

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



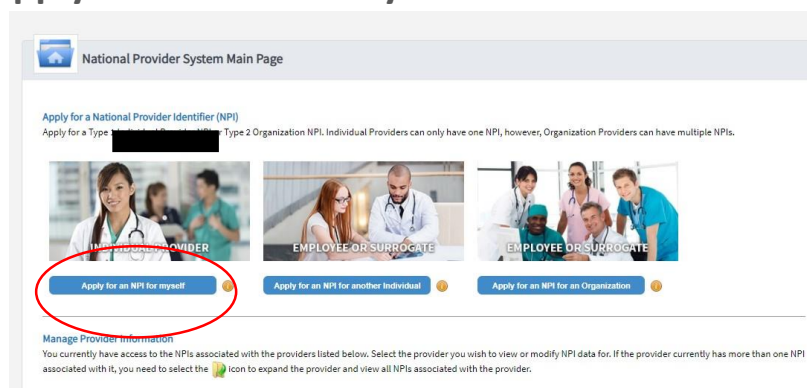
The screenshot shows the NPPES website interface. On the left, under "Registered User Sign In", there are input fields for "User ID" (with a note: "I&A User ID, used to access NPPES, EHR & PECOS") and "Password". Below these fields are two buttons: a blue "SIGN IN" button and a red "FORGOT USER ID OR PASSWORD?" button. A red arrow points to the "SIGN IN" button. On the right, under "Create a New Account", there is a "CREATE or MANAGE AN ACCOUNT" button. The page also features a search bar and a help icon in the top right corner.

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.

Go to I&A and Reset MFA'. At the bottom, there are two buttons: 'CANCEL' (red) and 'SEND VERIFICATION CODE' (blue)." data-bbox="203 138 784 350"/>Go to I&A and Reset MFA'. Below that, there is a question: '* Are you logging in to the system on a Public or Private device?'. Two radio buttons are present: 'Public Device' (selected) and 'Private Device'. Below this, there is a field for '* Enter Code:' with a 'VERIFY CODE' button. Below the field, there is a link: 'Haven't received the code yet or need a new code?' with a 'SEND NEW CODE' button. At the bottom, there is a 'CANCEL' button." data-bbox="213 350 773 611"/>

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

The screenshot shows a multi-step registration process. The current step is '1 PROFILE', with other steps including ADDRESS, HEALTH INFORMATION EXCHANGE, OTHER IDENTIFIERS, TAXONOMY, CONTACT INFO, ERROR CHECK, and SUBMISSION. A progress bar indicates '13% application completed'.

Provider Profile

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

Provider Name Information:

Prefix: * First: [text box] Middle: [text box] * Last: [text box] Suffix: [dropdown]
Credentia(s):(MD, DO, etc.): [text box]
Other Name:(If applicable)
Prefix: [dropdown] First: [text box] Middle: [text box] Last: [text box] Suffix: [dropdown]
Type of Other Name: [dropdown] Credentia(s):(MD, DO, etc.): [text box]

Other Identifying Information:

* Date of Birth: [text box] * TIN Type: [dropdown: SSN] * Tax Identification Number(TIN): [text box]
* State of Birth:(f U.S.): [dropdown] Country of Birth: [dropdown: 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

Language Selection:

Choose Language Filter: Q
Filter by Language: [text box]
Choose Language Spoken:
Select Language: [dropdown]
CLEAR SAVE

Info: The selected language has been added.

Primary	Languages Spoken	Actions
<input checked="" type="checkbox"/>	English	

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)

* Telephone Number: _____ Extension: _____ Fax Number: _____

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

Choose Language Filter: Q Filter by Language: _____ Choose Language Spoken: _____

* City: _____

* State: _____ * Zip Code: _____ Zip Ext: _____

Organization Name (Optional): _____

Office Hours: _____

[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)



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: **Q**

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
<input type="checkbox"/>	376J00000X	Homemaker				

/

 items per page

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.

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:
[Dropdown] [Text] [Text] [Text] [Dropdown]


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

* Telephone Number: Extension: * Contact Person Email: * Confirm Contact Person Email:
[Text] [Text] [Text] [Text]

[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.