

Applying for an NPI Number Independent Provider

Effective November 25, 2019 ODM implemented a policy under Administrative Code 5160-1-17 requiring all providers to obtain a National Provider Identifier (NPI) and keep it on file with ODM.

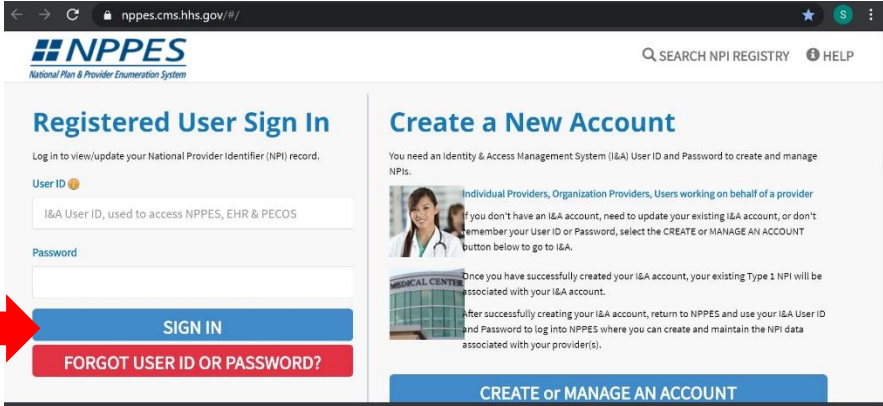
It is recommended that you complete this by December 31, 2020

1. Access the NPPES website to create a username

Go to <https://nppes.cms.hhs.gov/#/>

(Separate instructions available for creating username / password)

2. Once you have created your username and password, go back to the same website (<https://nppes.cms.hhs.gov/#/>) and type your username and password and sign in



The screenshot shows the NPPES (National Plan & Provider Enumeration System) website. The page is divided into two main sections: "Registered User Sign In" on the left and "Create a New Account" on the right. The "Registered User Sign In" section includes a "User ID" field (with a note: "I&A User ID, used to access NPPES, EHR & PECOS"), a "Password" field, a blue "SIGN IN" button, and a red "FORGOT USER ID OR PASSWORD?" button. A red arrow points to the "SIGN IN" button. The "Create a New Account" section includes a "CREATE or MANAGE AN ACCOUNT" button and explanatory text about the Identity & Access Management System (I&A) account. The NPPES logo and navigation links (SEARCH NPI REGISTRY, HELP) are at the top.

3. Complete the Multi-Factor Authentication (MFA) process

Click send verification, once you receive the code, type in the verification code and click verify code.

Multi-Factor Authentication (MFA)

* Indicates Required fields.

* Select where you wish to receive your verification code:

☒ Primary Authentication Method: Phone Number Text/SMS: (xxx) xxx-4830

Need to make changes to where you receive your verification code? [Go to I&A and Reset MFA](#)

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* Are you logging in to the system on a Public or Private device?

☒ Public Device 

☐ Private Device 

* Enter Code:

Haven't received the code yet or need a new code?

4. Click on Apply for an NPI for myself

National Provider System Main Page

Apply for a National Provider Identifier (NPI)
Apply for a Type: ☐ Individual Provider ☒ Type 2 Organization NPI. Individual Providers can only have one NPI, however, Organization Providers can have multiple NPIs.

Manage Provider Information
You currently have access to the NPIs associated with the providers listed below. Select the provider you wish to view or modify NPI data for. If the provider currently has more than one NPI associated with it, you need to select the  icon to expand the provider and view all NPIs associated with the provider.

5. Complete the profile page and click Next

Anything with an * is required

TIN Type is social security, TIN is your social security number

For language, search for English (and any other language you speak), once you select it click save and make sure the check box under primary is checked

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

Info: The selected language has been added.

Choose Language Filter: Q
Filter by Language:
Choose Language Spoken: 
Select Language:
CLEAR SAVE

Primary	Languages Spoken	Actions
☒	English	

1 2 3 4 5 6 7 8 items per page 1 of 1 items

NEXT > CANCEL & RETURN TO MAIN PAGE SAVE & RETURN TO MAIN PAGE

6. Complete the address section, then click Next

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.

[ADD A 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](#)

Click on add a business mailing address, add your address (click this is my home address if applicable) and click save. You may need to select 'Accept Standardized Address'

Business Mailing Address (Correspondence Address)
This is the address where we can contact you directly to resolve any issues that may arise during our review of your application.

* Indicates Required fields.

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

☐ 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: * State: * Zip Code: Zip Ext:

Telephone Number: Extension: Fax Number:

Organization Name (Optional):

[CANCEL](#) [SAVE](#)

Click on Add a Practice Location. Click on Same as mailing address, This is my home address and primary practice location. The Information will auto-fill from your business mailing address information. 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):

Office Hours:

* Telephone Number: Extension: Fax Number:

Choose Language Filter: Q Filter by Language: Choose Language Spoken: Select Language

[CLEAR](#) [SAVE](#)

Languages Spoken: Actions

[CANCEL](#) [SAVE](#)

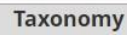
7. You can SKIP the Endpoint for Exchange Healthcare Information page. Scroll to the bottom of the page and click next.
8. You can SKIP Other Identifiers. Scroll to the bottom of the page and click next.
9. On the taxonomy page, you need to enter at least one taxonomy. You should enter the taxonomy code(s) for all services you are certified in.

Search for each taxonomy, select it from the drop down menu and then click on Save (for each one). You do not need to fill in license number or State Issued.

Once you have selected all applicable taxonomy codes, on the bottom of the page, make sure to check the primary box next to the taxonomy code of your primary service.

Once complete, click on Next

Use the Taxonomy Guide to find the appropriate code(s) for your services. For ease of search- type in the actual taxonomy code or the NUCC description (bold on the taxonomy guide)



* Indicates Required fields.

To enter a taxonomy code, start by entering either the taxonomy code, classification code, or specialty in the Choose Taxonomy Filter box. All taxonomies containing the data you enter will display in the dropdown Choose Taxonomy box, allowing you to select the appropriate one. Once you have selected the appropriate Taxonomy code, the corresponding fields below the search box will be populated.

* Choose Taxonomy:

Choose Taxonomy

License Number:

State Issued:

CLEAR

SAVE

[← PREVIOUS](#)

NEXT ➤

[SAVE & RETURN TO MAIN PAGE](#)

10. **Complete the Contact information page and the click next**
Click on Add Contact Information. Select the boxes next to Primary Contact Information and Contact Person is Myself and the information will auto-fill. Click Save.



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](#)



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 

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

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

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

[CANCEL](#) [SAVE](#)

11. **On the Error Check page, make sure that all the sections have green boxes that say Completed. Then click Next.**

12. On the final page, read over all the information. Check the box to certify that the form is being completed by a health care provider. Then click Submit.

 **Submission Certification**

After reading the terms and conditions listed below, check the box at the bottom of this page then click "Submit" to submit your application.

* Indicates Required fields.

- I have read the contents of the application and the information contained herein is true, correct and complete. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the [NPI](#) Enumerator of this fact immediately.
- I authorize the [NPI](#) Enumerator to verify the information contained herein. I agree to keep the NPPES updated with any changes to data listed on this application form within 30 days of the effective date of the change.
- I have read and understand the [Privacy Act Statement](#).
- I have read and understand the **Penalties for Falsifying Information** on the [NPI](#) Application / Update Form as stated in this application. I am aware that falsifying information will result in fines and/or imprisonment.

Penalties for Falsifying Information:

Penalties for Falsifying Information:

18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies, conceals, or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

☐ I certify that this form is being completed by, or on behalf of, a health care provider as defined at 45 CFR § 160.103.

← PREVIOUS

SUBMIT

SAVE & RETURN TO MAIN PAGE

Once you receive your NPI Number you need to contact ODM to update your record.

Send an email to Medicaid_Provider_Update@medicaid.ohio.gov and include the following information:

- ☐ Your first and last name
- ☐ Your Medicaid Provider ID Number (NOT your DODD Contract #)
- ☐ Your NPI Number
- ☐ Reason for your request (need to update records)

You can find your Medicaid Provider ID Number on your Provider Home Page in the PSM Portal.