# 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.

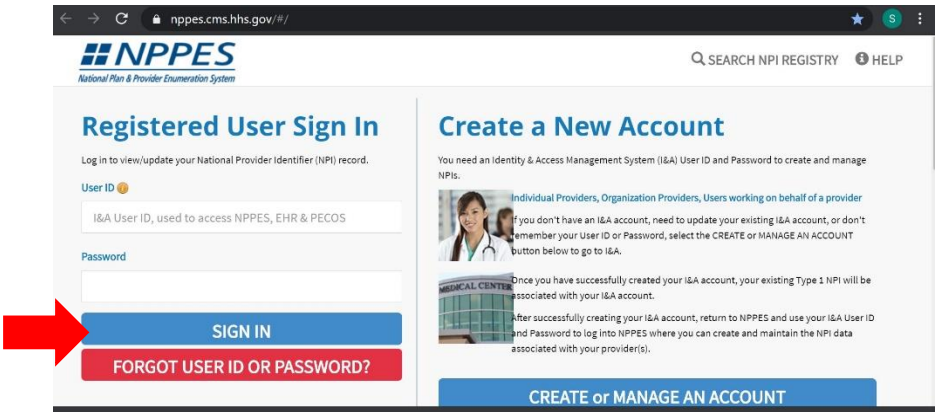
It is recommended that you complete this by December 31, 2020

1. **Access the NPPES website to create a username**

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

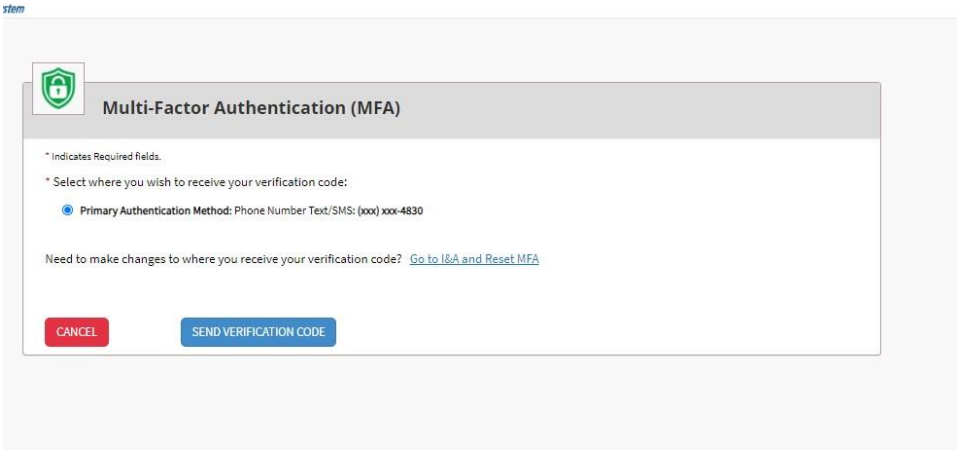
(Separate instructions available for creating username / password)

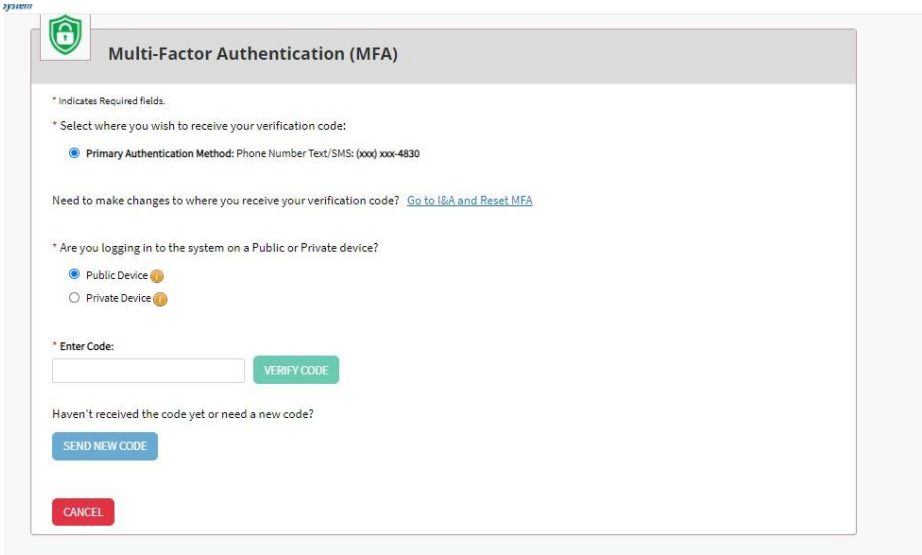
2. **Once you have created your username and password, go back to the same website ( https://nppes.cms.hhs.gov/#/ ) and type your username and password and sign in**



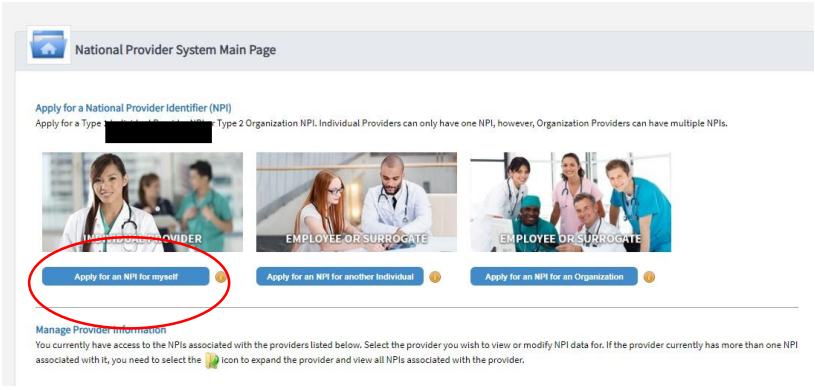
## 3. Complete the Multi-Factor Authentication (MFA) process

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




## 4. Click on Apply for an NPI for myself

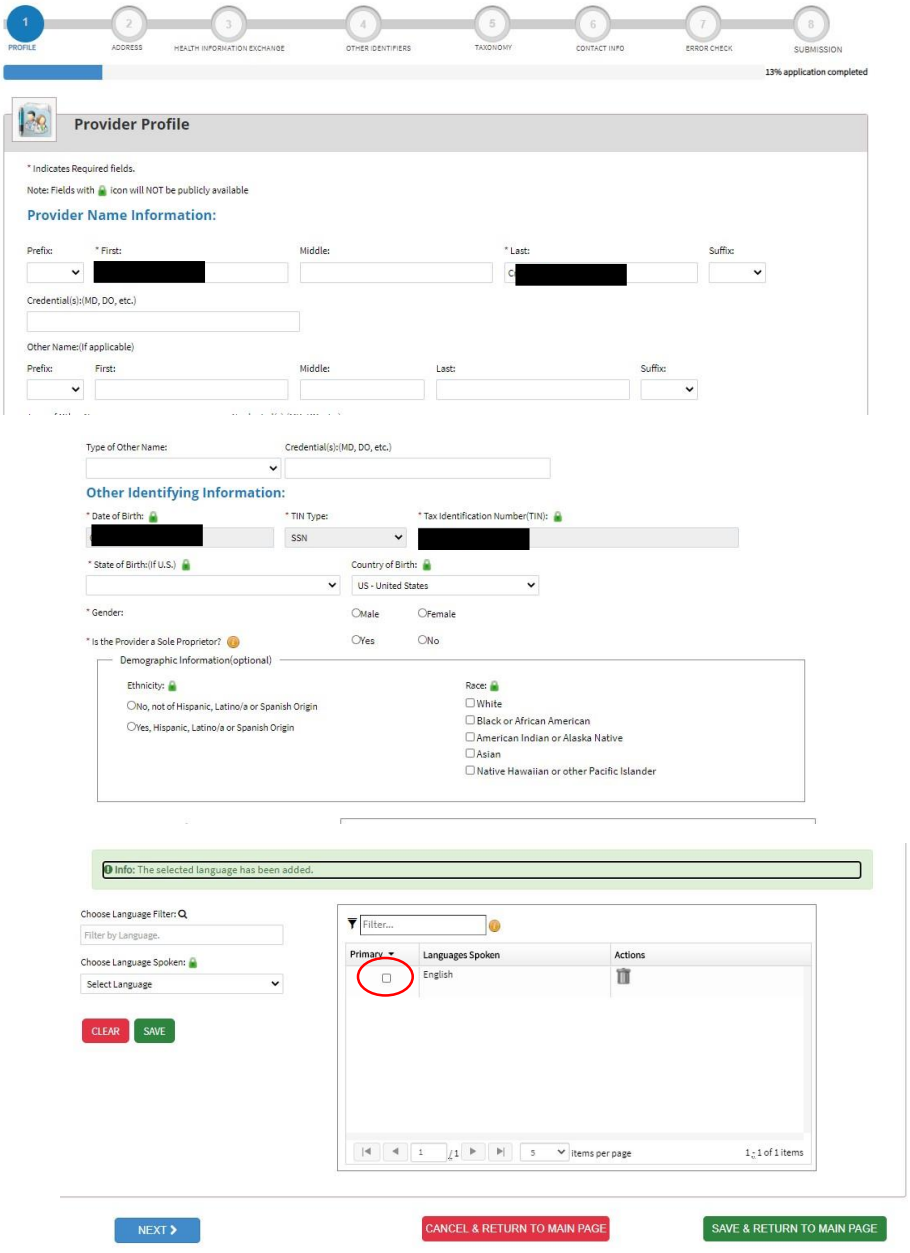


## 5. Complete the profile page and click Next

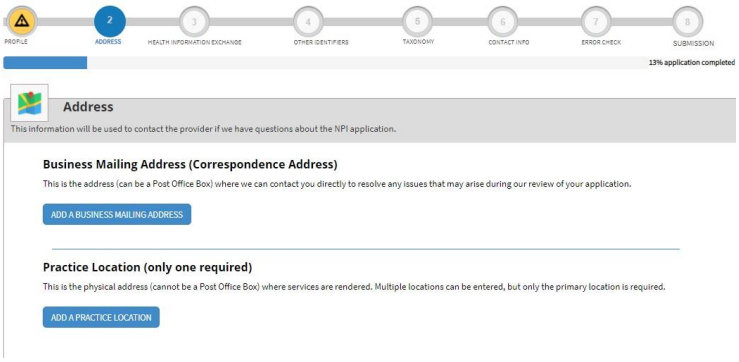
Anything with an * is required

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

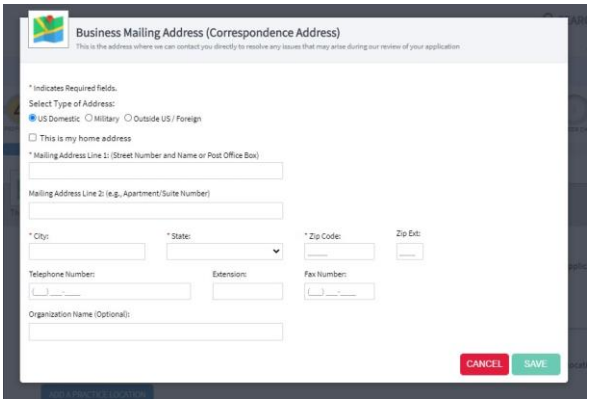
For language, search for English (and any other language you speak), once you select it click save and make sure the check box under primary is checked



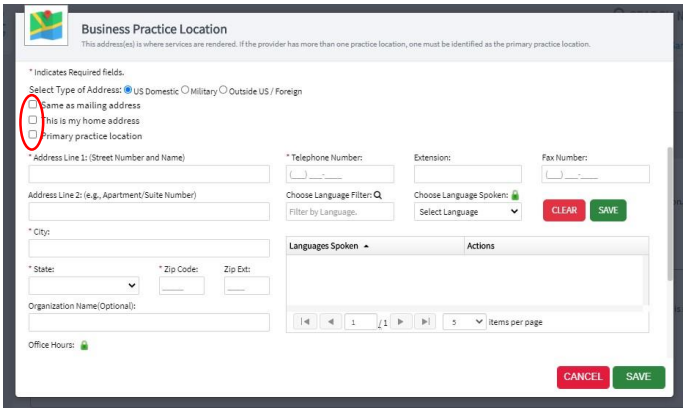
## 6. Complete the address section, then click Next




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'




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



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.**

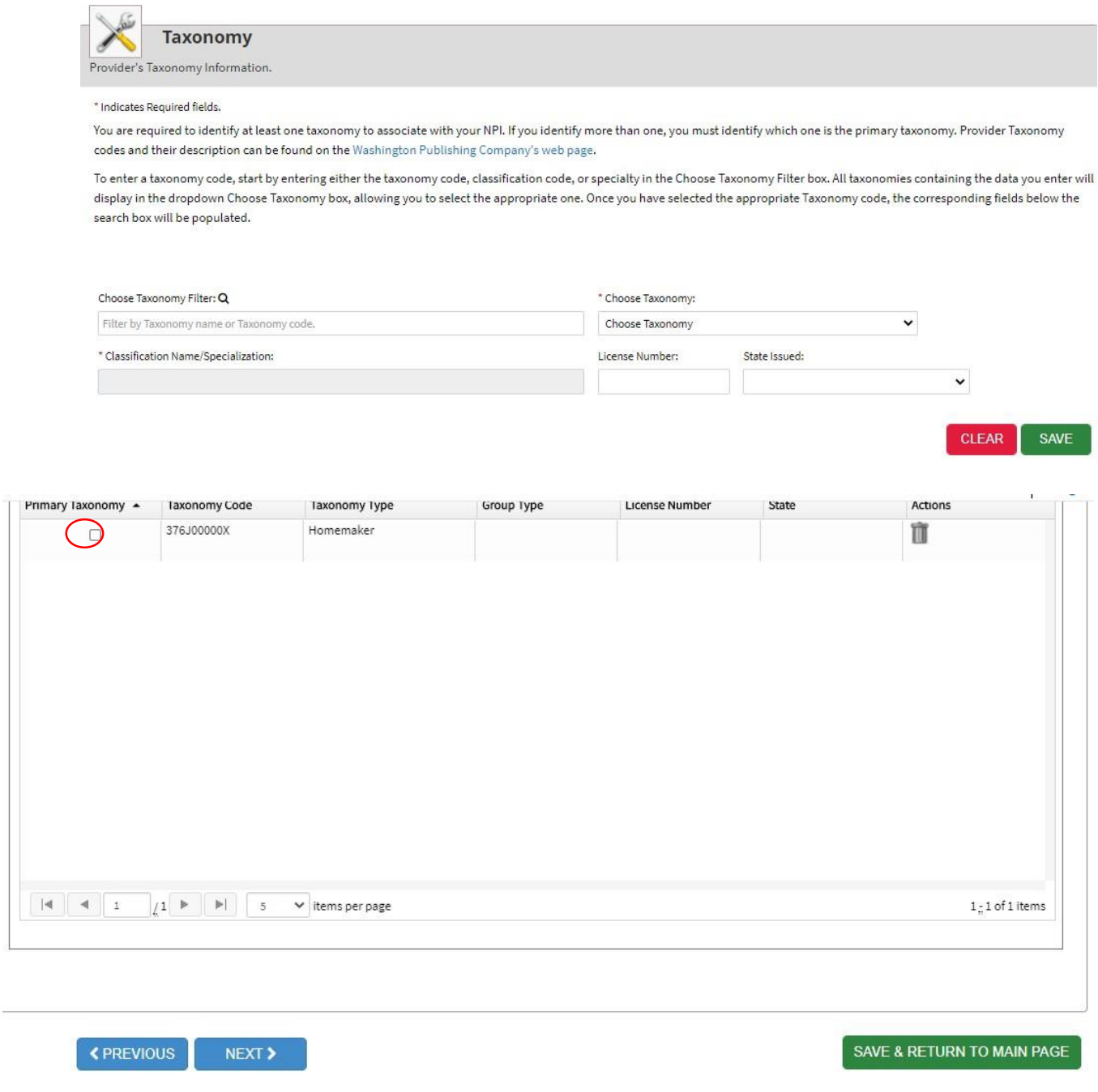
   **Search for each taxonomy, select it from the drop down menu and then click on Save (for each one). You do not need to fill in license number or State Issued.**

   **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**

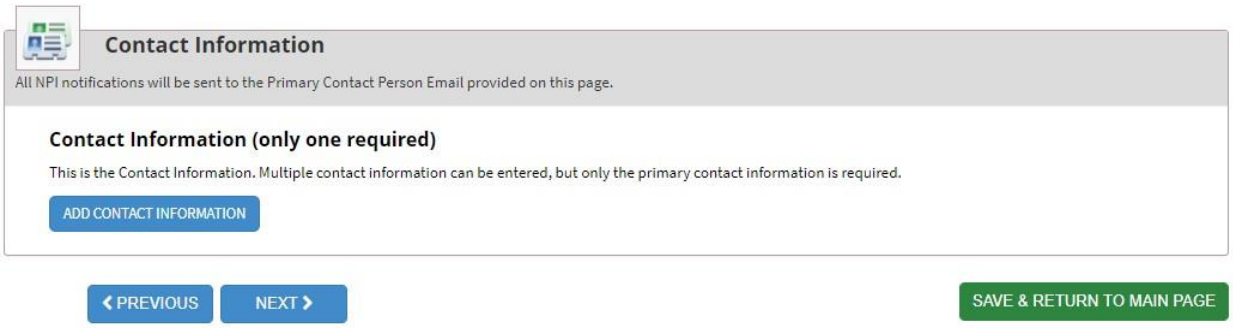
Use the Taxonomy Guide to find the appropriate code(s) for your services.

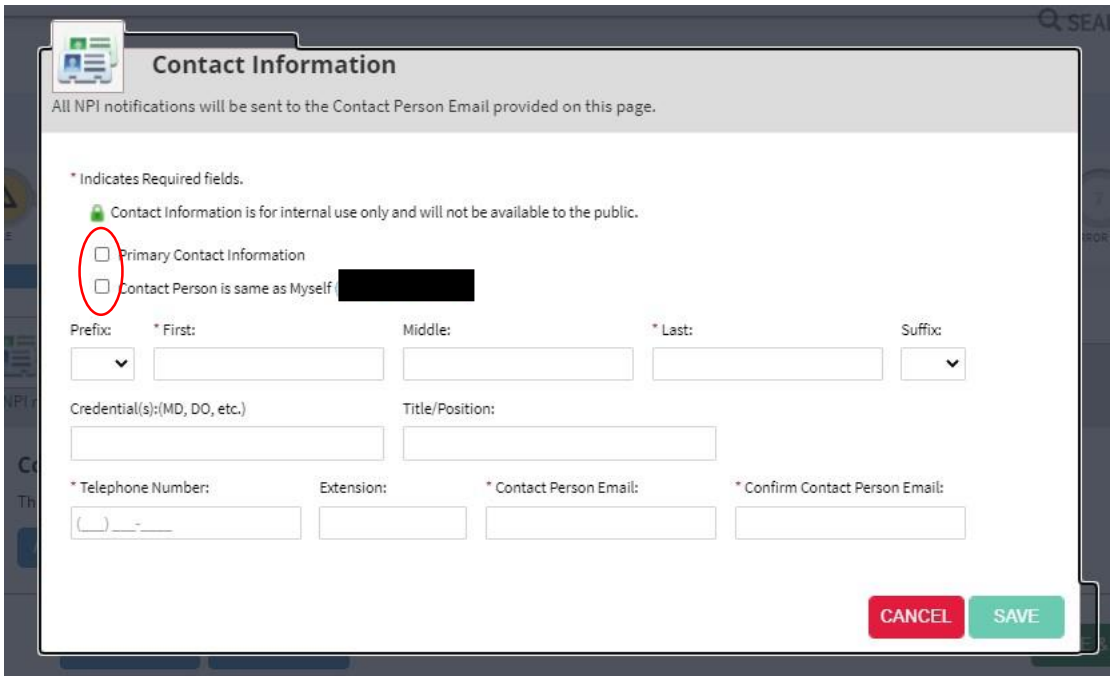
For ease of search- type in the actual taxonomy code or the NUCC description (bold on the taxonomy guide)


Taxonomy
Provider's Taxonomy Information.
* Indicates Required fields.
You are required to identify at least one taxonomy to associate with your NPI. If you identify more than one, you must identify which one is the primary taxonomy. Provider Taxonomy codes and their description can be found on the Washington Publishing Company's web page.
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 Filter:
Filter by Taxonomy name or Taxonomy code.
* Choose Taxonomy:
Choose Taxonomy
* Classification Name/Specialization:
License Number:
State Issued:
CLEAR
SAVE
Primary Taxonomy
Taxonomy Code
Taxonomy Type
Group Type
License Number
State
Actions
376J00000X
Homemaker
1 / 1
5 items per page
1 - 1 of 1 items
PREVIOUS
NEXT
SAVE & RETURN TO MAIN PAGE

**10. Complete the Contact information page and the click next**

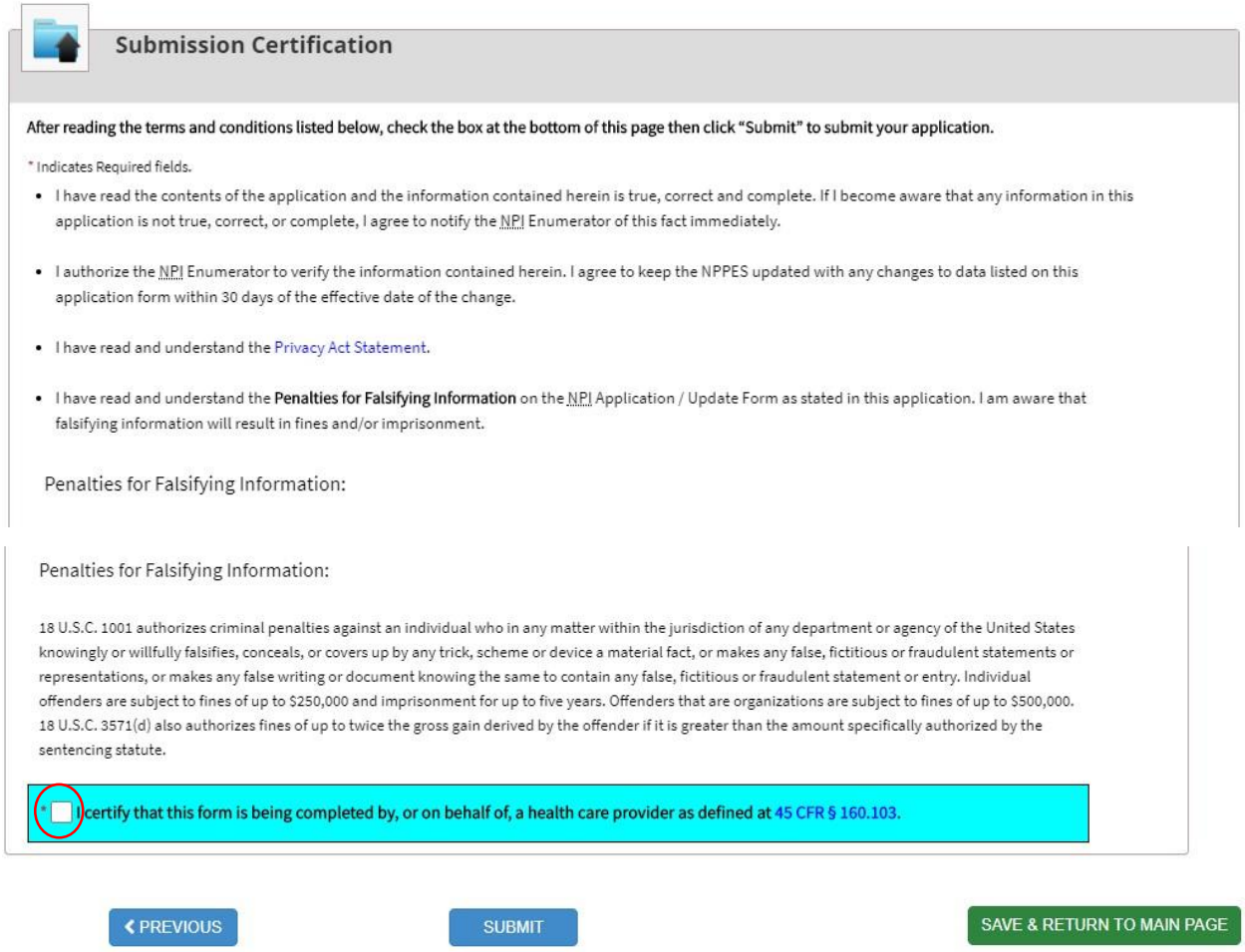
Click on Add Contact Information. Select the boxes next to Primary Contact Information and Contact Person is Myself and the information will auto-fill. Click Save.




**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.**