DEPARTMENT OF THE ARMY
HEADQUARTERS, U. S. ARMY MEDICAL COMMAND
2050 WORTH ROAD
FORT SAM HOUSTON, TEXAS 78234-6000

REPLY TO
ATTENTION OF

MCHO-CL-Q

07 OCT 2005

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Instructions for Obtaining, Documenting, and Maintaining National Provider Identifiers Type 1 (NPIs)

1. References:

a. Department of Defense, HA Policy 05-002, subject: Health Insurance Portability and Accountability Act National Provider Enumeration Policy for Military Health System Individual (Type 1) Health Care Providers.

b. Information Paper, subject: National Provider Identifier, 15 Aug 05.

c. Department of Defense, Uniform Business Office: Functional Business Rules For Itemized Billing, 1 Oct 03, http://tricare.osd.mil/rm/documents/ubo/final_business_rules.doc.

2. Purpose: To describe the procedures for Army healthcare providers to obtain, document, and maintain NPIs.

3. Requirements:

a. The NPI is assigned at no fee by the Center for Medicare and Medicaid Services (CMS). Providers will apply for and receive only one NPI Type 1. The deadline for obtaining the NPI is 23 May 07.

b. The following healthcare providers must obtain an NPI:

(1) All privileged healthcare providers. This includes all providers who are required to be privileged to perform their clinical work, whether or not they are currently privileged.

(2) All residents. This is not limited to physicians and dentists, provided they meet the licensure requirements noted in paragraph 3.d, below.

(3) Non-privileged healthcare providers who provide billable services as described in reference c, page 77, item 8.

c. Exceptions.

(1) Physician assistants (PAs) are currently required by CMS to have a license to obtain an NPI. The system will be changed to remove this requirement. PAs should wait to apply for the NPI until this change has been made.

(2) Providers listed in paragraph 3.d. who do not yet have a license will not apply for the NPI until they have obtained a license.

d. The following providers must have a license in order to obtain an NPI:

(1) Physicians
(2) Dentists
(3) Podiatrists
(4) Clinical Psychologists
(5) Optometrists
(6) Nurse Practitioners
(7) Certified Registered Nurse Anesthetists
(8) Physician Assistants
(9) Pharmacists
(10) Clinical Nurse Specialists
(11) Registered Nurses
(12) Licensed Nurses
(13) Chiropractors

4. Procedures.

a. On-line application is recommended. CMS has developed an on-line NPI Type 1 application. It is located at https://nppes.cms.hhs.gov. The website is designed for the individual provider to enter data and obtain an NPI. Each provider must create a unique user name and password at the time of on-line application. Applications may also be submitted via a paper form which can be downloaded in PDF format from the CMS web site http://www.cms.hhs.gov/forms/cms10114.pdf. Providers may also call the NPI Enumerator for a copy of their NPI or for questions at 1-800-465-3203 or TTY 1-800-692-2326. They cannot apply for an NPI over the telephone.

b. Army Medical Treatment Facility (MTF) credentials offices will provide this policy and a copy of the paper form to all providers who need to obtain an NPI. Prior to providing the form to providers, the addresses in Section 3 will be completed with the credentials office as the mailing address and the MTF address as the practice location. In addition, complete Section 5 with the appropriate credentials coordinator information so that they can serve as the contact person. The paper form will serve as a guide to the provider and allow standardization of the address and contact person's information.

Upon completion of the on-line form, the last screen includes a tracking number which should be printed for future reference.

c. The individual listed as the contact person on the on-line application will receive an email with the provider's name and NPI when it has been issued. If the provider lists him/herself as contact person, he/she will need to provide a copy of the NPI to the credentials office. Once the credentials office receives the NPI, it must be entered into the Centralized Credentials Quality Assurance System (CCQAS), a copy placed in Section VI of the credentials file, and a copy sent to the Resources Information Technology Program Office (RITPO) as outlined in paragraph 6 below. The copy sent to RITPO must have the last four digits of the provider's SSN and the state (location of the practice) annotated.

d. MTFs will begin the process of obtaining NPIs for all providers upon receipt of this memorandum. Providers requesting privileges or renewal of privileges will provide their NPI to the credentials offices. Privileges will not be granted or renewed without the NPI. Progress on obtaining and entering the NPI will be monitored via CCQAS. DoD has set goals (see reference a) and will be monitoring our progress in meeting this requirement.

5. Reserve Component (RC) Providers.

a. Army Reserve Providers. The majority of these credentials and CCQAS files are maintained by the Army Reserve Centralized Credentialing Affairs (ARCCA). The NPI must be provided to that office. Those Army Reserve providers whose files are not maintained by ARCCA will provide their NPI to the appropriate office. Individual Mobilization Augmentees (IMA) will forward their NPIs to their assigned MTF. The address for the ARCCA is:

HQ, US Army Reserve Command
ATTN: AFRC-MDA (MAJ DeLancy)
1401 Deshler Street SW
Fort McPherson, GA 30330-2000
Fax: (404) 464-8042/ (866) 210-1006

b. Army National Guard providers will mail or fax their NPI information to the State Surgeon's office that is responsible for handling their credentials and CCQAS files.

c. The RC office responsible for credentials and CCQAS files will enter the NPI into CCQAS and forward a copy to RITPO as outlined below. The last four digits of the provider's SSN and the state in which the practice is located must be included on the document.

6. Entry into the Defense Medical Human Resources System-internet (DMHRSi).

a. DMHRSi will be the data base of record for the NPI. Once DMHRSi is fully deployed, the NPI will transfer from DMHRSi to CCQAS (unidirectional connection). Because DMHRSi is not yet widely deployed, the entry of the NPIs into DMHRSi will be done centrally by the DMHRSi/RITPO administration office.

b. Credentials offices (Active and Reserve Component) should send the NPIs to RITPO at least monthly. They may be sent electronically to NPI@tma.osd.mil or mailed to the address below. Remember to add the last four digits of the SSN and the state in which the practice is located.

Resources Information Technology Program Office (RITPO)
ATTN: Amy Alarcon (Skyline 3, 900)
5111 Leesburg Pike, Skyline 5, Suite 802
Falls Church, VA 22041

7. Changes to information.

a. When providers have a permanent change of station (PCS), or if other data originally submitted on the NPI application changes, data in the National Plan and Provider Enumeration System (NPPES) must be updated within 30 days of the change in order to remain HIPAA compliant. To ensure these updates are completed in the required timeframe, updates should become a part of the in-processing procedures when providers report to the MTF credentials office.

b. Reserve component providers who report to active duty need not update their information with NPPES unless their primary civilian practice location has changed.

8. Points of contact are LTC Elaine Fleming and COL Doreen Lounsbery, Quality Management Division, Directorate of Health Policy and Services, (210) 221-6195, DSN 471-6195.

FOR THE COMMANDER:

WILLIAM H. THRESHER
Chief of Staff

2 Encls
1. References a and b
2. NPI Application

DISTRIBUTION:
Commanders, MEDCOM Regional Medical Commands
Commander, US Army Dental Command
Commander, US Army Center for Health Promotion and Preventive Medicine
Commander, US Army Medical Research and Materiel Command
Surgeon, US Army Reserve Command
Director, National Guard Bureau, ATTN: Surgeon, 111 South George Mason Drive, Arlington, VA 22204-1382
Chief, US Army Reserve Command, ATTN: Surgeon, 1401 Deshler Street. South West, Fort McPherson, GA 30330-2000
Commander, US Army Training and Doctrine Command, ATTN: Surgeon, 7 Fenwick Road, Fort Monroe, VA 23651-5000
Commander, US Army Forces Command, ATTN: Surgeon, Fort McPherson, GA 30330-6000
Commander, US Army Materiel Command, ATTN: Surgeon, 9301 Chapek Road, Fort Belvoir, VA 22060-5527
Commander, US Army Test and Evaluation Command, ATTN: Surgeon, Park Center IV, 4501 Ford Avenue, Alexandria, VA 22333-0001
Commander, US Army Special Operations Command, ATTN: Surgeon, Fort Bragg, NC 28307-5200
Commander, US Army, Europe, ATTN: Surgeon, Unit 29351, APO AE 09014-9351
Commander, 8th US Army, Korea, ATTN: Surgeon, Unit 15236, APO AP 96205-0009
Commander, V Corps, US Army, ATTN: Surgeon, Unit 29355, APO AE 09014
Commander, US Army, Pacific, ATTN: Surgeon, Fort Shafter, HI 96858-5100

THE ASSISTANT SECRETARY OF DEFENSE

WASHINGTON, D C 20301-1200

HEALTH AFFAIRS

JAN 2 6 2005

MEMORANDUM FOR ASSISTANT SECRETARY OF DEFENSE (RESERVE AFFAIRS)
ASSISTANT SECRETARY OF THE ARMY (M&RA)
ASSISTANT SECRETARY OF THE NAVY (M&RA)
ASSISTANT SECRETARY OF THE AIR FORCE (M&RA)

SUBJECT: Health Insurance Portability and Accountability Act National Provider Identifier Enumeration Policy for Military Health System Individual (Type 1) Health Care Providers

This policy memorandum establishes the plan for enumerating individual health care providers within the Military Health System (MHS) as required by the Health Insurance Portability and Accountability Act (HIPAA) (Public Law 104-191) National Provider Identifier (NPI) final rule (45 Code of Federal Regulations, Part 162) In order to institutionalize this policy within the Department of Defense (DoD), a DoD Instruction will follow within the next 180 days The HIPAA NPI final rule establishes the NPI as the standard, unique. provider identifier The NPI is to be used throughout the entire United States health care system to identify health care providers in HIPAA covered standard electronic transactions. The purpose of the NPI is to improve the effectiveness and efficiency of the health care industry by enabling more efficient electronic transmission of certain health information

Under provisions of the NPI final rule, individual health care providers who conduct HIPAA covered standard electronic transactions are considered "covered providers " They must obtain and use an NPI by May 23, 2007 While "covered providers" are required to obtain and use the NPI, all health care providers as defined by section 1861 (u) of the Act, or a provider of medical or other health services as defined in section 1861 (s) of the Act are eligible to be assigned NPIs and, therefore, may also obtain an NPI Health care providers may apply for NPIs beginning approximately May 23, 2005.

The NPI final rule established two categories of health care providers for enumeration purposes Entity Type 1 providers are individuals, such as physicians, nurses, dentists, and pharmacists Entity Type 2 providers are organizational providers, such as hospitals, laboratories, pharmacies, clinics, and groups This policy memorandum addresses the requirements related to Entity Type 1 (individual) providers

HA POLICY: 05-002

ENCL 1

A separate policy to address enumeration of Entity Type 2 (organizational) providers is under development

The policy guidance outlining how the Services are to implement the NPI in the MHS is found at attachment 1 Detailed instructions for individual providers are contained in attachment 2

My point of contact for this initiative is LCDR Stephanie Bardack at (703) 681-0064 or Stephanie Bardack@tma osd mil

William Winkenwerder, Jr., MD

Attachments
As stated

cc:
Surgeon General of the Army
Surgeon General of the Navy
Surgeon General of the Air Force
Director, Health and Safety, U S Coast Guard
Reserve Component Surgeon General of the Army
Chief, Naval Reserve
Command Surgeon, Air Force Reserve
Surgeon General of the Public Health Service

Policy Guidance for Implementation of the National Provider Identifier

The following paragraphs outline the responsibilities of DoD and the Service Surgeons General regarding compliance with the NPI final Rule. These responsibilities were developed through analysis of the NPI final rule and MHS business processes by the NPI Integrated Project Team which included representatives from the Services and TMA.

- For DoD purposes, all Health Care Providers who furnish billable health care services or those who may initiate and / or receive referrals must obtain an NPI-Type 1; however, there may be situations where non-citizen health care providers working in MTFs may not be able to obtain NPIs because they do not have a Social Security Number or IRS Individual Taxpayer Identification Number. There may also be situations where individuals who currently furnish and bill for atypical or nontraditional services (e.g., pastoral counselors) are not eligible for the NPI because the services they provide do not fall within the definition of "health care" as defined by section 1861 (u) of the Act, or a provider of medical or other health services as defined in section 1861 (s) of the Act. In these situations, there is no requirement under HIPAA to use the NPI or use standard transactions when submitting electronic claims. The Centers for Medicare and Medicaid Services (CMS) indicated that in these situations, organizations will be permitted to use identifiers other than the NPI when conducting electronic transactions.
- DoD is responsible for ensuring enumeration of Army, Navy and Air Force health care providers that need to be identified in HIPAA electronic transactions. This includes all privileged providers, residents, and certain non-privileged providers. Non-privileged providers are required to obtain an NPI-Type 1 only if they request referrals; request consults or provide billable services. For example, Independent Duty Corpsmen who request referrals, Independent Duty Medical Technicians working in the cast clinic or a nurse giving Depo-Provera injections when the patient has not seen the physician would need to be identified in certain HIPAA electronic transactions.
- DoD will collect the NPI-Type 1 as needed from Reserve, National Guard, Coast Guard & Public Health Service Privileged Providers, Department of Veterans Affairs Co-Located Providers, and civilian providers if working for the MHS or in MHS facilities.
- Beginning approximately May 23, 2005, the Services are to ensure that providers fitting the description outlined above begin applying for their NPI on their own. They may apply either by web application via the National Plan and Provider Enumeration System (NPPES) or paper form. The NPPES is the system developed by the CMS that will assign NPIs to providers. Paper forms should be made available at MTF credentialing offices.
- The Services are responsible for ensuring that all privileged /credentialed providers (including reservists) obtain and submit their NPI to the TRICARE

Management Activity (TMA) designated data base / repository prior to 23 May 2007.

- The Services are responsible for ensuring that those non-privileged providers requiring an NPI-Type 1 obtain and submit their NPI-Type 1 to the designated data base / repository prior to 23 May 2007.
- In addition to ensuring that existing MHS covered providers obtain and maintain an NPI, the Services are also responsible for ensuring that providers who are new to the MHS obtain and submit their NPI to the TMA designated database / repository.
- The Services are to ensure that when providers have a permanent change of practice location, or if other data that was originally submitted in order to obtain an NPI changes, providers update their NPI data in the National Plan and Provider Enumeration System within 30 days of the change. To ensure these updates are completed in the required timeframe, it is recommended that updates become part of the in-processing procedures when providers permanently change station.
- In order to ensure that NPI Enumeration of individual providers is occurring at an adequate rate, the Services will need to report statistics to TMA regarding how many providers are expected to obtain NPIs and monthly status reports as to how many providers actually submitted NPIs starting in August, 2005. It is expected that:

    - By September 30, 2005 - 10 percent of affected providers have submitted their NPI to the TMA designated data base / repository.
    - By September 30, 2006 - 50 percent of affected providers have submitted their NPI to the TMA designated data base / repository.
    - By 4 months prior to deadline of May 23, 2007 – 75 percent of affected providers have submitted their NPI to the TMA designated data base / repository.
    - By 3 months prior to deadline of May 23, 2007 – 85 percent of affected providers have submitted their NPI to the TMA designated data base / repository.
    - By 2 months prior to deadline of May 23, 2007 – 95 percent of affected providers have submitted their NPI to the TMA designated data base / repository.
    - By 1 month prior to deadline of May 23, 2007 – 100 percent of affected providers have submitted their NPI to the TMA designated data base / repository.

To assist providers and staff with the enumeration process, the Service Surgeons General should disseminate Memoranda of Instruction approximately 45 – 50 days prior to the date the NPPES is scheduled to become available to begin enumerating providers.

Representatives from TMA and the Services have developed an implementing instruction template to assist the Surgeons General with the task of educating providers. This instruction template contains "need to know" information for providers and can be used as a guide to be tailored by each Service. It remains the responsibility of each Service to: designate a Service POC who will be available to assist providers as needed, develop an appropriate plan to ensure compliance by affected providers, designate an entity within each MTF to collect and enter NPIs into the designated TMA data repository and to provide progress reports to TMA as to the status of enumeration. In addition to this NPI-Type 1 Enumeration Policy, the instructions to providers should include at a minimum, the information below:

- Website address set up by CMS for completing applications online (to be made available by CMS).
- Any pertinent Helpdesk numbers provided by CMS to assist applicants with the application process (to be made available by CMS).
- Where to obtain paper application forms if that is the preference of the provider.
- Any instructions for completing the NPI- Type 1 application form specific to MHS providers, including Service points of contact and their telephone numbers.
- Instruction on use of standardized addresses and any other data elements that may need instruction when filling out the NPI application.

Instructions for Obtaining and Maintaining National Provider Identifiers for Military Health System Individual Health Care Providers

TRICARE Management Activity (TMA) and representatives of the Services developed this instruction for individual military health care providers based on reference (a), to be followed when applying for National Provider Identifiers.

- Beginning approximately May 23, 2005, the following types of MHS health care providers need to apply for their NPI either by web application via the National Plan and Provider Enumeration System (NPPES) or paper form:
  - Any health care provider that needs to be identified in HIPAA electronic transactions
  - All privileged health care providers
  - Residents
  - Non-privileged health care providers - if their work involves requesting referral, requesting consult or providing billable service
- NPIs will be assigned at no fee by the Centers for Medicare and Medicaid Services (CMS) NPPES.
- Providers may apply for and will receive only one NPI. This NPI will be a permanent identifier, assigned for life, unless circumstances justify deactivation, such as a health care provider who finds that his or her NPI has been used fraudulently by another entity. In that situation, the provider can apply and will be eligible for a new NPI, and the previously assigned NPI will be deactivated. The NPI does not need to be renewed.
- CMS has made an on-line NPI application available at <*insert URL to become available*>. This application should be completed on-line by providers per the instructions given on-line. The information collected on the application is used to uniquely identify the health care provider.
- CMS has also made paper forms available which have been made available at Military Treatment Facility (MTF) <*insert name of office*> offices and for download at <*insert URL*>.
- The CMS toll-free number is available for provider inquiries regarding the NPI application process. Providers may obtain general information, request application forms or speak to a customer service representative by calling: <*insert 1-800-number*>.
- Providers may also contact the <*insert name of office*> office at their MTF for questions specific to the MHS' requirements for obtaining and using NPIs.
- Once NPIs are obtained, they must be submitted to the <*insert MTF office name*> office where it will be entered by <*insert MTF entity responsible for recording NPIs*>into the TMA database(s) / repository of record. Provider

NPIs will also be maintained in the provider's MTF credentials file by the MTF's credentialing authority and in the Centralized Credentials Quality Assurance System.

- When providers have a permanent change of practice location, or if other data originally submitted on the NPI application change, NPI data in the NPPES must be updated within 30 days of the change in order to remain HIPAA compliant. To ensure these updates are completed in the required timeframe, updates should become part of the in-processing procedures checklist when providers permanently change station.
- Reserve component providers need not update their NPI information in the NPPES when reporting to active duty, unless their primary civilian practice location has permanently changed.
- In order to ensure standardized addresses are being used in the mailing address and the practice location fields on the NPI application, providers (other than Reserve component providers) are asked to use the Defense Medical Information System facility name as the address of record.

The TMA point of contact for this requirement is LCDR Stephanie Bardack who may be reached at (703) 681-0064 or Stephanie.Bardack@tma.osd.mil. Service points of contact are *<insert name of Army POC>* who may be reached at *<insert phone number>* or *<insert email address>*. *< insert name of Navy POC> <insert phone number>* or *<insert email address>* and *<Insert name of Air Force POC>* at *<insert phone number>*or *<insert email address>*.

Reference: (a) The Health Insurance Portability and Accountability Act (HIPAA) National Provider Identifier (NPI) Type 1 Enumeration Policy for Military Health System (MHS) Individual Health Care Providers

INFORMATION PAPER

MCHO-CL-Q
15 August 2005

SUBJECT: National Provider Identifier

1. Purpose. To provide information on the National Provider Identifier.

2. Facts.

a. The National Provider Identifier (NPI) is a ten digit number used to identify covered healthcare providers in Health Insurance Portability and Accountability Act (HIPAA) covered standard transactions. It is to be used throughout the United States as the standard, unique provider identifier.

b. Under provisions of the NPI final rule, individual health care providers who conduct HIPAA covered standard electronic transactions must obtain and use an NPI Type 1 by May 23, 2007. Those required to obtain the NPI Type 1 include any health care provider that needs to be identified in HIPAA electronic transactions, all privileged providers, residents, and non-privileged providers if their work involves requesting referrals or providing billable service.

c. The NPI Type 1 will be issued for life at no cost to the provider. The NPI does not require renewal, but will require address changes within 30 days of the address change. Reserve component providers will not be required to change their NPI address upon mobilization.

d. The NPI will be entered into the Centralized Credentials Quality Assurance System credentials module. It will also be entered into the Defense Medical Human Resources System-internet (DMHRSi) which will eventually be the database of record for the NPI. Since this system is not yet deployed worldwide, the NPI will be entered centrally by the Resources Information Technology Program Office (RITPO).

LTC Elaine Fleming/(210) 221-6195

Approved by: COL Cordts

Form Approved
OMB No. 0938-0931

NATIONAL PROVIDER IDENTIFIER (NPI) APPLICATION/UPDATE FORM

Please PRINT or TYPE all information so it is legible. Do not use pencil. Failure to provide complete and accurate information may cause your application to be returned and delay processing of your application. In addition, you may experience problems being recognized by insurers if the records in their systems do not match the information you have furnished on this form.

SECTION 1 – BASIC INFORMATION

A. Reason For Submittal Of This Form (Check the appropriate box)

1. ❑ Initial Application
2. ❑ Change of Information (See instructions)
   NPI No._____
3. Deactivation NPI No._____
   REASON (Check one of the following)
   ❑ Death ❑ Business Dissolved
   ❑ Other _____

B. Entity Type (Check the appropriate box)

1. ❑ An individual who renders health care. (Complete Sections 2A, 3, 4A and 5)
2. ❑ An organization that renders health care. (Complete Sections 2B, 3, 4B and 5)

SECTION 2 – IDENTIFYING INFORMATION

A. Individuals

1. Prefix (e.g.,Major, Mrs.)	2. First	3. Middle	4. Last
5. Suffix (e.g., Jr., Sr.)		6. Credential (e.g., M.D., D.O.)	

Other Name Information (If applicable. Use additional sheets of paper if necessary)

7. Prefix (e.g.,Major, Mrs.)	8. First	9. Middle	10. Last
11. Suffix (e.g., Jr., Sr.)		12. Credential (e.g., M.D., D.O.)	

13. Type of other Name
❑ Former Name ❑ Professional Name ❑ Other (Describe) _____

14. Date of Birth (mm/dd/yyyy)	15. State of Birth (U.S. only)	16. Country of Birth (If other than U.S.)

17. Gender
❑ Male ❑ Female

18. Social Security Number (SSN)	19. IRS Individual Taxpayer Identification Number

B. Organizations and Groups

1. Name (Legal Business Name)	2. Employer Identification Number (EIN) or SSN

3. Other Name (Use additional sheets of paper if necessary)

4. Type of Other Name
❑ Former Legal Business Name ❑ D/B/A Name ❑ Other (Describe) _____

ENCL 2

SECTION 3 – ADDRESSES AND OTHER INFORMATION

A. Mailing Address Information

1. Mailing Address Line 1 (Street Number and Name or P.O. Box)

2. Mailing Address Line 2 (Address Information; e.g., Suite Number)

3. City	4. State	5. ZIP+4 or Foreign Postal Code

6. Country Name (if outside U.S.)

7. Telephone Number (Include Area Code & Extension)	8. Fax Number (Include Area Code)

B. Practice Location Information

1. Primary Practice Location Address Line 1 (Street Number and Name – P.O. Boxes Not Acceptable)

2. Primary Practice Location Address Line 2 (Address Information; e.g., Suite Number)

3. City	4. State	5. ZIP+4 or Foreign Postal Code

6. Country Name (if outside U.S.)

7. Telephone Number (Include Area Code & Extension)	8. Fax Number (Include Area Code)

C. Other Provider Identification Numbers *(Use additional sheets of paper if necessary)*

Number Type	Number	State *(if applicable)*	Issuer *(Other type)*
UPIN			
Medicare			
Medicaid			
Other			
Other			

D. Provider Taxonomy Code *(Provider Type/Specialty. Enter one or more codes)* and License Number Information

Information on provider taxonomy codes is available at *www.wpc-edi.com/taxonomy*. Please see instructions if you plan to submit more than one taxonomy code for a Type 2 (organization) entity.

1. Primary Provider Taxonomy Code or describe your specialty or provider type (e.g., chiropractor, pediatric hospital)

2. License Number	3. State where issued

4. Provider Taxonomy Code or describe your specialty or provider type (e.g., chiropractor, pediatric hospital)

5. License Number	6. State where issued

7. Provider Taxonomy Code or describe your specialty or provider type (e.g., chiropractor, pediatric hospital)

8. License Number	9. State where issued

PENALTIES FOR FALSIFYING INFORMATION ON THE NATIONAL PROVIDER IDENTIFIER (NPI) APPLICATION/UPDATE FORM

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 and 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 5 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.

SECTION 4 – CERTIFICATION STATEMENT

I, the undersigned, certify to the following:

- 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 notify the NPI Enumerator of any changes in this form within 30 days of the effective date of the change.
- I have read and understand the Penalties for Falsifying Information on the NPI Application/Update Form as printed in this application. I am aware that falsifying information will result in fines and/or imprisonment.

A. Individual Practitioner's Signature

1. Applicant's Signature (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)	2. Date (mm/dd/yyyy)

B. Authorized Official's Information and Signature for the Organization

1. Prefix (e.g.,Major, Mrs.)	2. First	3. Middle	4. Last
5. Suffix (e.g., Jr., Sr.)		6. Credential (e.g., M.D., D.O.)	
7. Title/Position			8. Telephone Number (Area Code & Extension)
9. Authorized Official's Signature (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)			10. Date (mm/dd/yyyy)

SECTION 5 – CONTACT PERSON

A. Contact Person's Information

❑ Check here if you are the same person identified in 2A or 4B.
If you checked the box, complete only item 8, e-mail address in this section (Section 5).

1. Prefix (e.g.,Major, Mrs.)	2. First	3. Middle	4. Last
5. Suffix (e.g., Jr., Sr.)		6. Credential (e.g., M.D., D.O.)	
7. Title/Position		8. E-Mail Address	9. Telephone Number

For the most efficient and fast receipt of your NPI, please use the web-based NPI process at the following address: https://nppes.cms.hhs.gov. NPI web is a quick and easy way for you to get your NPI.

Or send the completed application to: NPI Enumerator
P.O. Box 6059
Fargo, ND 58108-6059

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0931. The time required to complete this information collection is estimated to average 20 minutes per response for new applications and 10 minutes for changes, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate or suggestions for improving this form, please write to: CMS, Attn: Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850. Do not send the applications to this address.

PRIVACY ACT STATEMENT

Section 1173 of the Social Security Act authorizes the adoption of a standard unique health identifier for all health care providers who conduct electronically any standard transaction adopted under 45 CFR 162. The purpose of collecting this information is to assign a standard unique health identifier, the National Provider Identifier (NPI), to each health care provider for use on standard transactions. The NPI will simplify the administrative processing of certain health information. Further, it will improve the efficiency and effectiveness of standard transactions in the Medicare and Medicaid programs and other Federal health programs and private health programs. The information collected will be entered into a new system of records called the National Provider System (NPS), HHS/HCFA/OIS No. 09-70-0008. Institutional providers' data are protected by section 1106 of the Social Security Act and the Freedom of Information Act, while individually identifiable providers' data are protected by the Privacy Act of 1974.

Failure to provide complete and accurate information may cause the application to be returned and delay processing. In addition, you may experience problems being recognized by insurers if the records in their systems do not match the information you furnished on the form. (See the instructions for completing the NPI application/update form to find the information that is voluntary or mandatory.)

Information may be disclosed under specific circumstances to:

1. The entity that contracts with HHS to perform the enumeration functions, and its agents, and the NPS for the purpose of uniquely identifying and assigning NPIs to providers.
2. Entities implementing or maintaining systems and data files necessary for compliance with standards promulgated to comply with title XI, part C, of the Social Security Act.
3. A congressional office, from the record of an individual, in response to an inquiry from the congressional office made at the request of that individual.
4. Another Federal agency for use in processing research and statistical data directly related to the administration of its programs.
5. The Department of Justice, to a court or other tribunal, or to another party before such tribunal, when
   (a) HHS, or any component thereof, or
   (b) Any HHS employee in his or her official capacity; or
   (c) Any HHS employee in his or her individual capacity, where the Department of Justice (or HHS, where it is authorized to do so) has agreed to represent the employee: or
   (d) The United States or any agency thereof where HHS determines that the litigation is likely to affect HHS or any of its components

   is party to litigation or has an interest in such litigation, and HHS determines that the use of such records by the Department of Justice, the tribunal, or the other party is relevant and necessary to the litigation and would help in the effective representation of the governmental party or interest, provided, however, that in each case HHS determines that such disclosure is compatible with the purpose for which the records were collected.
6. An individual or organization for a research, demonstration, evaluation, or epidemiological project related to the prevention of disease or disability, the restoration or maintenance of health, or for the purposes of determining, evaluating and/or assessing cost, effectiveness, and/or the quality of health care services provided.
7. An Agency contractor for the purpose of collating, analyzing, aggregating or otherwise refining or processing records in this system, or for developing, modifying and/or manipulating automated data processing (ADP) software. Data would also be disclosed to contractors incidental to consultation, programming, operation, user assistance, or maintenance for ADP or telecommunications systems containing or supporting records in the system.
8. An agency of a State Government, or established by State law, for purposes of determining, evaluating and/or assessing cost, effectiveness, and/or quality of health care services provided in the State.
9. Another Federal or State agency
   (a) As necessary to enable such agency to fulfill a requirement of a Federal statute or regulation, or a State statute or regulation that implements a program funded in whole or in part with Federal funds.
   (b) For the purpose of identifying health care providers for debt collection under the provisions of the Debt Collection Information Act of 1996 and the Balanced Budget Act.

INSTRUCTIONS FOR COMPLETING THE NATIONAL PROVIDER IDENTIFIER (NPI) APPLICATION/UPDATE FORM

Please PRINT or TYPE all information so it is legible. Do not use pencil. Failure to provide complete and accurate information may cause your application to be returned and delay processing of your application. In addition, you may experience problems being recognized by insurers if the records in their systems do not match the information you have furnished on this form.

This application is to be completed by, or on behalf of, a health care provider or a subpart seeking to obtain an NPI. (See 45 CFR 162.408 and 162.410 (a) (1).

SECTION 1 – BASIC INFORMATION

This section is to identify the reason for submittal of this form and the type of entity seeking to obtain an NPI.

A. Reason for Submittal of this Form

This section identifies the reason the health care provider is submitting this form. *(Required)*

1. **Initial Application**
   If applying for a NPI for the first time check box #1, and complete appropriate sections as indicated in Section 1B for your entity type.
2. **Change of Information**
   If changing information, check box #2, write your NPI number in the space provided, and provide the new/changed information within the appropriate section. See the instructions in Section 4, then sign and date the certification statement in Section 4A or 4B. All changes must be reported to the NPI enumerator within 30 days of the change. It is not necessary to complete sections that are not being changed; however, please ensure that your NPI number is legible and correct. Complete Section 5 so that we may contact you in the event of problems processing this form.
3. **Deactivation**
   Record the NPI number you want to deactivate and check box #3 indicating the reason. If you check Other, give reason; e.g., Fraudulent Use. Sign and date the certification statement in Section 4A or 4B, as appropriate. See instructions for section 4. Use additional sheets of paper if necessary.

B. Entity Type

Check the box that most applies to you or your organization. *(Required for initial applications)*

1. Individuals who render health care or furnish health care supplies to patients; e.g., physicians, dentists, nurses, chiropractors, pharmacists, physical therapists. Note that incorporated individuals may also obtain NPIs as type 2 organizations.
2. Organizations that render health care services, or furnish health care supplies to patients; e.g., hospitals, home health agencies, ambulance companies, health maintenance organizations, durable medical equipment suppliers, pharmacies.

SECTION 2 – IDENTIFYING INFORMATION

A. Individual

NOTE: An individual may obtain only one NPI, regardless of the number of taxonomies (specialties). licenses, or practice locations he/she may possess.

Name Information

1–6. Provide your full legal name. (Required first and last name) Do not use initials or abbreviations. If you furnish your social security number in block 19, this name must match the name on file with the Social Security Administration (SSA). In addition, the date of birth must match that on file with SSA. You may include multiple credentials. Use additional sheets of paper for multiple credentials if necessary.

Other name information *(Use additional sheets of paper if necessary)*

7-12. If you have used another name, including a maiden name, supply that "Other Name" in this area. (Optional) You may include multiple credentials. Use additional sheets of paper for multiple credentials if necessary.

13. Mark the check box to indicate the type of "Other Name" you used. (Required if 7-12 are completed)

14-16. Provide the date *(Required)*, State *(Required)*, and country *(Required, if other than U.S.)* of your birth. Do not use abbreviations other than United States (U.S.).

17. Indicate your gender. *(Required)*

18. Furnish your Social Security Number (SSN) for purposes of unique identification. *(Optional)* If you furnish your SSN, this name must match the name and date of birth on file with the Social Security Administration (SSA). If you do not furnish your SSN, processing of your application may be delayed because of the difficulty of verifying your identity via other means; you may also have difficulty establishing your proper identity with insurers from which you receive payments. If you are not eligible for an SSN, see item #19.

19. Furnish your IRS Individual Taxpayer Identification Number (ITIN) if you do not quality for an SSN. *(Required, if the applicant has an ITIN)* You may not use an ITIN if you have an SSN. IRS issues ITINs to foreign nationals and others who have federal tax reporting or filing requirements and do not qualify for SSNs. Examples of individuals who need ITINs include:
    - Non-resident alien filing a U.S. tax return and not eligible for an SSN;
    - U.S. resident alien *(based on days present in the United States)* filing a U.S. tax return and not eligible for an SSN;
    - Dependent or spouse of a U.S. citizen/resident alien; and
    - Dependent or spouse of a non-resident alien visa holder.

    If you do not furnish your SSN or ITIN, you must furnish another proof of identity with this application form: a photocopy of your driver's license. State issued ID. employer ID, passport. or birth certificate.

B. Organizations and Groups

1-2. Provide your organization's or group's name *(legal business name used to file tax returns with the IRS)* and Employer Identification Number *(assigned by the IRS)* or Social Security Number (SSN). *(Required)*

3. If your organization or group uses or previously used another name, supply that "Other Name" in this area. *(Optional)* Use additional sheets of paper if necessary.

4. Mark the check box to indicate the type of "Other Name" used by your organization. *(D/B/A Name=Doing Business As Name.) (Required if 3 is completed.)*

SECTION 3 – ADDRESSES AND OTHER INFORMATION

A. Mailing Address Information

This information will assist us in contacting you with any questions we may have regarding your application for an NPI or with other information regarding NPI. You must provide an address and telephone number where we can contact you directly to resolve any issues that may arise during our review of your application. You may also add an e-mail address. *(Required)*

B. Practice Location Information

Provide information on the address of your primary practice location. If you have more than one practice location, select one as the "primary" location. Do not furnish information about additional locations on additional sheets of paper. *(Required)*

C. Other Provider Identification Numbers *(Optional)*

Please list the provider identification number(s) you currently use. This would include Medicare-issued numbers (UPIN, NSC, OSCAR, and PIN numbers), Medicaid-issued number *(show State)*, and numbers issued by other health plans *(give a brief description of issuer)*. If you do not have such numbers, you are not required to obtain them in order to be assigned an NPI.

D. Provider Taxonomy Code *(Provider Type/Specialty) (Required)*

Provide your 10-digit taxonomy code. Information on taxonomy codes is available at www.wpc-edi.com/taxonomy. You may provide a written description instead in the space provided, and we will assign the closest appropriate code.

Furnish the provider's health care license or certificate number(s) (if applicable). If issued by a State, show the State that issued the license/certificate. The following individual practitioners are required to submit a license number *(If you are one of the following and do not have a license or certificate, you must enclose a letter to the Enumerator explaining why not)*:

Psychoanalyst	Clinical Psychologist	Chiropractor
Dentist	Optometrist	Licensed Nurse
Pharmacist	Nurse Practitioner	Physician Assistant
Clinical Nurse Specialist	Podiatrist	Certified Registered Nurse Anesthetist
Physician/Osteopath	Licensed Psychiatric Technician	Psychologist, Psychotherapy
Registered Nurse		

The following organizations are also required to submit a license number. Provide your license number(s) and State(s) where issued:

Home Health Agency	Hospital Unit	Hospital
Clinical Medical Laboratory	Managed Care Organization	Nursing Facility
Pharmacy	Federally Qualified Health Center	

You may use the same license or certificate number for multiple taxonomies; e.g., if you are a physician with several different specialties.
NOTE: A health care provider that is an organization, such as a hospital, may obtain an NPI for itself and for any subparts that it determines need to be assigned NPIs. In some cases, the subparts have Provider Taxonomy Codes that may be different from that of the hospital and of each other, and each subpart may require separate licensing by the State (e.g., General Acute Care Hospital and Psychiatric Unit). If the organization provider chooses to include these multiple Provider Taxonomy Codes in a request for a single NPI, and later determines that the subparts should have been assigned their own NPIs with their associated Provider Taxonomy Codes, the organization provider must delete from its NPS record any Provider Taxonomy Codes that belong to the subparts who will be obtaining their own NPIs. The organization provider must do this by initiating the Change of Information option on this form.

SECTION 4 – CERTIFICATION STATEMENT *(Required)*

This section is intended for the applicant to attest that he/she is aware of the requirements that must be met and maintained in order to obtain and retain an NPI. This section also requires the signature and date of signature of the "Individual" who is the type 1 provider, or the "Authorized Official" of the type 2 organization who can legally bind the provider to the laws and regulations relating to the NPI. See below to determine who within the provider qualifies as an Authorized Official. Review these requirements carefully.

Authorized Official's Information and Signature for the Organization

By his/her signature, the authorized official binds the provider/supplier to all of the requirements listed in the Certification Statement and acknowledges that the provider may be denied a National Provider Identifier if any requirements are not met. All signatures must be original. Stamps, faxed or photocopied signatures are unacceptable. You may include multiple credentials. Use additional sheets of paper for multiple credentials if necessary.

An authorized official is an appointed official with the legal authority to make changes and/or updates to the provider's status (e.g., change of address, etc.) and to commit the provider to fully abide by the laws and regulations relating to the National Provider Identifier. The authorized official must be a general partner, chairman of the board, chief financial officer, chief executive officer, direct owner of 5 percent or more of the provider being enumerated, or must hold a position of similar status and authority within the provider.

Only the authorized official(s) has the authority to sign the application on behalf of the provider.

By signing this application for the National Provider Identifier, the authorized official agrees to immediately notify the NPI Enumerator if any information in the application is not true, correct, or complete. In addition, the authorized official, by his/her signature, agrees to notify the NPI Enumerator of any changes to the information contained in this form within 30 days of the effective date of the change.

SECTION 5 – CONTACT PERSON *(If the contact person is the same person identified in 2A or 4B, complete only item 8, E-mail Address.) (Optional)*

To assist in the timely processing of the NPI application, provide the name and telephone number of an individual who can be reached to answer questions regarding the information furnished in this application. Please note that if a contact person is not provided, all questions about this application will be directed to the authorized official named in Section 4 or the provider named in Section 2, as appropriate. You may include multiple credentials. Use additional sheets of paper for multiple credentials if necessary.