

The National Provider Identifier (NPI)

Background and Application Process

Information for Health Care Providers

Viewlet Transcript Sections: NPI Background Information: Introduction, NPES, NPI

This is a transcript of the NPI viewlet. For ease of organization, the viewlet's transcripts have been divided into three separate sections, joined together here into one document: NPI Background Information; Individual NPI Application Process, and Organization NPI Application Process. The electronic version of the viewlet is organized in a similar fashion.

In general, the viewlet is organized such that two rows of tabs stretch horizontally across the top of the screen. These tabs can be selected to help the reader to navigate to different sections of the viewlet.

The first row of tabs, from left to right, the tabs are titled "Introduction", "NPES", "NPI" and "NPI Application". These tabs, when selected by mouse click, link to the sections of the NPI viewlet indicated on the tab.

The second row of tabs, activated only when the "NPI Application" tab is active, contains 5 tabs leading to the specific parts of the NPI Application/Update form. From left to right, the tabs are titled "Basic Information", "Identifying Information", "Addresses/Other Information", "Certification Statement", and "Contact Person". When the form is not in view on the screen, you do not see these tabs.

The main content material for the viewlet is presented below the rows of tabs, and is described on the transcript under the Page Text heading of each screen.

The navigation controls are placed horizontally across the bottom of the screen. They are described in detail in the Introduction section of the viewlet, on the Navigation pages.

NPI Background Information: Sponsor Page: Screen 1

Page Title: Sponsor Page

Graphic: Toward the left of the screen is a photo of four people, 2 men, 2 women standing in a group. One man and one woman are wearing white lab coats. The second man and second woman are wearing blue surgical scrubs. Below the photo, across the bottom of the screen is a spruce green horizontal panel. On this panel are the CMS logo, the DHHS logo and the MLN logo. These logos represent the sponsorship of The Center for Medicare and Medicaid Services, The Department of Health and Human Services and the Medicare Learning Network.

Page Text:

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Click the **Play button below** to run the viewlet.

Hyperlink: Hyperlink to viewlet transcript is active when clicked

Text Instruction Callout 1: Click here to play

Text Box Explanatory Aid 1: To exit the presentation at any time close the browser

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NPI Background Information: Page: Disclaimer Screen 2

Page Title: Disclaimer

Graphic: A photo of a man wearing a business suit stands in front of a façade of a government building that looks like a capitol building. It is rounded, white, with many pillars. The man in the photo is standing on stairs leading up to the building. He is holding an open appointment-style book with a black cover, his black briefcase is resting on the ground next to him.

Page Text:

This “viewlet publication” was prepared as a tool to assist health care providers and is not intended to grant rights or impose obligations. Although every reasonable effort has been made to assure the accuracy of the information within these pages, the ultimate responsibility for the correct submission of claims and response to any remittance advice lies with the provider of services. The Centers for Medicare & Medicaid Services (CMS) employees, agents, and staff make no representation, warranty, or guarantee that this compilation of NPI information is error-free and will bear no responsibility or liability for the results or consequences of the use of this guide. This publication is a general summary that explains certain aspects of the Medicare Program, but is not a legal document. The official NPI provisions are contained in the relevant laws, regulations, and rulings.

The Medicare Learning Network (MLN) is the brand name for official CMS educational products and information for Medicare providers. For additional information visit the Medicare Learning Network’s MLN web page at: <http://www.cms.hhs.gov/MLNGenInfo/>

Hyperlink: <http://www.cms.hhs.gov/MLNGenInfo/>

Text Instruction Callout 1: Click here to play.

Text Box Explanatory Aid 1: To move ahead one slide or back one slide, click these buttons.

NPI Background Information: Page: Introduction Section - Welcome Screen 3

Page Title: Introduction - Welcome

Graphic: Photo of a young, professionally dressed woman. She is wearing a blouse and suite jacket. She is sitting in front of a desktop computer monitor and keyboard. The woman is wearing glasses. Her left hand is up at her head, at glasses or ear level. Her right hand is holding a computer mouse. The woman appears concerned or perplexed

Page Text:

Are you drowning in a sea of provider numbers? Do you have to keep track of many different identifiers, provider numbers, Provider Identification Numbers (PINs), Unique Physician Identifier Numbers (UPINs)? Do you forget which number to use with which payer?

If your answer is yes, HELP IS ON THE WAY!

Page 1 of 6

Hyperlink: Definition of PIN and UPIN opens a box in a separate window

Text Box Explanatory Aid 1: Provider Identification Numbers (PINs) and Unique Physician Identification Numbers (UPINs) are used to bill Medicare and can vary for different circumstances. After a PIN is assigned by The Centers for Medicare and Medicaid Services (CMS), a provider’s information is electronically submitted to the National UPIN Registry. The Registry reviews the information and assigns

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the provider a UPIN number. A provider should be given a single number to identify him/her as a health care practitioner. This UPIN does not change even if the provider moves from state to state.

NPI Background Information: Introduction Section – Course Purpose Page: Screen 4

Page Title: What is the purpose of this ‘viewlet’?

Graphic: Photo of a young woman wearing a white lab coat. She has mid-length dark hair. She is standing with her arms reaching out to both sides, palms open, elbows bent – as if explaining something. She is standing in front of 3 desktop monitors arranged one in front of the other diagonally. In front of the closest monitor to the viewer, one can see a partial view of a man’s head.

Page Text:

A “viewlet” is a web-based product designed to convey information in a fast-paced, interactive, and interesting format. It is often used to teach a process such as filling out forms, or how to troubleshoot a problem, but is equally useful for conveying well organized information.

The purpose of this viewlet is to describe the National Provider Identifier (NPI) the standard unique health care provider identifier that must be accepted by all health plans. The viewlet will explain the NPI, provide a brief description of the system behind the NPI, and lastly, will lead you through the NPI application process.

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NPI Background Information: Introduction Section –Course Navigation Page: Screen 5

Page Title: How to Navigate This Course

Graphic: Photo of a close-up view of a computer keyboard, fading into the text content of the page.

Page Text:

You can choose to view any section of the viewlet (Introduction, NPPEs, NPI, or NPI Application) by clicking on the menu tab at the top of this screen for the specific section you wish to see. [Image of tabs]

For example, if you simply wish to learn how to fill out the NPI Application/Update Form, click on the NPI Application tab. Once there, you will have the option to choose a walkthrough of an Individual Health Care Provider Application/Update Form, or a walkthrough of an Organization Health Care Provider Application/Update Form.

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NPI Background Information: Introduction Section –Course Navigation Page: Screen 6

Page Title: How to Navigate This Course

Graphic: Photo of a close-up view of a computer keyboard, fading into the text content of the page.

Page Text:

You can navigate this course in two ways:

1. If you click on the “Play” button below, [Image of button] you can let the viewlet run automatically from start to finish. The “viewlet” is in automatic mode if you do not see the “Play” button, and instead see the “Parallel Lines” button. [Image of “Parallel Lines” button]
2. You can move forward or backwards in the viewlet by clicking on the “Forward Arrow” and “Backward Arrow” buttons to the right below. [Image of arrows]

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NPI Background Information: Introduction Section –Course Navigation Page: Screen 7

Page Title: How to Navigate This Course (Continued)

Graphic: Photo of a close-up view of a computer keyboard, fading into the text content of the page.

Page Text:

3. To disable the automatic function, click on the button with the two vertical parallel lines (second from the left, below). [Image of button] This will allow you to view the current slide as long as you wish. When you have finished viewing that slide, you can either click on the “Forward Arrow” or “Backward Arrow” buttons (to the right) which will advance or retreat the slides, while the automatic advance function is still turned off. [Image of button]

4. Alternatively, you can click on the forward arrow button (second from the left) and enable the automatic advance function. [Image of arrow]

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NPI Background Information: Introduction Section –Course Navigation Page: Screen 8

Page Title: How to Navigate This Course (Continued)

Graphic: Photo of a computer mouse and cord training behind it.

Page Text:

Hyperlinks

The viewlet contains several hyperlinks. A hyperlink is a word or graphic on a web page. In this viewlet, hyperlinks will appear as [underlined blue text](#). Use the left button of your mouse to click on the hyperlink. It automatically links you to a new window. The window will open on top of the other window, and you will not lose your place in the viewlet. To close the window and return to the course, click the x in the upper right hand corner or press Ctrl + W on your keyboard.

Printing a Page

If you want to print the web page you are on, click “File” at the top of your browser and then click “Print” from the drop down menu (applies to Internet Explorer and Netscape Navigator). If you cannot access the “File” menu, right-click using your mouse, and select “Print” from there, you may also use Ctrl+P to print the page.

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NPI Background Information: NPES Section –: Introduction Page Screen 9

Page Title: What is the National Plan and Provider Enumeration System?

Graphic: Photo of a woman in the foreground with short hair seated in front of a computer monitor and keyboard. The woman is wearing a bright blue shirt. She is typing using the keyboard. In the background is a woman wearing a white lab-coat. She is facing slightly sideways and to the back. She is standing in front of an x-ray light viewer. Three or four panels of x-ray photos are on the viewer. The woman is reaching out to hold one of the x-ray photo panels.

Page Text:

The National Plan and Provider Enumeration System (NPES) is a central electronic enumerating system developed by the Centers for Medicare & Medicaid Services (CMS). It is designed to improve the

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efficiency and effectiveness of Medicare and Medicaid programs and the national health care system in general.

All health care providers, whether individuals or organizations, are eligible to receive National Provider Identifiers (NPIs), which are designed to be lifelong identifying numbers. All health plans must accept and use NPIs on or before May 23, 2007, except small health plans have until May 23, 2008. The result? Simpler electronic transmission of health-related standard transactions.

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NPI Background Information: NPES Section: Introduction: Background Page: Screen 10

Page Title: Why NPI?

Graphic: Composite photo of a metal lock and key (like a gym lock) in the lower right foreground. In the background is a field (white lettering on blue) of rows of 0s and 1s representing computer code.

Page Text:

The factors driving the development of the NPI process stem from the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This federal law requires the Department of Health and Human Services (HHS) to:

- □ Establish standards for the electronic exchange of health care data;
- Establish standard unique health identifiers for health care providers, health plans, and employers; and
- □ Specify the standards required to protect the security and privacy of protected health information.

NPI Background Information: NPES Section: Introduction - Background Page: Screen 11

Page Title: Why NPI? (Continued)

Graphic: Composite photo of a metal lock and key (like a gym lock) in the lower right foreground. In the background is a field (white lettering on blue) of rows of 0s and 1s representing computer code.

Page Text:

On January 23, 2004, the [NPI Final Rule](#) was published. It adopted the NPI as the standard unique health identifier for health care providers, placed requirements on covered entities concerning the NPI, and set the effective date and the compliance dates for the NPI.

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Hyperlink: Federal Register NPI Final Rule:

<http://a257.g.akamaitech.net/7/257/2422/14mar20010800/edocket.access.gpo.gov/2004/pdf/04-1149.pdf>

NPI Background Information: NPI Section: Screen 12

Page Title: What is a National Provider Identifier?

Graphic: Photo of three people. A woman in the center, wearing blue surgical scrubs. Two men on either side of the woman are wearing white lab coats. The men have stethoscopes around their necks. The man to the viewer's right is holding a clipboard with papers. The woman is gesturing at something on the papers. The three people are looking where the woman is pointing on the paper.

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The NPI is a 10-position, intelligence-free numeric identifier (10-digit number). Intelligence-free means that the numbers do not carry other information about health care providers, such as the state in which they live or their medical specialty.

Making the numbers 10 digits long enables enough unique NPIs to last about 200 years, allowing for significant growth in the number of health care providers.

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NPI Background Information: NPI Section: Screen 13

Page Title: When may health care providers begin to apply for their NPIs?

Graphic: Photo of a calendar date book in front of a computer keyboard. The photo whites out and merges into the text of the page.

Page Text:

The NPI implementation date is May 23, 2005. That is when the enumeration process will begin. HIPAA covered entities (defined on the next screen) must accept and use NPIs in standard transactions (except small health plans) by May 23, 2007 (24-months after the effective date of the final rule). Small health plans (\$5 Million in annual revenues or less) must do so no later than May 23, 2008 (36-months after the effective date of the final rule).

HIPAA covered entities are health plans, health care clearinghouses, and certain health care providers.

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NPI Background Information: NPI Section: Screen 14

Page Title: Who can apply for an NPI?

Graphic: Photo of a smiling woman. She has short brown wavy hair, is wearing glasses, and is wearing a white lab coat. She is standing in front of a wall of shelves filled with white medicine bottles.

Page Text:

All health care providers are eligible to receive NPIs, but covered health care providers are required to receive and use the identifier.

Covered health care providers as defined under HIPAA, are entities that:

1. Meet the definition of health care provider at [45 CFR Section 160.103](#); and
2. Transmit health information in electronic form on their own behalf, or that use a business associate to do so, in connection with a transaction for which the Secretary of the Health and Human Services has adopted a standard (a covered transaction).

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Hyperlink <http://www.hhs.gov/ocr/regtext.html> is active.

NPI Background Information: NPI Section: Screen 15

Page Title: Who can apply for an NPI? (Continued)

Graphic: Photo of a computer keyboard and a stethoscope. It fades into the text of the page.

Page Text:

If you are a covered health care provider, you **MUST** comply with HIPAA regulations, and use your NPI to identify yourself as a health care provider in standard transactions, including claims. However, any

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health care provider, whether covered or not, may obtain an NPI. Many health care providers must be identified in some of the standard transactions, even though they may not be conducting them.

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NPI Background Information: NPI Section: Screen 16

Page Title: Will I become a covered health care provider if I receive an NPI?

Graphic: Photo of two women and one man standing. The view is from overhead. The man and woman to the back are wearing white lab coats over blue surgical scrubs. The woman in the foreground is wearing green surgical scrubs. She also wears a stethoscope around her neck. Next to the man are the words “Lab Technician”, next to the woman wearing white is the word “Dental Hygienist”, next to the woman wearing green is the word “Nurse”

Page Text:

Applying for and receiving an NPI does not mean that you become a covered health care provider. Examples of health care providers who are eligible to receive and use the NPI but who are not covered health care providers might be registered nurses, dental hygienists and technicians. They are health care providers because they furnish health care, but they do not necessarily conduct standard transactions.

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NPI Background Information: NPI Section: Screen 17

Page Title: Who is not eligible for an NPI?

Graphic: Photo of an insurance claim form fading into the text of the page.

Page Text:

Any entity who does not render health care is not eligible for an NPI. Health care is defined in [45 CFR Section 160.103](#). Examples of entities that are not eligible for NPIs include billing services, value-added networks, re-pricers, health care clearinghouses and atypical service providers, such as carpenters. Although some atypical service providers may be reimbursed by some health plans for their services, their services are not “health care” services.

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Hyperlink <http://www.hhs.gov/ocr/regtext.html> is active.

NPI Background Information: NPI Section: Screen 18

Page Title: What is a Health Care Provider Identifier Type?

Graphic: Two photos, one on top of the other. The top photo has a large numeral 1 in white in the center. The lower photo has a large numeral 2 in white in the center. The top photo shows a group of medical-type people. The lower photo shows assorted lab and physical exam equipment.

Page Text:

Health care providers are divided into two categories, Individual and Organization, for the purposes of enumeration (obtaining NPIs):

1. Although no inclusive list exists for all covered individual health care providers, **individual** health care providers include but are not limited to providers such as:

Physicians

Nurses

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Dentists

Chiropractors

Pharmacists

Physical therapists

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NPI Background Information: NPI Section: Screen 19

Page Title: What is a Health Care Provider Identifier Type? (Continued)

Graphic: Two photos, one on top of the other. The top photo has a large numeral 1 in white in the center. The lower photo has a large numeral 2 in white in the center. The top photo shows a group of medical people and patients. The lower photo shows lab and physical exam paraphernalia.

Page Text:

2. Although no inclusive list exists for all covered organizations, **organization** health care providers include but are not limited to:

Hospitals

Home health agencies

Clinics

Nursing homes

Residential treatment centers

Laboratories

Ambulance companies

Group practices

Health maintenance organizations

Suppliers of durable medical equipment

Pharmacies

This includes sub-parts of organizations as well.

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NPI Background Information: NPI Section: Screen 20

Page Title: What are “subparts” of a covered organization health care provider?

Graphic: Photo of a red brick office building with many windows. The upper windows are arches. The photo is cut out in the shape of a map of the United States (minus Alaska and Hawaii). On the map are clusters of white stick pin balls.

Page Text:

Many covered organization health care providers (e.g., hospitals, chains of suppliers of durable medical equipment, pharmacies) may be made up of components or have separate physical locations that furnish health care, but are not themselves legal entities.

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These separate components, or separate physical locations, may be certified separately, or licensed separately by the State, from the covered organization health care providers.

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NPI Background Information: NPI Section: Screen 21

Page Title: What are “subparts” of a covered organization health care provider? (Continued)

Graphic: Photo of a red brick office building with many windows. The upper windows are arches. The photo is cut out in the shape of a map of the United States (minus Alaska and Hawaii). On the map are clusters of white stick pin balls.

Page Text:

Some of these components or separate physical locations conduct standard transactions; some might need to be identified in standard transactions even if they don’t conduct them; and some might be required by Federal regulations to have their own billing numbers to be used when billing a Federal health plan such as Medicare. Components and separate physical locations for which these three situations apply may be considered “subparts” of the covered organization health care provider. They are eligible for NPIs.

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NPI Background Information: NPI Section: Screen 22

Page Title: What are “subparts” of a covered organization health care provider? (Continued)

Graphic: Photo of a red brick office building with many windows. The upper windows are arches. The photo is cut out in the shape of a map of the United States (minus Alaska and Hawaii). On the map are clusters of white stick pin balls.

Page Text:

If the subparts conduct standard transactions, they must obtain and use NPIs in those transactions.

If the subparts are entities that are required by Federal regulations to have billing numbers to use when billing Federal programs such as Medicare, the covered organization health care provider must ensure that those subparts have NPIs so that they can comply with those Federal regulations. After the NPI compliance dates, the NPIs will replace those billing numbers.

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NPI Background Information: NPI Section: Screen 23

Page Title: What are “subparts” of a covered organization health care provider? (Continued)

Graphic: Photo of a red brick office building with many windows. The upper windows are arches. The photo is cut out in the shape of a map of the United States (minus Alaska and Hawaii). On the map are clusters of white stick pin balls.

Page Text:

The legal entity (i.e., the covered organization health care provider), is the covered entity. It is ultimately responsible for complying with the NPI Final Rule and for ensuring that its subparts, if assigned NPIs, also comply.

For example, a hospital might have an emergency room that bills for its services separately. The hospital gets an NPI as the legal entity; the emergency room (ER), as a subpart of the hospital would get an NPI. The hospital is responsible for ensuring that the ER complies with the NPI Final Rule.

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NPI Background Information: NPI Section: Screen 24

Page Title: What are an organization health care provider's NPI-related responsibilities with regard to subparts?

Graphic: Photo of a man lying in a hospital bed, and a woman who is conducting a physical examination. She is holding a stethoscope to the man's chest with her left hand, and holding the man's right wrist with her right hand. The woman is wearing blue surgical scrubs and the man is wearing a white hospital gown.

Page Text:

The covered organization health care provider has to decide if it has a subpart or multiple subparts, and if they must be assigned NPIs. If so, it must either apply for the NPIs for its subparts or instruct its subparts to apply for NPIs themselves.

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NPI Background Information: NPI Section: Screen 25

Page Title: What are an organization health care provider's NPI-related responsibilities with regard to subparts? (Continued)

Graphic: Photo of two men and a woman. One man is older. He is seated in a wheelchair. Behind him is a younger woman holding on to the wheelchair. To the right of the older man (the viewer's left) is a younger man. The younger man is standing with his left hand on the shoulder of the older man in the wheelchair. The man in the wheelchair is wearing white. The man standing next to him is wearing a white lab coat with a stethoscope around his neck. The woman in back is wearing blue surgical scrubs.

Page Text:

It is unnecessary to consider entities as subparts beyond the situations described earlier unless the covered organization health care provider has a business need for such assignment. For example, it is not necessary for a group practice to determine that each of its multiple practice locations be subparts and assigned NPIs in order to report the service location in the standard professional claims transaction. That transaction captures this information without the assignment of an NPI to every practice location address.

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NPI Background Information: NPI Section: Screen 26

Page Title: Is an NPI permanent?

Graphic: Photograph of a smiling Asian woman wearing a white lab-coat. A stethoscope is draped around her neck.

Page Text:

For the most part, once you have been assigned an NPI, you will never need another one. It will be permanent, except in certain situations, such as when a health care provider's NPI was used fraudulently by another, and the health care provider requests a replacement NPI.

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NPI Background Information: NPI Section: Screen 27

Page Title: Is an NPI permanent? (Continued)

Graphic: Photo of a group of 6 people wearing medical clothing of various types

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Page Text:

You will not be permitted to change your NPI for any of the following reasons:

Change of ownership

Change from partnership to corporation

Change in address

Change in a health care provider's name, Employer Identification Number, Health Care Provider Taxonomy Code classification, State of licensure or State license number

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NPI Background Information: NPI Section: Screen 28

Page Title: Is an NPI permanent? (Continued)

Graphic: Photo of a group of 6 people wearing medical clothing of various types.

Page Text:

(Continued) You will not be permitted to change your NPI for any of the following reasons:

- Corporate merger (the surviving organization may continue to use its NPI)
- Sanctioning or barring from one or more health plans
- Reactivation of a previously disbanded or deactivated NPI

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NPI Background Information: NPI Section: Screen 29

Page Title: What do I do if I move, change my name or change other information?

Graphic: Photo of a woman's hand keying information into a laptop computer.

Page Text:

Although you will not apply for a new NPI due to any of the previously mentioned changes, you will need to give your new information if any of the required information you supplied when you applied for your NPI changed. This would include name, address, licensing, etc. The new information will be sent to the National Plan and Provider Enumeration System (NPPES) using the NPI Application/Update Form. The NPPES will then update your information.

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NPI Background Information: NPI Section: Screen 30

Page Title: By when do I have to notify NPPES about changes?

Graphic: Photo of a date-book. On the 12th of the month is a note in red saying "Reminder" with lines drawn in red underneath.

Page Text:

Covered health care providers must notify the NPPES of changes in their required NPI data within 30 calendar days of the changes.

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NPI Background Information: NPI Section: Screen 31

Page Title: What will this process cost?

Graphic: Photo of coins (pennies, nickels, dimes, quarters).

Page Text:

Health care providers pay nothing to apply for and be assigned NPIs. Federal funds will support the cost of the enumeration process and the NPPES.

Covered entities will incur costs, however, in implementing the NPI. These costs will generally be initial up-front costs for software and system changes. Business associates will incur costs for similar activities. These costs will diminish after the initial enumeration period. In the long-term the use of a standard identifier will be cost-effective.

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NPI Background Information: NPI Section: Screen 32

Page Title: What are my NPI related responsibilities as a health care provider?

Graphic: Photo of man and woman looking at a paper. They are both wearing white lab coats.

Page Text:

Each health care provider who is a covered entity will be required to:

1. Obtain from the NPPES, by application if necessary, an NPI for itself and, if appropriate, for its subparts;
2. Use the NPI to identify itself in all standard transactions where its health care provider identifier is required;
3. Disclose its NPI, when requested, to any entity that needs the NPI to identify that health care provider in a standard transaction;

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NPI Background Information: NPI Section: Screen 33

Page Title: What are my NPI related responsibilities as a health care provider? (Continued)

Graphic: Photo of 4 people wearing, two wearing business clothes, two wearing green surgical scrubs. They are seated around a table.

Page Text:

4. Communicate to the NPPES any changes to its required data elements in the NPPES within 30 days of the change;
5. If it uses one or more business associates to conduct standard transactions, require its business associate(s) to use its NPI and the NPIs of other health care providers appropriately as required by the transactions the business associate(s) conducts on its behalf; and

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NPI Background Information: NPI NPPES: Screen 34

Page Title: What are my NPI related responsibilities as a health care provider? (Continued)

Graphic:

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Page Text:

6. If it has been assigned NPIs for one or more subparts, comply with the above requirements with respect to each of those NPIs.

Please click here for a link to the Federal Register, Jan. 2004, the [NPI Final Rule](#).

Page 23 of 24 (Federal Register Jan. 2004)

Hyperlink: Link to NPI Final Rule is active:

<http://a257.g.akamaitech.net/7/257/2422/14mar20010800/edocket.access.gpo.gov/2004/pdf/04-1149.pdf>

NPI Background Information: NPI NPPES: Screen 35

Page Title: What are my NPI related responsibilities as a health care provider? (Continued)

Graphic:

Page Text:

The transition from the use of existing health care provider identifiers to NPIs will occur over the next couple of years. Each health plan with which you conduct business, including Medicare, will notify you when it will be ready to accept NPIs on transactions like claims.

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Note to the reader (not included in the viewlet text):

This concludes the Background Section of the NPI viewlet.

The transcript for the viewlet can be found on the first screen of the viewlet, the Sponsor page. To reach the Sponsor page, select (click on) the button on the far left of the navigation panel at the bottom of the screen. It shows a vertical line on the left with an arrow-head pointing to it on the right. Once there, select the hyperlink that leads to the transcript.

To reach the NPI Application Section you can:

1. Allow the viewlet to progress automatically until it arrives at the NPI Application Section;
2. Click on the forward arrow until you arrive at the NPI Application Section; or
3. Select (click on) the NPI Application tab at the top right of the screen.

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Viewlet Transcript – NPI Application Section: Individual

This is a transcript of the NPI viewlet. For ease of organization, the viewlet’s transcripts have been divided into three separate sections, joined together here into one document: NPI Background Information; Individual NPI Application Process, and Organization NPI Application Process. The electronic version of the viewlet is organized in a similar fashion.

In general, the viewlet is organized such that two rows of tabs stretch horizontally across the top of the screen. These tabs can be selected to help the reader to navigate to different sections of the viewlet.

The first row of tabs, from left to right, the tabs are titled “Introduction”, “NPPEs”, “NPI” and “NPI Application”. These tabs, when selected by mouse click, link to the sections of the NPI viewlet indicated on the tab.

The second row of tabs, activated only when the “NPI Application” tab is active, contains 5 tabs leading to the specific parts of the NPI Application/Update form. From left to right, the tabs are titled “Basic Information”, “Identifying Information”, “Addresses/Other Information”, “Certification Statement”, and “Contact Person”. When the form is not in view on the screen, you do not see these tabs.

The main content material for the viewlet is presented below the rows of tabs, and is described on the transcript under the Page Text heading of each screen.

The navigation controls are placed horizontally across the bottom of the screen. They are described in detail in the Introduction Section of the viewlet, on the Navigation pages.

NPI Application Section: Introduction Subsection: Screen 1

Page Title: How do I apply for my NPI?

Page Text:

This section of the “viewlet” will walk you through the process of applying for the NPI but it is not the actual application. It is a practice exercise only. Later in the “viewlet” you will be provided with the information you need to obtain the actual application form.

During the walkthrough of the NPI application process in the “viewlet”, you will notice that some information will show up on your screen in “speech bubbles”. The information contained in the speech bubble pertains to the specific part of the form to which the “tail” of the bubble points. In other cases, you will have the option to click on a speech bubble to obtain additional information that will show up on your screen in a box. You will also see “bogus” information filled in automatically on the form as an example.

The form shown in the following screen shots is the NPI Application/Update Form. It is used both to apply for a new NPI and to let the NPPEs know when pertinent information has changed.

Hyperlink: “Click here for walkthrough of filled in application for an Individual”.

Hyperlink: “Click here for walkthrough of filled in application for an Organization”.

NPI Application Section: Introduction Subsection: Individual NPI Application Process Screen 2

Page Text: Walkthrough of filled in application for an Individual

NPI Application Section: Basic Information Subsection: Individual NPI Application Process Screen 3

Page Title: Section 1: NPI Application/Update Form

Page Subtitle: Section-1 Basic Information

NPI Application Section: Basic Information Subsection: Individual NPI Application Process Screen 4

Page Title: Section 1: NPI Application/Update Form

Graphic: Picture of NPI Application/Update form, Sections 1A and 1B

SECTION 1 – BASIC INFORMATION	
A. Reason For Submittal Of This Form: (Check the appropriate box.)	
1. <input type="checkbox"/> Initial Application	3. Deactivation (NPI No. _____)

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2. <input type="checkbox"/> Change of Information (See instructions) (NPI No. _____)	REASON (Check one of the following) <input type="checkbox"/> Death <input type="checkbox"/> Business Dissolved <input type="checkbox"/> Other _____
B. Entity Type: (Check the appropriate box) <input type="checkbox"/> An individual who renders health care services. (Complete Sections 2A, 3, 4A and 5) <input type="checkbox"/> An organization that renders health care services. (Complete Sections 2B, 3, 4B and 5)	

Text Instruction Callout 1: [Section 1A]: SECTION 1A. This section identifies the reason the health care provider is submitting this form. (Required)

Text Instruction Callout 2: [Section 1A1] If applying for an NPI, check box 1, and complete appropriate sections as indicated in Section 1B for entity type 1

Text Instruction Callout 3: [Section 1A2] Click here to learn about Change of Information

Text Instruction Callout 4: [Section 1A3] Record the NPI you want to deactivate and check box 3 indicating the reason. If you check Other, give reason; e.g., “Retired Use”. Sign and date the Certification Statement in Section 4A. See instructions for Section 4.

Text Instruction Callout 5: [Section 1A3 – Other, Retired] This is selected as an example.

Text Box Explanatory Aid 1: If changing information, check box 2, write your NPI 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. If you complete an on-line application, click on the box to certify your statement. All changes must be reported to the NPI Enumerator within 30 days of the change. It is not necessary to complete the sections that are not being changed; however, please ensure that your NPI is legible and correct. Complete Section 5 so that we may contact you in the event of problems processing this form.

Text Instruction Callout 6: [Section 1B] SECTION 1B. Check box 1. (Required for initial applications.)

Text Instruction Callout 7: [Section 1B1] 1. Individuals who render health care; e.g., physicians, dentists, nurses, chiropractors, pharmacists, physical therapists.

Fill-in 1: X in box preceding “Initial Application”

Fill-in 2: X in box preceding “Change of Information”

Fill-in 3: “1234567890” in NPI number space

Fill-in 4: “1234567890” in Deactivation NPI number space.

Fill-in 5: X in box preceding “Other”. Fill in: “Retired”

Fill-in 6: X in box preceding “An individual who renders health care services”

Arrow 1: Arrow at Section 1A

Arrow 2: Arrow at Section 1B

NPI Application Section: Identifying Information Subsection: Individual NPI Application Process: Screen 5

Page Title: Section 2: NPI Application/Update Form

Page Subtitle: Section 2 Identifying Information

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Viewlet Transcript – NPI Application Section: Individual

NPI Application Section: Identifying Information Subsection: Individual NPI Application Process: Screen
6

Page Title: Section 2: NPI Application/Update Form

Graphic: View of NPI Application/Update form, Section 2A

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Page Text:

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., MD., 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: <input type="checkbox"/> Former Name <input type="checkbox"/> Professional Name <input type="checkbox"/> 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 <input type="checkbox"/> Male <input type="checkbox"/> Female			
18. Social Security Number (SSN)		19. IRS Individual Taxpayer Identification Number	

Text Instruction Callout 1: [Section 2A] 1-6. Provide your full legal name. This name must match the information name on file with the Social Security Administration (SSA), (date of birth, state of birth, country of birth, and gender). In addition, the date of birth must match that on file with the SSA. (First and last names are required.)

Text Instruction Callout 2: [Section 2A7] Other Name Information. 7-12. If you have used another name, including a maiden name, supply that “Other Name” in this area. (Optional)

Text Instruction Callout 3: [Section 2A13] Other Name Information. 13. Mark the check box to indicate the type of “Other Name” you used. (Required if 7-12 are completed.)

Text Instruction Callout 4 [Section 2A14] 14-16. Provide the date, State, and country of your birth. (Required)

Text Instruction Callout 5: [Section 2A17] 17. Indicate your gender. (Required)

Text Instruction Callout 6: [Section 2A18] 18. Furnish your Social Security Number (SSN) for purposes of unique identification (optional for paper application). If you do not furnish your SSN or IRS Individual Taxpayer Identification (ITIN), processing of your application may be delayed because of the difficulty of verifying your identification via other means; you may also have difficulty establishing your proper identity with health plans from which you receive payments if your matching criteria includes your SSN. If you do not furnish your SSN or ITIN, you must furnish another proof of identity with this application; e.g., a photocopy of your driver’s license.

Text Instruction Callout 7: [Section 2A19] 19. Furnish your ITIN if you do not have an SSN. (Optional)

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Fill-in 1: “Dr. Jonathon D. Burton M.D.”

Fill-in 2: “06/07/1964 Illinois”

Fill-in 3: X in box preceding “Male”

Fill-in 4: “123-45-6789” (SSN)

Fill-in 5: “123-45-6789” (ITIN)

Arrow 1: Arrow at Section 2A

NPI Application Section: Addresses and Other Information Subsection: Individual NPI Application
Process: Screen 7

Page Title: NPI Application/Update Form

Page Subtitle: Section 3 Addresses and Other Information

NPI Application Section: Addresses and Other Information Subsection: Individual NPI Application
Process: Screen 8

Page Title: Section 3: NPI Application/Update Form

Graphic: View of NPI Application/Update form, Section 3A, Addresses and Other Information

Page Text:

NPI APPLICATION / UPDATE FORM (Continued)		
SECTION 3 – ADDRESSES AND OTHER INFORMATION		
A. Mailing Address Information		
1. Mailing Address Line 1 (Street Number and Name)		
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 and Extension)	8. Telephone Number (Include Area Code and Extension)	

Text Instruction Callout 1: [Section 3A] A. Mailing Address Information – This information will assist us in uniquely identifying you. (Required)

Fill-in 1: “123 E. 45th Street Chicago Illinois 60653-3101 [address]

Fill-in 2: “312 555-3456” [phone]

Fill-in 3: “312 555-7890” [fax]

NPI Application Section: Addresses and Other Information Subsection: Individual NPI Application
Process: Screen 9

Page Title: Section 3: NPI Application/Update Form

Page Subtitle:

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Viewlet Transcript – NPI Application Section: Individual

Graphic: View of NPI Application/Update form, Section 3B, Addresses and Other Information, Practice Location Information

Page Text:

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)

Text Instruction Callout 1: [Section 3B] 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 and furnish the information for it. (Required)

Fill-in 1: “456 E. 45th Street Chicago Illinois 60653-3101 [address]

Fill-in 2: “312 555-4567” [phone]

Fill-in 3: “312 555-7890” [fax]

NPI Application Section: Addresses and Other Information Subsection: Individual NPI Application
Process: Screen 10

Page Title: Section 3: NPI Application/Update Form

Graphic: View of NPI Application/Update form, Section 3C, Addresses and Other Information: Other Provider Identification Numbers

Page Text:

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	_____		_____

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Text Instruction Callout 1: [Section 3C] C. Other Provider Identification Numbers – Please list the provider identification number(s) you currently use, the State where used, and the type of number. The numbers may include Unique Physician Identifier Number (UPIN), Medicaid number, or Provider Identification Number (PIN). These numbers will be of use in matching your NPI to information maintained by the health plans to whom you submit claims. If you don't have such numbers, you are not required to obtain them in order to apply for an NPI. (Optional)

Fill-in 1: "C12345" [UPIN]

Fill-in 2: "123456789 Illinois" [Medicare]

Fill-in 3: "1234567 Illinois" [Medicaid]

NPI Application Section: Addresses and Other Information Subsection: Individual NPI Application Process: Screen 11

Page Title: Section 3: NPI Application/Update Form

Graphic: View of NPI Application/Update form, Section 3D, Provider Taxonomy/Specialty type: Addresses and Other Information

Page Text:

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., <i>chiropractor, pediatric hospital</i>) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
2. License Number	3. State where issued
4. Provider Taxonomy Code or describe your specialty or provider type (e.g., <i>chiropractor, pediatric hospital</i>) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
5. License Number	6. State where issued
7. Provider Taxonomy Code or describe your specialty or provider type (e.g., <i>chiropractor, pediatric hospital</i>) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
8. License Number	9. State where issued

Hyperlink: Link to <http://www.wpc-edi.com/codes/taxonomy>

Text Instruction Callout 1: [Section 3D] D. Provider Taxonomy (Provider/Specialty Type) (Required); License number and the State where the license was issued – Provide your 10-digit taxonomy code. Information on taxonomy codes is available at www.wpc-edi.com/taxonomy. or you may provide a written description (e.g., nurse practitioner) in the space provided, and we will assign the closest appropriate code. Provide your health care license number(s) if applicable and the State(s) where issued.

Text Instruction Callout 2: [Section 3D License Number] D. Please click here to view a list of practitioners that are required to submit a license number.

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Viewlet Transcript – NPI Application Section: Individual

Text Box Explanatory Aid 1: List of Providers that must provide license numbers:

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

Fill-in 1: “207G00000X IL0000000000 Illinois”

Fill-in 2: “207GA0000X IL0000000000 Illinois”

Fill-in 3: “207GA0401X IL0000000000 Illinois”

NPI Application Section: Certification Statement Subsection: Individual NPI Application Process: Screen 12

Page Title: NPI Application/Update Form

Page Subtitle: Certification Statement

NPI Application Section: Certification Statement Subsection: Individual NPI Application Process: Screen 13

Page Title: Section 4: NPI Application/Update Form

Graphic: View of NPI Application/Update form, Section 4, Certification Statement

Page Text:

Page Text: NPI APPLICATION / UPDATE FORM (Continued)

Penalties for Falsifying Information on the National Provider Identifier Application

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 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.

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.

NPI Application Section: Certification Statement Subsection: Individual NPI Application Process: Screen 14

Page Title: Section 4: NPI Application/Update Form

Page Subtitle:

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Viewlet Transcript – NPI Application Section: Individual

Graphic: View of NPI Application/Update form, Section 4A (Individual Practitioner’s Signature)

Page Text:

SECTION 4 – CERTIFICATION STATEMENT	
A. Individual Practitioner’s Signature	
1. Applicant’s Signature (First, Middle, Last, Jr., Sr., M.D., D.O., etc.)	2. Date (MM/DD/YYYY)

Text Instruction Callout 1: [Section 4A] 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 a National Provider Identifier (NPI). This section also requires the signature and date of signature of the “Individual” health care provider. The on-line application contains a check box to attest to the requirements.

Text Instruction Callout 2: [Section 4A] By signing this application, the individual health care provider certifies that the form was completed by or on behalf of a health care provider as defined by regulations; that the information is complete and correct; that the health care provider will notify the NPI Enumerator immediately if any information is not complete or correct; that the health care provider will furnish updates to the NPI Enumerator if any information changes, and will do so within 30 days of the change; and that the health care provider is aware of penalties for falsifying information.

Fill-in 1: “11/04/2005” [date]

NPI Application Section: Contact Person Subsection: Individual NPI Application Process: Screen 15

Page Title: NPI Application/Update Form

Page Subtitle: Contact Person

NPI Application Section: Contact Person Subsection: Individual NPI Application Process: Screen 16

Page Title: Section 5: NPI Application/Update Form

Graphic: View of NPI Application/Update form, Section 5, Contact Person

Page Text:

SECTION 5 –CONTACT PERSON			
A. Contact Person’s Information			
<input type="checkbox"/> 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			

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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 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.

Text Instruction Callout 1: [Section 5-A] Section 5 – Contact Person – (If the contact person is the same person identified in 2A, complete only item 8, E-mail Address.)

Text Instruction Callout 2: [Section 5-1] To assist in the timely processing of the NPI application, provide the name and the telephone number of an individual who can be reached to answer the 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 individual practitioner.

Fill-in 1: doctordoctor@physicians.org [e-mail address]

Fill-in 2: “312 555-2345” [phone number]

NPI Application Section: Application Completion Subsection: Individual NPI Application Process: Screen 17

Page Title: Page Title: Privacy Act Statement

Graphic: View of NPI Application/Update form, Application Completion

Page Text:

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 Section 162.103. 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.

Page 1 of 10

NPI Application Section: Application Completion Subsection: Individual NPI Application Process: Screen 18

Page Title: Page Title: Privacy Act Statement (Continued)

Graphic: View of NPI Application/Update form, Application Completion

Page Text: The information from health care providers who are individuals will be entered into a system of records called the National Provider System, United States Department of Health & Human Services (HHS)/ Health Care Financing Administration (HCFA)/ Office of Information Services (OIS) No. 09-70-0008. Individually identifiable data about these health care providers are protected by the Privacy Act of 1974.

Page 2 of 10

NPI Application Section: Application Completion Subsection: Individual NPI Application Process: Screen 19

Page Title: Page Title: Privacy Act Statement (Continued)

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Viewlet Transcript – NPI Application Section: Individual

Graphic: View of NPI Application/Update form, Application Completion

Page Text: 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.)

Page 3 of 10

NPI Application Section: Application Completion Subsection: Individual NPI Application Process: Screen 20

Page Title: Page Title: Privacy Act Statement (Continued)

Graphic: View of NPI Application/Update form, Application Completion

Page Text:

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 NPPES 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.

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NPI Application Section: Application Completion Subsection: Individual NPI Application Process: Screen 21

Page Title: Page Title: Privacy Act Statement (Continued)

Graphic: View of NPI Application/Update form, Application Completion

Page Text: Information may be disclosed under specific circumstances to:

3. A congressional office, from the record of an individual, in response to an inquiry from the congressional office made at the request of the individual.
4. Another Federal agency for use in processing research and statistical data directly related to the administration of its program.

Page 5 of 10

NPI Application Section: Application Completion Subsection: Individual NPI Application Process: Screen 22

Page Title: Page Title: Privacy Act Statement (Continued)

Graphic: View of NPI Application/Update form, Application Completion

Page Text:

Information may be disclosed under specific circumstances to:

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 official capacity, where the Department of Justice (or HHS where it is authorized to do so) has agreed to represent the employee, or

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Viewlet Transcript – NPI Application Section: Individual

NPI Application Section: Application Completion Subsection: Individual NPI Application Process: Screen 23

Page Title: Page Title: Privacy Act Statement (Continued)

Graphic: View of NPI Application/Update form, Application Completion

Page Text:

Information may be disclosed under specific circumstances to:

5. (Continued) The Department of Justice, to a court or other tribunal, or to another party before such tribunal, when
 - 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 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 in the governmental party or interest, provided, however, that in each case HHS determines that such disclosure is compatible with the purposes for which the records were collected.

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NPI Application Section: Application Completion Subsection: Individual NPI Application Process: Screen 24

Page Title: Page Title: Privacy Act Statement (Continued)

Graphic: View of NPI Application/Update form, Application Completion

Page Text:

Information may be disclosed under specific circumstances to:

6. An individual or an 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 purposes of determining, evaluating, and/or assessing cost, effectiveness, and/or the quality of health care services provided.
7. An agency or 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 information systems (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.

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NPI Application Section: Application Completion Subsection: Individual NPI Application Process: Screen 25

Page Title: Page Title: Privacy Act Statement (Continued)

Graphic: View of NPI Application/Update form, Application Completion

Page Text:

Information may be disclosed under specific circumstances to:

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

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Viewlet Transcript – NPI Application Section: Individual

- 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 provisions of the Debt Collection Information Act of 1996 and the Balanced Budget Act.

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NPI Application Section: Individual NPI Application Process: Screen 26

Page Title: Congratulations!

Page Text:

You've completed the NPI Application training viewlet.

You now know how to apply for your NPI.

For paper applications, go to <https://nppes.cms.hhs.gov>. Download the application and print it. When you have completed it, make a copy for your records, and mail it to: NPI Enumerator, P.O. Box 6059 Fargo, ND 58108-6059. Providers who complete the NPI Application on paper will receive an NPI Notification Letter by mail containing their NPI.

For an on-line application, go to <https://nppes.cms.hhs.gov>. Select the application. Print each page as you complete the form for your records. When you are finished, follow the application directions to submit the form electronically. Providers who complete the NPI Application on-line will receive their NPI via e-mail.

If you submitted an update, you will receive notification of your update as described above.

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Text Instruction Callout 1: For additional options, click here.

Hyperlink: <https://nppes.cms.hhs.gov> is active.

Hyperlink: <https://nppes.cms.hhs.gov> is active.

NPI Application Section: Application Completion Subsection: Individual NPI Application Process: Screen 27

Page Title: NPI Application Completion (Continued)

Page Text:

The viewlet will automatically continue with a walkthrough of the Organization NPI Application Process. However, if you wish to view a walkthrough of the Individual NPI Application Process, please select the NPI Application tab (top, right of screen). From there, click on the Individual walkthrough.

If you wish to exit the viewlet, please close the browser by selecting the small x at the top right of your screen. [For Macintosh users, select the small box on the top left of your screen.]

Note to the reader (not included in the viewlet text):

This concludes the NPI Application Section of the NPI viewlet for the Individual NPI Application/Update Form.

The transcript for the viewlet can be found on the first screen of the viewlet, the Sponsor page. To reach the Sponsor page, select (click on) the button on the far left of the navigation panel at the bottom of the screen. It shows a vertical line on the left with an arrow-head pointing to it on the right. Once there, select the hyperlink that leads to the transcript.

To reach the NPI Application Section you can:

Allow the viewlet to progress automatically until it arrives at the NPI Application Section;

Click on the forward arrow until you arrive at the NPI Application Section; or

Select (click on) the NPI Application tab at the top right of the screen.

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Viewlet Transcript – NPI Application Section: Organization

This is a transcript of the NPI viewlet. For ease of organization, the viewlet's transcripts have been divided into three separate sections, joined together here into one document: NPI Background Information; Individual NPI Application Process, and Organization NPI Application Process. The electronic version of the viewlet is organized in a similar fashion.

In general, the viewlet is organized such that two rows of tabs stretch horizontally across the top of the screen. These tabs can be selected to help the reader to navigate to different sections of the viewlet.

The first row of tabs, from left to right, the tabs are titled "Introduction", "NPPES", "NPI" and "NPI Application". These tabs, when selected by mouse click, link to the sections of the NPI viewlet indicated on the tab.

The second row of tabs, activated only when the "NPI Application" tab is active, contains 5 tabs leading to the specific parts of the NPI Application/Update form. From left to right, the tabs are titled "Basic Information", "Identifying Information", "Addresses/Other Information", "Certification Statement", and "Contact Person". When the form is not in view on the screen, you do not see these tabs.

The main content material for the viewlet is presented below the rows of tabs, and is described on the transcript under the Page Text heading of each screen.

The navigation controls are placed horizontally across the bottom of the screen. They are described in detail in the Introduction Section of the viewlet, on the Navigation pages.

NPI Application Section: Introduction Subsection: Screen 1

Page Title: How do I apply for my NPI?

This "viewlet" will walk you through the process of applying for the NPI but it is not the actual application. It is a practice exercise only. Later in the "viewlet" you will be provided with the information you need to obtain the actual application form.

During the walkthrough of the NPI application process in the "viewlet", you will notice that some information will show up on your screen in "speech bubbles". The information contained in the speech bubble pertains to the specific part of the form to which the "tail" of the bubble points. In other cases, you will have the option to click on a speech bubble to obtain additional information that will show up on your screen in a box. You will also see "bogus" information filled in automatically on the form as an example.

The form shown in the following screen shots is the NPI Application/Update Form. It is used both to apply for a new NPI and to let the NPPES know when pertinent information has changed.

Hyperlink: "Click here for walkthrough of filled in application for an Individual".

Hyperlink: "Click here for walkthrough of filled in application for an Organization".

NPI Application Section: Introduction Subsection: Organization NPI Application Process Screen 2

Page Text: Walkthrough of filled in application for an Organization

NPI Application Section: Basic Information Subsection: Organization NPI Application Process Screen 3

Page Title: Section 1: NPI Application/Update Form

Page Subtitle: Section-1 Basic Information

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Viewlet Transcript – NPI Application Section: Organization

**NPI Application Section: Basic Information Subsection: Organization NPI Application Process
Screen 4**

Page Title: Section 1: NPI Application/Update Form

Graphic: Picture of NPI Application/Update form, Sections 1A and 1B

SECTION 1 – BASIC INFORMATION	
A. Reason For Submittal Of This Form: (Check the appropriate box.)	
1. <input type="checkbox"/> Initial Application	3. Deactivation (NPI No. _____)
2. <input type="checkbox"/> Change of Information (See instructions) (NPI No. _____)	REASON (Check one of the following) <input type="checkbox"/> Death <input type="checkbox"/> Business Dissolved <input type="checkbox"/> Other _____
B. Entity Type: (Check the appropriate box)	
<input type="checkbox"/> An individual who renders health care services. (Complete Sections 2A, 3, 4A and 5)	
<input type="checkbox"/> An organization that renders health care services. (Complete Sections 2B, 3, 4B and 5)	

Text Instruction Callout 1: [Section 1A]: SECTION 1A Reason for Submittal Of This Form” This section identifies the reason the health care provider is submitting this form. (Required)

Text Instruction Callout 2: [Section 1A1] If applying for an NPI, check box 1, and complete appropriate sections as indicated in Section 1B for entity type 2.

Text Instruction Callout 3: [Section 1A2] Click here to learn about Change of Information

Text Instruction Callout 4: [Section 1A3] Record the NPI you want to deactivate and check box 3 indicating the reason. If you check Other, give reason. Sign and date the Certification Statement in Section 4B. See instructions for Section 4.

Text Instruction Callout 5: [Section 1A3 – Business Dissolved] This is selected as an example.

Text Box Explanatory Aid 1: If changing information, check box 2, write your NPI 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 4B. If you complete an on-line application, click on the box to certify your statement. All changes must be reported to the NPI Enumerator within 30 days of the change. It is not necessary to complete the sections that are not being changed; however, please ensure that your NPI is legible and correct. Complete Section 5 so that we may contact you in the event of problems processing this form.

Text Instruction Callout 6: [Section 1B] SECTION 1B. Check box 2. (Required for initial applications.)

Text Instruction Callout 7: [Section 1B1] 2. Organizations that render health care services: e.g., hospitals, home health agencies, ambulance companies, health maintenance organizations, durable medical equipment suppliers, pharmacies.

Fill-in 1: X in box preceding “Initial Application”

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Viewlet Transcript – NPI Application Section: Organization

Fill-in 2: X in box preceding “Change of Information”

Fill-in 3: “1234567890” in NPI number space

Fill-in 4: “1234567890” in Deactivation NPI number space.

Fill-in 5: X in box preceding “Business Dissolved”

Fill-in 6: X in box preceding “An organization that renders health care services”

Arrow 1: Arrow at Section1A

Arrow 2: Arrow at Section1B

NPI Application Section: Identifying Information Subsection: Organization NPI Application Process: Screen 5

Page Title: Section 2: NPI Application/Update Form

Page Subtitle: Section 2: Identifying Information

NPI Application Section: Identifying Information Subsection: Organization NPI Application Process: Screen 6

Page Title: Section 2: NPI Application/Update Form

Graphic: View of NPI Application/Update form, Section 2B

Page Text:

SECTION 2 - IDENTIFYING INFORMATION	
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:	
<input type="checkbox"/> Former Legal Business Name	<input type="checkbox"/> D/B/A Name <input type="checkbox"/> Other (Describe) _____

Text Instruction Callout 1: [Section 2B1] 1. Provide your organization’s or group’s name (legal business name used to file tax returns with the IRS).

Text Instruction Callout 2: : [Section 2B2] Provide your organization’s or group’s Employer Identification Number assigned by the IRS or Social Security Number (SSN). (Required)

Fill-in 1: “State Medical Clinic”

Fill-in 2: “EIN123456789”

Arrow 1: Arrow at Section 2B

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Information for Health Care Providers

Viewlet Transcript – NPI Application Section: Organization

**NPI Application Section: Addresses and Other Information Subsection: Organization NPI
Application Process: Screen 7**

Page Title: NPI Application/Update Form

Page Subtitle: Section 3 Addresses and Other Information

**NPI Application Section: Addresses and Other Information Subsection: Organization NPI
Application Process: Screen 8**

Page Title: Section 3: NPI Application/Update Form

Graphic: View of NPI Application/Update form, Section 3A, Addresses and Other Information

Page Text:

NPI APPLICATION / UPDATE FORM (Continued)		
SECTION 3 – ADDRESSES AND OTHER INFORMATION		
A. Mailing Address Information		
1. Mailing Address Line 1 (Street Number and Name)		
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 and Extension)	8. Fax Number (Include Area Code)	

Text Instruction Callout 1: [Section 3A] Mailing Address Information – This information will assist us in uniquely identifying you. (Required)

Fill-in 1: “123 E. 45th Street Chicago Illinois 60653-3101 [address]

Fill-in 2: “312 555-3456” [phone]

Fill-in 3: “312 555-7890” [fax]

**NPI Application Section: Addresses and Other Information Subsection: Organization NPI
Application Process: Screen 9**

Page Title: Section 3: NPI Application/Update Form

Graphic: View of NPI Application/Update form, Section 3B, Addresses and Other Information, Practice Location Information

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Information for Health Care Providers

Viewlet Transcript – NPI Application Section: Organization

Page Text:

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)

Text Instruction Callout 1: [Section 3B] 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. (Required)

Fill-in 1: “456 E. 45th Street Chicago Illinois 60653-3101 [address]

Fill-in 2: “312 555-4567” [phone]

Fill-in 3: “312 555-7890” [fax]

NPI Application Section: Addresses and Other Information Subsection: Individual NPI Application Process: Screen 10

Page Title: Section 3: NPI Application/Update Form

Graphic: View of NPI Application/Update form, Section 3C, Addresses and Other Information: Other Provider Identification Numbers

Page Text:

C. Other Provider Identification Numbers (Use additional sheets of paper if necessary)			
Number Type	Number	State <i>(if applicable)</i>	Issuer <i>(Other type)</i>
UPIN	_____		
Medicare	_____	_____	
Medicaid	_____	_____	
Other	_____	_____	_____
Other			_____

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Viewlet Transcript – NPI Application Section: Organization

Text Instruction Callout 1: [Section 3C] C. Other Provider Identification Numbers – Please list the provider identification number(s) you currently use, the State where used, and the type of number, The numbers may include Unique Physician Identifier Number (UPIN), National Supplier Clearinghouse (NSC), Online Survey Certification and Reporting System (OSCAR), or Medicaid State numbers. These numbers will be of use in matching your NPI to information maintained by the health plans to whom you submit claims. If you don't have such numbers, you are not required to obtain them in order to apply for an NPI. (Optional)

Fill-in 1: "C12345" [UPIN]

Fill-in 2: "123456789 Illinois" [Medicare]

Fill-in 3: "1234567 Illinois" [Medicaid]

NPI Application Section: Addresses and Other Information Subsection: Organization NPI Application Process: Screen 11

Page Title: Section 3: NPI Application/Update Form

Graphic: View of NPI Application/Update form, Section 3D, Provider Taxonomy/Specialty type: Addresses and Other Information

Page Text:

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., <i>chiropractor, pediatric hospital</i>) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
2. License Number	3. State where issued
4. Provider Taxonomy Code or describe your specialty or provider type (e.g., <i>chiropractor, pediatric hospital</i>) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
5. License Number	6. State where issued
7. Provider Taxonomy Code or describe your specialty or provider type (e.g., <i>chiropractor, pediatric hospital</i>) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
8. License Number	9. State where issued

The National Provider Identifier (NPI)

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Viewlet Transcript – NPI Application Section: Organization

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Hyperlink: Link to <http://www.wpc-edi.com/codes/taxonomy> is active.

Text Instruction Callout 1: [Section 3D] D. Provider Taxonomy (Provider/Classification and specialization, Required), (Required); License number and the State where the license was issued– Provide your 10-digit taxonomy code. Information on taxonomy codes is available at www.wpc-edi.com/taxonomy. Or, you may provide a written description (e.g., home health agency) in the space provided, and we will assign the closest appropriate code. Provide your health care license number(s) if applicable and the State(s) where issued.

Text Instruction Callout 2: [Section 3D] 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).

Text Instruction Callout 3: [Section 3D] 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 the NPI 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.

Text Instruction Callout 4: [Section 3D License Number] D. Please click here to view which organizations are also required to submit a license number: Provide your license number(s) and State(s) where issued.

Text Box Explanatory Aid 1: [List of Organization Providers that must provide license numbers]:

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

Fill-in 1: “261QC1500X Ambulatory Health Care Facility IL0000000000 Illinois”

NPI Application Section: Certification Statement Subsection: Organization NPI Application Process: Screen 12

Page Title: NPI Application/Update Form

Page Subtitle: Section 4: Certification Statement

NPI Application Section: Certification Statement Subsection: Organization NPI Application Process: Screen 13

Page Title: Section 4: NPI Application/Update Form

Graphic: View of NPI Application/Update form, Section 4, Certification Statement

Page Text: NPI APPLICATION / UPDATE FORM (Continued)

Penalties for Falsifying Information on the National Provider Identifier Application

The National Provider Identifier (NPI)

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Information for Health Care Providers

Viewlet Transcript – NPI Application Section: Organization

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 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.

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.

NPI Application Section: Certification Statement Subsection: Organization NPI Application Process: Screen 14

Page Title: Section 4: NPI Application/Update Form

Graphic: View of NPI Application/Update form, Section 4B (Organization Signature

Page Text:

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)

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Information for Health Care Providers

Viewlet Transcript – NPI Application Section: Organization

Text Instruction Callout 1: [Section 4B] 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 a National Provider Identifier (NPI). This section also requires the signature and date of signature of the “Authorized Official” who can legally bind the provider to the laws and regulations relating to the NPI. The on-line application contains a check box to attest to the requirements.

Text Instruction Callout 2: [Section 4B] By signing this application, the organization health care provider or the authorized official of the organization certifies that the form was completed by or on behalf of a health care provider as defined by regulations; that the information is complete and correct; that the health care provider will notify the NPI Enumerator immediately if any information is not complete or correct; that the health care provider will furnish updates to the NPI Enumerator if any information changes, and will do so within 30 days of the change; and that the health care provider is aware of penalties for falsifying information.

Text Instruction Callout 3: Please click here to determine who within the provider organization qualifies as an Authorized Official. Review these requirements carefully.

Text Instruction Callout 4: [Section 4B9] Only the Authorized Official has the authority to sign on behalf of the provider organization.

Text Box 1: Statement and list of qualified Authorized Officials for a provider organization: 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% or more of the provider being enumerated, or must hold a position of similar status and authority within the provider.

Fill-in 1: “Dr. Mark D. Cliff M.D.”

Fill-in 2: “Chief Financial Officer”

Fill-in 3: “312 555-5555 x 888”

Fill-in 4: “11/04/2005” [date]

NPI Application Section: Contact Person Subsection: Organization NPI Application Process: Screen 15

Page Title: NPI Application/Update Form

Page Subtitle: Section 5: Contact Person

NPI Application Section: Contact Person Subsection: Organization NPI Application Process: Screen 16

Page Title: Section 5: NPI Application/Update Form

Graphic: View of NPI Application/Update form, Section 5, Contact Person

The National Provider Identifier (NPI)

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Information for Health Care Providers

Viewlet Transcript – NPI Application Section: Organization

Page Text:

SECTION 5 –CONTACT PERSON			
A. Contact Person’s Information			
<input type="checkbox"/> 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 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.			

Text Instruction Callout 1: [Section 5-A] Section 5 – Contact Person – (If the contact person is the same person identified in 4B, complete only item 8, E-mail Address.)

Text Instruction Callout 2: [Section 5-1] To assist in the timely processing of the NPI application, provide the name and the telephone number of an individual who can be reached to answer the 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.

Fill-in 1: nurse@nursingfacility.org [e-mail address]

Fill-in 2: “312 555-2345” [phone number]

NPI Application Section: Application Completion Subsection: Organization NPI Application Process: Screen 17

Page Title: Page Title: Privacy Act Statement

Graphic: View of NPI Application/Update form, Application Completion

Page Text:

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 Section 162.103. The purpose of collecting this information is to assign a standard unique health identifier, the

The National Provider Identifier (NPI)
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Viewlet Transcript – NPI Application Section: Organization

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.

Page 1 of 10

NPI Application Section: Application Completion Subsection: Organization NPI Application Process: Screen 18

Page Title: Page Title: Privacy Act Statement (Continued)

Graphic: View of NPI Application/Update form, Application Completion

Page Text: The information from health care providers who are organizations will be entered into a system of records called the National Provider System, United States Department of Health & Human Services (HHS)/ Health Care Financing Administration (HCFA)/ Office of Information Services (OIS) No. 09-70-0008. Organization 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.

Page 2 of 10

NPI Application Section: Application Completion Subsection: Organization NPI Application Process: Screen 19

Page Title: Page Title: Privacy Act Statement (Continued)

Graphic: View of NPI Application/Update form, Application Completion

Page Text: 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.)

Page 3 of 10

NPI Application Section: Application Completion Subsection: Organization NPI Application Process: Screen 20

Page Title: Page Title: Privacy Act Statement (Continued)

Graphic: View of NPI Application/Update form, Application Completion

Page Text:

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 NPPES 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.

Page 4 of 10

NPI Application Section: Application Completion Subsection: Organization NPI Application Process: Screen 21

Page Title: Page Title: Privacy Act Statement (Continued)

The National Provider Identifier (NPI)
Background and Application Process
Information for Health Care Providers

Viewlet Transcript – NPI Application Section: Organization

Graphic: View of NPI Application/Update form, Application Completion

Page Text: Information may be disclosed under specific circumstances to:

3. A congressional office, from the record of an individual, in response to an inquiry from the congressional office made at the request of the individual.
4. Another Federal agency for use in processing research and statistical data directly related to the administration of its program.

Page 5 of 10

NPI Application Section: Application Completion Subsection: Organization NPI Application Process: Screen 22

Page Title: Page Title: Privacy Act Statement (Continued)

Graphic: View of NPI Application/Update form, Application Completion

Page Text:

Information may be disclosed under specific circumstances to:

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 official capacity, where the Department of Justice (or HHS where it is authorized to do so) has agreed to represent the employee, or

Page 6 of 10

NPI Application Section: Application Completion Subsection: Organization NPI Application Process: Screen 23

Page Title: Page Title: Privacy Act Statement (Continued)

Graphic: View of NPI Application/Update form, Application Completion

Page Text:

Information may be disclosed under specific circumstances to:

5. (Continued) The Department of Justice, to a court or other tribunal, or to another party before such tribunal, when
 - 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 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 in the governmental party or interest, provided, however, that in each case HHS determines that such disclosure is compatible with the purposes for which the records were collected.

Page 7 of 10

NPI Application Section: Application Completion Subsection: Organization NPI Application Process: Screen 24

Page Title: Page Title: Privacy Act Statement (Continued)

The National Provider Identifier (NPI)

Background and Application Process
Information for Health Care Providers

Viewlet Transcript – NPI Application Section: Organization

Graphic: View of NPI Application/Update form, Application Completion

Page Text:

Information may be disclosed under specific circumstances to:

6. An individual or an 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 purposes of determining, evaluating, and/or assessing cost, effectiveness, and/or the quality of health care services provided.
7. An agency or 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 information systems (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.

Page 8 of 10

NPI Application Section: Application Completion Subsection: Organization NPI Application Process: Screen 25

Page Title: Page Title: Privacy Act Statement (Continued)

Graphic: View of NPI Application/Update form, Application Completion

Page Text:

Information may be disclosed under specific circumstances to:

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 provisions of the Debt Collection Information Act of 1996 and the Balanced Budget Act.

Page 9 of 10

NPI Application Section: Individual NPI Application Process: Screen 26

Page Title: Congratulations!

Page Text:

You've completed the NPI Application training viewlet.

You now know how to apply for your NPI.

For paper applications, go to <https://nppes.cms.hhs.gov>. Download the application and print it. When you have completed it, make a copy for your records, and mail it to: NPI Enumerator, P.O. Box 6059 Fargo, ND 58108-6059. Providers who complete the NPI Application on paper will receive an NPI Notification Letter by mail containing their NPI.

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Viewlet Transcript – NPI Application Section: Organization

For an on-line application, go to <https://nppes.cms.hhs.gov>. Select the application. Print each page as you complete the form for your records. When you are finished, follow the application directions to submit the form electronically. Providers who complete the NPI Application on-line will receive their NPI via e-mail.

If you submitted an update, you will receive notification of your update as described above.

Page 10 of 10

Text Instruction Callout 1: For additional options, click here.

Hyperlink: <https://nppes.cms.hhs.gov> is active.

Hyperlink: <https://nppes.cms.hhs.gov> is active.

Note to the reader (not included in the viewlet text):

This concludes the NPI Application Section of the NPI viewlet for the Organization NPI Application/Update Form.

The transcript for the viewlet can be found on the first screen of the viewlet, the Sponsor page. To reach the Sponsor page, select (click on) the button on the far left of the navigation panel at the bottom of the screen. It shows a vertical line on the left with an arrow-head pointing to it on the right. Once there, select the hyperlink that leads to the transcript.

To reach the NPI Application Section you can:

1. Allow the viewlet to progress automatically until it arrives at the NPI Application Section;
2. Click on the forward arrow until you arrive at the NPI Application Section; or
3. Select (click on) the NPI Application tab at the top right of the screen.