

NPI (National Provider Identifier) Instructions

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

Go to "Create a New Account" section, then click on #1 "CREATE or MANAGE AN ACCOUNT".



SEARCH NPI REGISTRY HELP

Registered User Sign In

Log in to view/update your National Provider Identifier (NPI) record.

User ID

I&A User ID, used to access NPPES, EHR & PECOS

Password

SIGN IN

FORGOT USER ID OR PASSWORD?

Create a New Account

You need an Identity & Access Management System (I&A) User ID and Password to create and manage NPIs.

Individual Providers, Organization Providers, Users working on behalf of a provider

If you don't have an I&A account, need to update your existing I&A account, or don't remember your User ID or Password, select the CREATE or MANAGE AN ACCOUNT button below to go to I&A.

Once you have successfully created your I&A account, your existing Type 1 NPI will be associated with your I&A account.

After successfully creating your I&A account, return to NPPES and use your I&A User ID and Password to log into NPPES where you can create and maintain the NPI data associated with your provider(s).

CREATE or MANAGE AN ACCOUNT

Click OK

Leaving NPPES Website.

You are being directed to I&A to create a User ID and Password. When you are done, return to NPPES to log in and apply for or view/modify an NPI.

Cancel

OK

Click Accept

CMS Centers for Medicare & Medicaid Services

Identity & Access Management System

Help

Terms and Conditions

You are accessing a U.S. Government information system, which includes: (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.

Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.

By using this information system, you understand and consent to the following:

You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system.

At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.

Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

To continue, you must accept the terms and conditions. If you decline, you will not be able to continue.

Accept

Decline

Click Register

CMS Centers for Medicare & Medicaid Services

Identity & Access Management System

Help

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

One account to access multiple systems

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

Create Account Now



Use this system to register for Medicare or update your current enrollment information.

Enter your Email Address
Confirm your Email Address
Enter Text from Image
SUBMIT

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:**



[Listen to audio](#)

* **Enter the text from the image above:**

| [Cancel](#)

Select User ID: Create a User ID
Password: Create a password using their guidelines
Confirm Password: Retype password

Select 5 Different Security Questions and Answers

CONTINUE

 **Centers for Medicare & Medicaid Services**

Identity & Access Management System ? Help

User Registration - User Security

Step 1
User Security Step 2
User Info Final
Review

* indicates required field(s)

* **User ID:**

* **Password:**

* **Confirm Password:**

User ID Compliance:

- Must be 6-12 alphanumeric characters and unique within the Identity & Access Management System and NPES.
- Must not contain more than four numeric characters, any spaces, or any special characters.
- Must not contain personally identifiable information such as SSN or NPI.

Password Compliance:

- ✘ Must be 8-12 alphanumeric characters.
- ✘ Must contain at least one letter.
- ✘ Must contain at least one number.
- ✘ Must contain at least one **valid special character**.
- ✘ Must not contain any invalid special characters.
- ✘ Must not start with numeric characters.
- ✘ Must not contain three repeating characters.
- ✘ Must not be the same as your User ID.
- ✘ Password must match Confirm Password.

Please select five different security questions and enter their answers below:

* Question 1: <input type="text" value="Select"/>	* Answer 1: <input type="text"/>
* Question 2: <input type="text" value="Select"/>	* Answer 2: <input type="text"/>
* Question 3: <input type="text" value="Select"/>	* Answer 3: <input type="text"/>
* Question 4: <input type="text" value="Select"/>	* Answer 4: <input type="text"/>
* Question 5: <input type="text" value="Select"/>	* Answer 5: <input type="text"/>

| [Cancel](#)

Fill out all the *Required fields

CONTINUE

Identity & Access Management System



User Registration - User Information



Please provide the details below. They will be used to verify your identity.

[Back to Previous](#)

* indicates required field(s)

<p>* First Name: <input type="text"/></p> <p>Middle Name: <input type="text"/></p> <p>* Last Name: <input type="text"/></p> <p>Suffix: <input type="text"/></p> <p>* Business Phone Number: <input type="text"/></p> <p>Fax Number: <input type="text"/></p> <p>* Date of Birth: (MM/DD/YYYY) <input type="text"/></p> <p>* SSN: <input type="text"/></p> <p>Primary E-mail Address: john.doe@email1.com</p>	<p>* Personal Phone Number: <input type="text"/></p> <p>* Home Address Line 1: <input type="text"/></p> <p>Home Address Line 2: <input type="text"/></p> <p>* City: <input type="text"/></p> <p>* Country: United States</p> <p>* State/ Province/ Territory: SE - Select One</p> <p>* Postal/ZIP Code: <input type="text"/></p>
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Continue

Cancel

The system will attempt to standardize your address to meet USPS standards. If the standardized address is different from what you entered. The system will alert you. We encourage you to use the standardized address unless it is incorrect.

Select your address

Important Note: Your address has been standardized.
Your address has been standardized to USPS standards to your ensure contact information is accurate. Both the address you entered and your standardized address are displayed below. If the standardized address is incorrect, you may choose to use the address you entered by selecting it below. If you wish to modify the address, select Cancel to return to the address entry page.

* **Use Standardized Address:**

719 W Holly Ave
Sterling, VA 20164-4621
United States

Use The Address I Entered:

719 W Holly Ave
Sterling, VA 20164
United States

Continue

Identity & Access Management System



User Registration - User Information



ⓘ Congratulations, your account has been successfully reactivated.

• Please continue to the Home page to add or manage employer(s), manage staff and connections for those employers, or update your profile.

Continue To Homepage

CONTINUE TO HOMEPAGE to start NPI application

*If you are not directed to “Home” tab to “register for an NPI”, then go back to <https://nppes.cms.hhs.gov>, and now select **#2**. Sign in with your recently created User ID and password.



SEARCH NPI REGISTRY HELP

Registered User Sign In

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Once you have successfully created your I&A account, your existing Type 1 NPI will be associated with your I&A account.

After successfully creating your I&A account, return to NPPES and use your I&A User ID and Password to log into NPPES where you can create and maintain the NPI data associated with your provider(s).

CREATE or MANAGE AN ACCOUNT

Select “register for an NPI” under “Are you an Individual Provider” to begin the NPI application process.

Home My Profile My Connections

Home

Welcome to the Identity and Access Management System!

Are you an Individual Provider?

We have not been able to locate an NPI record that matches the information you provided. If you are an individual who provides health care services, please [register for an NPI](#) (or update your existing information) before you login to any additional CMS systems.

Are you responsible for an Organization?

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Sign in again if requested. Then select “Apply for an NPI for myself”.

National Provider System Main Page

Apply for a National Provider Identifier (NPI)

Apply for a Type 1 Individual Provider NPI or Type 2 Organization NPI. Individual Providers can only have one NPI, however, Organization Providers can have multiple

INDIVIDUAL PROVIDER **EMPLOYEE OR SURROGATE** **EMPLOYEE OR SURROGATE**

Apply for an NPI for myself **Apply for an NPI for another individual** **Apply for an NPI for an Organization**

Fill out Required Fields on each screen to complete the application. Once the application is complete, you will receive an email within 48 hours with your NPI number. Provide this to HBS, and use it on your Ohio Medicaid application.

Provider Profile page: This will be prepopulated from your I&A account.

Provider's Full Legal Name

Prefix: *Optional*

First: *Required*

Middle: *Optional*

Last: *Required*

Suffix: *Optional*

Other Name: *Optional, if applicable* (If provided, identify what type of Other Name you are providing)

Credentials: *Optional*

Other Identifying Information (required):

Date of Birth:

TIN Type: Select SSN (Social Security Number)

Tax Identification Number (TIN) Field: Enter SSN

State of Birth (If born in the U.S.):

Country of Birth:

Gender:

Is the Provider a Sole Proprietor? **YES**

Other *Optional* Information:

Ethnicity, Race, and Language: SKIP

Select NEXT

Mailing Address page:

Add a Business Mailing Address: Select this, then enter Employer Address

Type of Address: US Domestic

Line 1 - Mailing Address: Required

Line 2 - Mailing Address: *Optional*

City: Required

State: Required

Zip Code: Required +4 Zip: *Optional*

Telephone Number: Required Extension: *Optional*

Fax: *Optional*

Select SAVE

*If page shows up to “Accept Standardized Address”, accept it.

Add a Business Practice Location: Select this, then enter Employer Address again.

Type of Address: US Domestic

Practice Location is same as the Business Mailing address: **Check box**

Languages Spoken: *Optional*

Office hours: *Optional*

Accessibility: *Optional*

Select SAVE

*If page shows up to “Accept Standardized Address” accept it.

Select NEXT

Other Identifiers page:

Select NEXT, no Identifiers assigned so this page can be skipped.

Taxonomy page:

Add Taxonomy: if not already listed.

Practice Type: Select “Not a Group”

Search box: Enter specialty, and all taxonomies matching this will display.

Select the appropriate taxonomy

Select “Add Taxonomy” button (if not selected previously)

Provider Type Code: prepopulated

Classification Name/Specialization: prepopulated

OT/PT - Select Respiratory, Developmental, Rehabilitative & Restorative Service Providers

SLP/Audiologist - Select Speech, Language, and Hearing Service Providers

License Number:

State of License:

Select SAVE, then NEXT

Application Sections NPI Application Form - Taxonomy / License Information

- > Provider Profile
- > Mailing Address
- > Practice Location
- > Other Identifiers
- > Taxonomy**
- > Contact Person
- > Certification

Please Enter Provider Taxonomy (Provider Type/Specialty):

NOTE: DO NOT report the Social Security Number (SSN), IRS Individual Taxpayer Identification Number (ITIN) in the License Number field.

*Primary Taxonomy	*Selected Taxonomy	State	License Number	
<input type="radio"/>	225X00000X - Occupational Therapist -	OH	003388	<input type="button" value="Delete"/>

Note: Please use the Previous and Next buttons to navigate between the pages in the application.

Contact Information page:

Select “Same As Provider” button

Contact Person Phone Number: Enter personal phone number
Contact Person Email: Enter personal email address
Retype Contact Person Email: Retype personal email address

Select NEXT

Application Sections

- > Provider Profile
- > Mailing Address
- > Practice Location
- > Other Identifiers
- > Taxonomy
- > **Contact Person**
- > Certification

NPI Application Form - Contact Person In

Contact Person Name:

If you would like to use the Provider as the contact person, click here Same As Provider

If you would like to designate an alternate contact person, please fill out the following:

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

Credential(s): Title:

Please Complete The Following Additional Information For The Contact Person:

To use the mailing phone or practice phone for the contact, click one of the following:

Same As Mailing Phone Same As Practice Phone

* Contact Person Phone Number: Extension:
(Without Dashes)

* Contact Person E-mail: * Retype Contact Person E-mail:

NOTE: All notifications will be sent to the Contact Person E-mail provided on this page.

Error Check page:

This will only display if errors were found. Fix errors then click "Update Button".

Certification page:

I certify...: Check box

Select SUBMIT

Application Sections

- > Provider Profile
- > Mailing Address
- > Practice Location
- > Other Identifiers
- > Taxonomy
- > Contact Person
- > **Certification**

NPI Application Form - Certification Statement

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

- 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

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.

Submission Confirmation page:

Print application if desired.

NPI number should be received in less than 1 hour.

Thank you. Your application will be processed.

Application processing times may vary based on current inventories. If you have any questions regarding this application or if the designated contact person does not receive the provider's NPI via email within 15 working days, please contact the NPI Enumerator at 1-800-465-3203 (NPI Toll-Free).

Provider Name: XXXXXXXXXX

Your tracking number is: XXXXXXXXXX

Please provide this tracking number on all correspondence.

Please print this page for your records.

Clicking this button will allow you to view and print the information furnished on your application.
Please Note: This page/printout may contain sensitive information.

NPI Enumerator Contact Information

By phone: 1-800-465-3203 (NPI Toll-Free)
1-800-692-2326 (NPI TTY)
By e-mail at: customerservice@npienumerator.com
By mail at: NPI Enumerator
PO Box 6059
Fargo, ND 58108-6059

For your reference, please print this page by clicking the Print icon, located in your browser's toolbar.

Helpful Hints:

- 1) Domestic Address and Domestic Business Practice Location - they can be the same. Use your employer address here. This may be listed on the NPI public website under a Search feature.

- 2) Other Provider Identification Numbers - you won't have one. You can select "Next" to [skip this](#).
- 3) Contact Person - list yourself.