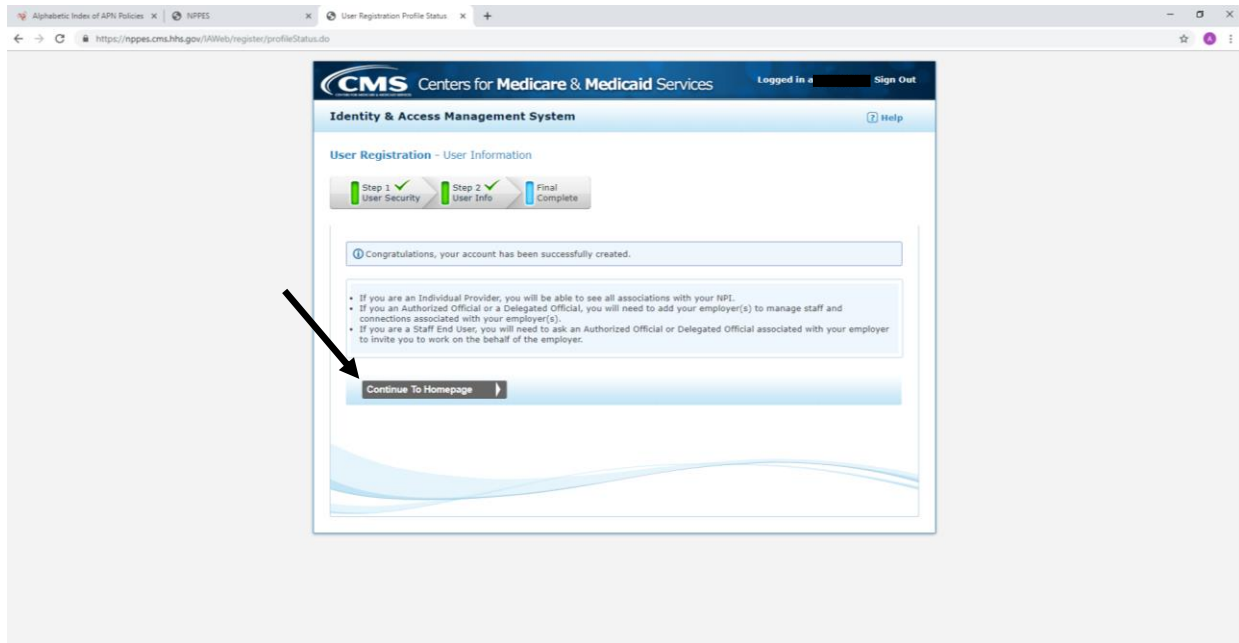
- 8) Create User ID and Password ****write this down****
- 9) Pick security questions and answer each question
- 10) Click Continue

The screenshot shows the 'User Registration - User Security' form. At the top, there are three tabs: 'Step 1: User Security' (active), 'Step 2: User Info', and 'Final Review'. Below the tabs, there is a section for 'Indicates required field(s)' with three required fields: 'User ID:', 'Password:', and 'Confirm Password:'. To the right of these fields, there are two compliance sections: 'User ID Compliance' and 'Password Compliance'. The 'User ID Compliance' section lists four rules: 1. Must be 6-12 alphanumeric characters and unique within the Identity & Access Management System and NPDES. 2. Must not contain more than four numeric characters, any spaces, or any special characters. 3. Must not contain personally identifiable information such as SSN or NPI. The 'Password Compliance' section lists seven rules: 1. Must be 8-12 alphanumeric characters. 2. Must contain at least one letter. 3. Must contain at least one number. 4. Must contain at least one valid special character. 5. Must not contain any invalid special characters. 6. Must not start with numeric characters. 7. Must not contain three repeating characters. 8. Must not be the same as your User ID. 9. Password must match Confirm Password. Below these sections, there is a section titled 'Please select five different security questions and enter their answers below:'. It contains five questions, each with a 'Select One' dropdown menu and an 'Answer' text input field. At the bottom of the form, there are 'Continue' and 'Cancel' buttons.

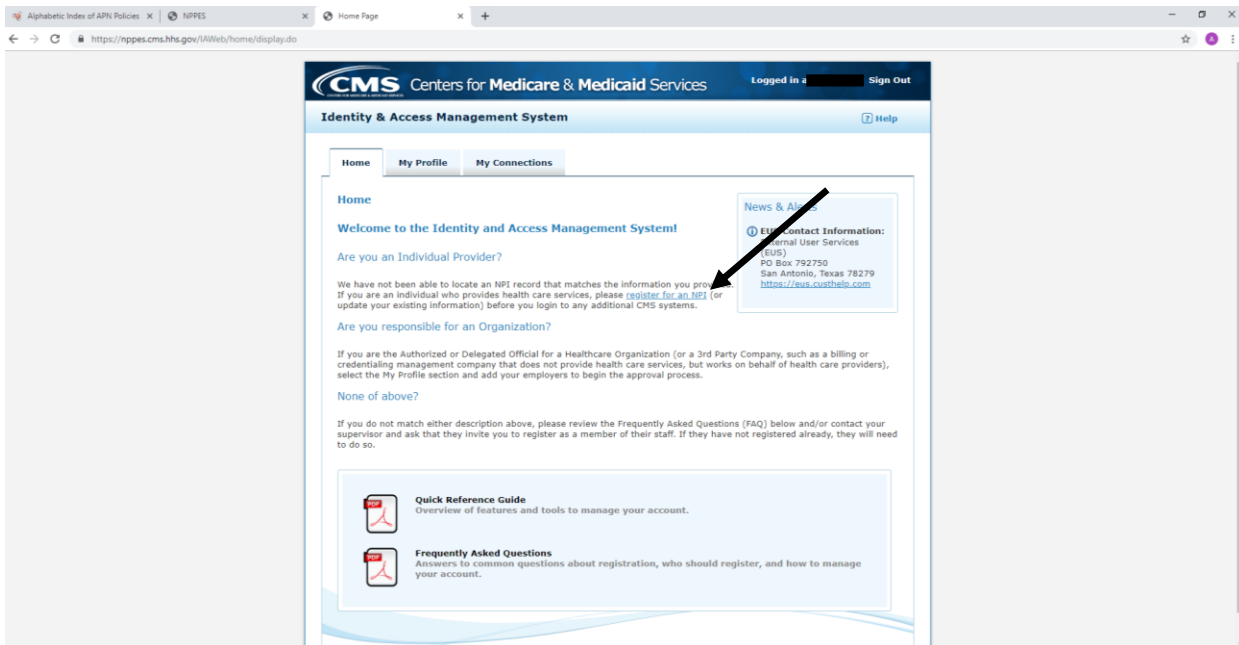
- 11) Fill out all * indicated fields
- 12) Click Continue

The screenshot shows the 'User Registration - User Information' form. At the top, there are three tabs: 'Step 1: User Security' (inactive), 'Step 2: User Info' (active), and 'Final Review'. Below the tabs, there is a section for 'Indicates required field(s)'. The form is divided into two main sections: 'Personal Information' and 'Contact Information'. The 'Personal Information' section includes fields for 'First Name:', 'Middle Name:', 'Last Name:', 'Suffix:', 'Business Phone Number:', 'Fax Number:', 'Date of Birth: (MM/DD/YYYY)', 'SSN:', and 'Primary E-mail Address:'. The 'Contact Information' section includes fields for 'Personal Phone Number:', 'Home Address Line 1:', 'Home Address Line 2:', 'City:', 'Country:', 'State/ Province/ Territory:', and 'Postal/ZIP Code:'. At the bottom of the form, there are 'Continue' and 'Cancel' buttons.

13) Click continue to Homepage



14) Click Register for an NPI



- 15) Enter User ID
- 16) Enter Password
- 17) Click Sign in

The screenshot shows the NPPES (National Plan & Provider Enumeration System) login page. The page has a header with the NPPES logo and a search bar. The main content area is divided into two sections: "Registered User Sign In" and "Create a New Account". The "Registered User Sign In" section contains a "Log in to view/update your National Provider Identifier (NPI) record." instruction, followed by input fields for "User ID" and "Password". Below these fields are two buttons: "SIGN IN" (blue) and "FORGOT USER ID OR PASSWORD?" (red). A note below the buttons states: "If your User ID is associated with a large number of providers, you could experience a small delay while the application retrieves all NPPES profile related information". The "Create a New Account" section explains that users need an Identity & Access Management System (IAM) User ID and Password to create and manage NPIs. It provides instructions for individual providers, organization providers, and users working on behalf of a provider. A large blue button labeled "CREATE or MANAGE AN ACCOUNT" is at the bottom of this section. Below the login sections is an "ANNOUNCEMENTS" banner with three items: a "Q. A." graphic, a "What's New in NPPES version 3.0" update with a "View" button, and a general "Announcements" section with a microphone icon. The browser's address bar shows the URL "https://nppes.cms.hhs.gov/".

- 18) Click Apply for an NPI for myself

The screenshot shows the NPPES "National Provider System Main Page". The page has a header with the NPPES logo and a search bar. The main content area is titled "National Provider System Main Page" and contains a section for "Apply for a National Provider Identifier (NPI)". This section includes instructions and three buttons: "Apply for an NPI for myself", "Apply for an NPI for another individual", and "Apply for an NPI for an Organization". A black arrow points to the "Apply for an NPI for myself" button. Below this section is a "Manage Provider Information" section with instructions on how to select a provider to view or modify NPI data. At the bottom, there is a table with columns: "Type", "TIN", "Legal Business Name", "Primary Practice Location", "NPI", "Primary Taxonomy", "Status", and "Action". A red note above the table says: "Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions". The browser's address bar shows the URL "https://nppes.cms.hhs.gov/forward=static.npi.start#/main".

- 19) Fill out all * required field
20) Click Next

NPPES
https://nppes.cms.hhs.gov/forward=static.npi.start#/providerapplication

SEARCH NPI REGISTRY HELP

19) MAIN PAGE
20) PROVIDER

1 PROFILE 2 ADDRESS 3 HEALTH INFORMATION EXCHANGE 4 OTHER IDENTIFIERS 5 TAXONOMY 6 CONTACT INFO 7 ERROR CHECK 8 SUBMISSION

13% application completed

Provider Profile

* Indicates Required fields.
Note: Fields with icon will NOT be publicly available

Provider Name Information:

Prefix: * First: Middle: * Last: Suffix:

Credential(s) (MD, DO, etc.):

Other Name(s) (if applicable):

Prefix: First: Middle: Last: Suffix:

Type of Other Name: Credential(s) (MD, DO, etc.):

Other Identifying Information:

* Date of Birth: * TIN Type: * Tax Identification Number (TIN):

SSN

* State of Birth (if U.S.): Country of Birth:

US - United States

* Gender: ☐ Male ☐ Female

NPPES
https://nppes.cms.hhs.gov/forward=static.npi.start#/providerapplication

SEARCH NPI REGISTRY HELP

19) MAIN PAGE
20) PROVIDER

1 PROFILE 2 ADDRESS 3 HEALTH INFORMATION EXCHANGE 4 OTHER IDENTIFIERS 5 TAXONOMY 6 CONTACT INFO 7 ERROR CHECK 8 SUBMISSION

13% application completed

Provider Profile

* Indicates Required fields.
Note: Fields with icon will NOT be publicly available

Provider Name Information:

Prefix: * First: Middle: * Last: Suffix:

Credential(s) (MD, DO, etc.):

Other Name(s) (if applicable):

Prefix: First: Middle: Last: Suffix:

Type of Other Name: Credential(s) (MD, DO, etc.):

Other Identifying Information:

* Date of Birth: * TIN Type: * Tax Identification Number (TIN):

SSN

* State of Birth (if U.S.): Country of Birth:

US - United States

* Gender: ☐ Male ☐ Female

* Is the Provider a Sole Proprietor? ☐ Yes ☐ No

Demographic Information (optional)

Ethnicity: ☐ No, not of Hispanic, Latino/a or Spanish Origin ☐ Yes, Hispanic, Latino/a or Spanish Origin

Race: ☐ White ☐ Black or African American ☐ American Indian or Alaska Native ☐ Asian ☐ Native Hawaiian or other Pacific Islander

Primary Language Spoken:

English
Arabic/ العربية
Armenian/ հայերեն
Bengali/ বাংলা
Chinese/ 中文

Secondary Language(s) Spoken: (Multiple languages can be selected)

English
Arabic/ العربية
Armenian/ հայերեն
Bengali/ বাংলা
Chinese/ 中文

NEXT **CANCEL & RETURN TO MAIN PAGE**

21) Click add Business Mailing Address

The screenshot shows the NPPES (National Plan & Provider Enumeration System) interface. The left sidebar contains a menu with options: MAIN PAGE, PROVIDER, Address, Health Information Exchange, Other Identifiers, Taxonomy, Contact Information, Error Check, and Submission. The main content area displays a progress bar at the top with steps 1 through 9. Step 2, 'ADDRESS', is currently active. Below the progress bar, the 'Address' section is titled 'Address' and includes a sub-header 'Business Mailing Address (Correspondence Address)'. A description states: 'This is the address (can be a Post Office Box) where we can contact you directly to resolve any issues that may arise during our review of your application.' Below this, there is a button labeled 'ADD A BUSINESS MAILING ADDRESS'. Further down, the 'Practice Location (only one required)' section is visible, with a description: 'This is the physical address (cannot be a Post Office Box) where services are rendered. Multiple locations can be entered, but only the primary location is required.' and a button labeled 'ADD A PRACTICE LOCATION'. At the bottom of the page, there are navigation buttons: '< PREVIOUS', 'NEXT >', and 'SAVE & RETURN TO MAIN PAGE'.

22) Check the box that states This is my home address

23) Enter address

24) Click Save

The screenshot shows the NPPES interface with a modal form open for adding a 'Business Mailing Address (Correspondence Address)'. The modal form includes the following fields and options:

- Select Type of Address:** Radio buttons for 'US Domestic', 'Military', and 'Overseas US / Foreign'. The 'US Domestic' option is selected.
- ☐ This is my home address
- Mailing Address Line 1:** (Street Number and Name or Post Office Box)
- Mailing Address Line 2:** (e.g., Apartment/Suite Number)
- City:** (Text field)
- State:** (Dropdown menu)
- Zip Code:** (Text field)
- Zip Ext:** (Text field)
- Telephone Number:** (Text field)
- Extension:** (Text field)
- Fac Number:** (Text field)
- Organization Name (Optional):** (Text field)

At the bottom right of the modal form, there are two buttons: 'CANCEL' and 'SAVE'.

25) Click Add a Practice Location

Ohio Department of Medicaid - Provider Application

https://nppes.cms.hhs.gov/#/mailingaddress

NPPES
National Plan & Provider Enumeration System

SEARCH NPI REGISTRY HELP

Sign Out

81% application completed

Address

This information will be used to contact the provider if we have questions about the NPI application.

Business Mailing Address (Correspondence Address)

This is the address (can be a Post Office Box) where we can contact you directly to resolve any issues that may arise during our review of your application.

801 Drake Rd
Lebanon, OH 45036 - 9473
United States

EDIT BUSINESS MAILING ADDRESS

Practice Location (only one required)

This is the physical address (cannot be a Post Office Box) where services are rendered. Multiple locations can be entered, but only the primary location is required.

ADD A PRACTICE LOCATION

PREVIOUS NEXT SAVE & RETURN TO MAIN PAGE

26) Click box that states Same as mailing address

27) Click Save

Business Practice Location

This address(es) is where services are rendered. If the provider has more than one practice location, one must be identified as the primary practice location.

* Indicates Required fields.

Select Type of Address: ☒ US Domestic ☐ Military ☐ Outside US / Foreign

☒ Same as mailing address
☐ This is my home address
☐ Primary practice location

* Address Line 1: (Street Number and Name)

Address Line 2: (e.g., Apartment/Suite Number)

* City:

* State:

* Zip Code:

Zip Ext:

Organization Name (Optional):

* Telephone Number:

Extension:

Fax Number:

Languages Spoken: (Multiple languages can be selected)

English
Arabic/ العربية
Armenian/ Երեւան
Bengali/ বাংলা
Chinese/ 中文
Hindi/ हिन्दी

CANCEL SAVE

28) Click Next

NPPES
National Plan & Provider Enumeration System

SEARCH NPI REGISTRY | HELP

Sign Out

MAIN PAGE | PROVIDER | **Address** | Health Information Exchange | Other Identifiers | Taxonomy | Contact Information | Error Check | Submission

PROFILE | ADDRESS | HEALTH INFORMATION EXCHANGE | OTHER IDENTIFIERS | TAXONOMY | CONTACT INFO | ERROR CHECK | SUBMISSION

50% application completed

Address
This information will be used to contact the provider if we have questions about the NPI application.

Business Mailing Address (Correspondence Address)
This is the address (can be a Post Office Box) where we can contact you directly to resolve any issues that may arise during our review of your application.
801 Drake Rd
Lebanon, OH 45036 - 0473
United States

1. EDIT BUSINESS MAILING ADDRESS

Practice Location (only one required)
This is the physical address (cannot be a Post Office Box) where services are rendered. Multiple locations can be entered, but only the primary location is required.

ADD A PRACTICE LOCATION

PREVIOUS | NEXT

SAVE & RETURN TO MAIN PAGE

29) Skip the section stating Endpoint for Exchanging Health Information (optional)

30) Click Next

NPPES
National Plan & Provider Enumeration System

SEARCH NPI REGISTRY | HELP

Sign Out

MAIN PAGE | PROVIDER | Address | **Health Information Exchange** | Other Identifiers | Taxonomy | Contact Information | Error Check | Submission

PROFILE | ADDRESS | HEALTH INFORMATION EXCHANGE | OTHER IDENTIFIERS | TAXONOMY | CONTACT INFO | ERROR CHECK | SUBMISSION

50% application completed

Endpoint for Exchanging Healthcare Information (optional)

* Indicates Required fields.

The exchange of health information between doctors, nurses, pharmacists, other health care providers and patients can use endpoints to appropriately access and securely share a patient's vital medical information electronically. An endpoint is a device/address that provides a secure way for participants to communicate with each other.

Endpoint information will be made available on the NPI Registry, APIs, and Data Dissemination Files for users to receive and consume.

For Additional information, please visit: <https://www.healthit.gov/topic/health-it-basics/health-information-exchange>

Endpoints should not include personal email information.

* Endpoint Type: Endpoint: Endpoint Description:

Endpoint User: Endpoint Content Type:

* Is the Endpoint affiliated to another organization? Yes No

* Endpoint Location: Add New Endpoint Location

☐ Endpoint Use Terms and Conditions: By checking this box, I agree that the information I provided is accurate to the best of my knowledge and can be shared electronically for healthcare information exchange purposes.

CLEAR SAVE

Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions

31) Skip the section stating Other Identifiers (optional)

32) Click Next

The screenshot shows the 'Other Identifiers (optional)' page in the NPPES system. The progress bar at the top indicates that steps 1 through 4 are completed, and step 5 (Other Identifiers) is the current step. The page title is 'Other Identifiers (optional)' with a sub-header 'Associating other provider identifiers with your NPI is optional.' Below this, there is a note about required fields and a section for 'Enter All Other Provider Identifiers'. A dropdown menu for 'Issuer' is visible, followed by a text field for 'Identification Number' and a dropdown for 'State issued'. There are 'CLEAR' and 'SAVE' buttons. At the bottom, there is a table with columns: 'Filter...', 'Issuer', 'Other issuer', 'State issued', 'Identification Number', and 'Actions'. A red text prompt says 'Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions'.

33) Choose Taxonomy

a. See other page with list of codes

34) Skip License Number and state issued (unless you are a nurse)

35) Click Next

The screenshot shows the 'Taxonomy' page in the NPPES system. The progress bar at the top indicates that steps 1 through 4 are completed, and step 5 (Taxonomy) is the current step. The page title is 'Taxonomy' with a sub-header 'Provider's Taxonomy Information.' Below this, there is a note about required fields and a section for 'Choose Taxonomy Filter'. A dropdown menu for 'Choose Taxonomy' is visible, with an arrow pointing to it. Below this, there are text fields for 'Classification Name/Specialization', 'License Number', and 'State issued'. There are 'CLEAR' and 'SAVE' buttons. At the bottom, there is a table with columns: 'Filter...', 'Issuer', 'Other issuer', 'State issued', 'Identification Number', and 'Actions'. A red text prompt says 'Please scroll to the right using the scroll bar at the bottom of this table to see all available columns and actions'.

36) Click Add Contact Information

Ohio Department of Medicaid - Provider Application

https://nppes.cms.hhs.gov/#/contactPerson

NPPES
National Plan & Provider Enumeration System

SEARCH NPI REGISTRY HELP

Sign Out

MAIN PAGE

PROVIDER

Provider Profile

Address

Health Information Exchange

Other Identifiers

Taxonomy

Contact Information

Error Check

Submission

PROFILE ADDRESS HEALTH INFORMATION EXCHANGE OTHER IDENTIFIERS TAXONOMY **CONTACT INFO** ERROR CHECK SUBMISSION

50% application completed

Contact Information

All NPI notifications will be sent to the Primary Contact Person Email provided on this page.

Contact Information (only one required)

This is the Contact Information. Multiple contact information can be entered, but only the primary contact information is required.

ADD CONTACT INFORMATION

PREVIOUS NEXT

SAVE & RETURN TO MAIN PAGE

37) Click the box that states Primary Contact Information

38) Fill out required * information

39) Click Save

Ohio Department of Medicaid - Provider Application

https://nppes.cms.hhs.gov/#/contactPerson

NPPES
National Plan & Provider Enumeration System

SEARCH NPI REGISTRY HELP

Sign Out

MAIN PAGE

PROVIDER

Provider Profile

Address

Health Information Exchange

Other Identifiers

Taxonomy

Contact Information

Error Check

Submission

PROFILE ADDRESS HEALTH INFORMATION EXCHANGE OTHER IDENTIFIERS TAXONOMY **CONTACT INFO** ERROR CHECK SUBMISSION

50% application completed

Contact Information

All NPI notifications will be sent to the Contact Person Email provided on this page.

* Indicates Required fields.

Contact Information is for internal use only and will not be available to the public.

☒ Primary Contact Information

☐ Contact Person is same as Myself (Angela Brinker)

Prefix * First Middle * Last Suffix

Credential(s) (MD, DO, etc.) Title/Position

* Telephone Number Extension * Contact Person Email * Confirm Contact Person Email

CANCEL SAVE

PREVIOUS NEXT

SAVE & RETURN TO MAIN PAGE

40) Click box under Primary Contact

41) Click Next

Ohio Department of Medicaid - Provider Application

https://nppes.cms.hhs.gov/#/contactPerson

SEARCH NPI REGISTRY HELP

Sign Out

MAIN PAGE

PROVIDER

Provider Profile

Address

Health Information Exchange

Other Identifiers

Taxonomy

Contact Information

Error Check

Submission

PROFILE ADDRESS HEALTH INFORMATION EXCHANGE OTHER IDENTIFIERS TAXONOMY CONTACT INFO ERROR CHECK SUBMISSION

50% application completed

Contact Information

All NPI notifications will be sent to the Primary Contact Person Email provided on this page.

Contact Information (only one required)

This is the Contact Information. Multiple contact information can be entered, but only the primary contact information is required.

Filter...

Primary Contact	Name	Credential(s)	Title/Position	Telephone Number	Contact Person Email	Actions
<input checked="" type="checkbox"/>						

42) Error Check

43) Click Update if there is an error

44) Once errors have been fixed, Next to Submit Application

NPPES

https://nppes.cms.hhs.gov/#/errorcheck#top

SEARCH NPI REGISTRY HELP

Sign Out

MAIN PAGE

PROVIDER

Provider Profile

Address

Health Information Exchange

Other Identifiers

Taxonomy

Contact Information

Error Check

Submission

PROFILE ADDRESS HEALTH INFORMATION EXCHANGE OTHER IDENTIFIERS TAXONOMY CONTACT INFO ERROR CHECK SUBMISSION

81% application completed

Error Check

Note: Please click the NEXT button to submit your application.

Step 1: Provider Profile

COMPLETED: Profile
No Errors Found

REVIEW

Step 2: Address

ERROR: Address
Practice Location
At least one practice location must be selected.

UPDATE

Step 3: Health Information Exchange

COMPLETED: Health Information Exchange
No Errors Found

REVIEW

Step 4: Other Identifiers

COMPLETED: Other Identifiers
No Errors Found

REVIEW