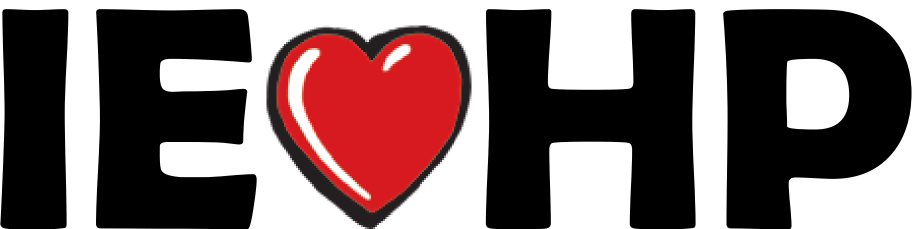
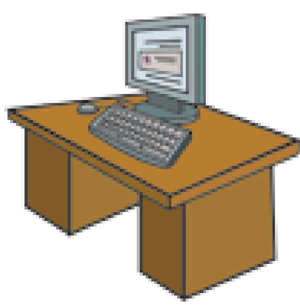


NPI Update Instructions



Created Date: September 2017

PS admin

NPI Update Instructions
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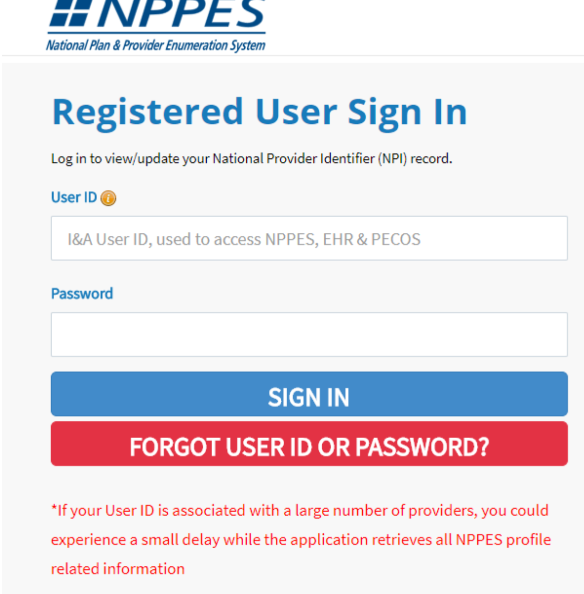
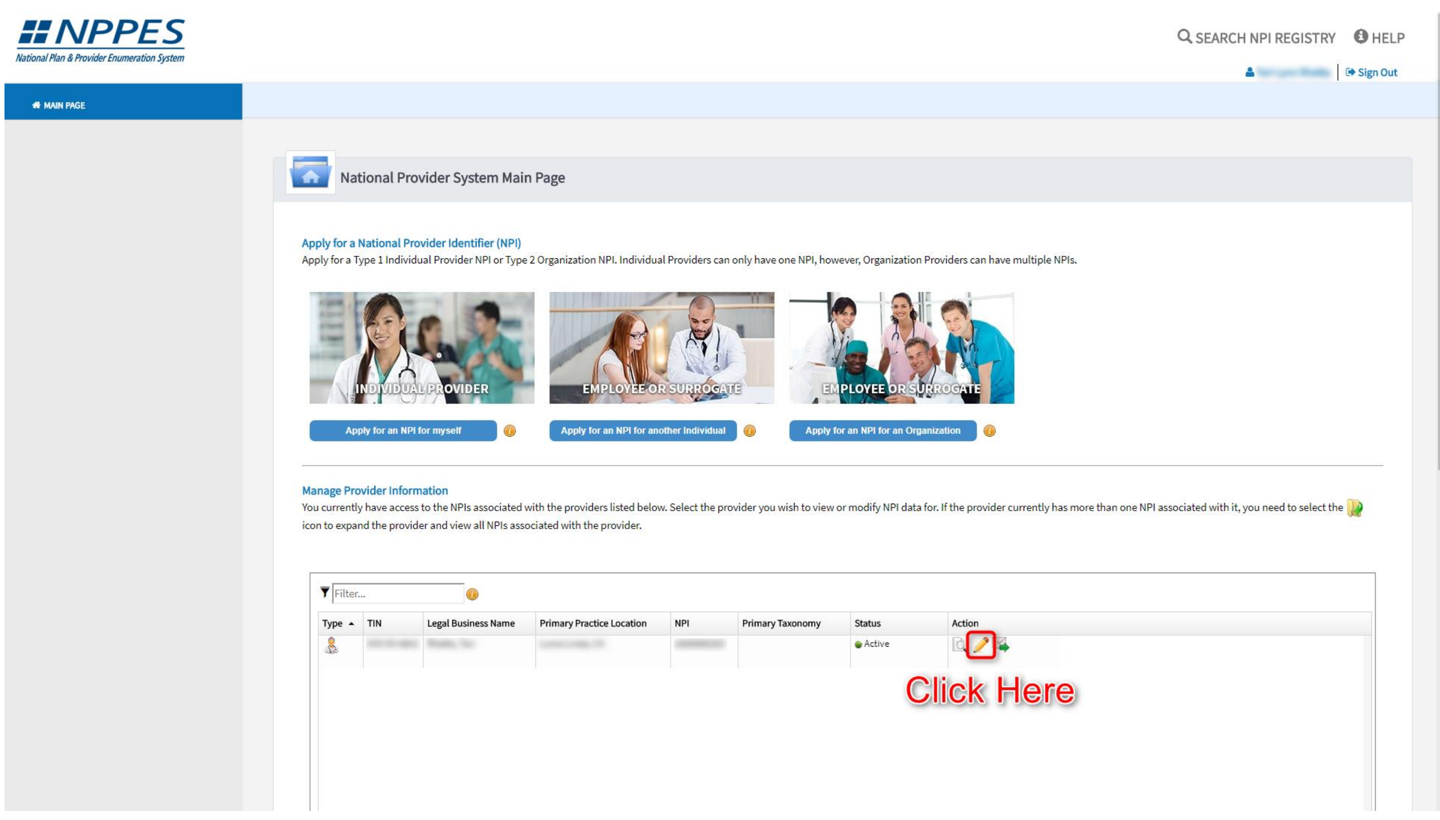
Login

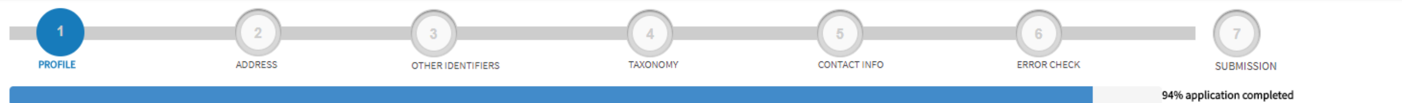
1. To log into account, go to https://nppes.cms.hhs.gov/#/
2. Enter User ID and Password and click on the blue button "**SIGN IN**".



3. From the *Main Page*, go to Manage Provider Information section and under "Action", click on the "**Pencil**".



Provider Profile



1. Make sure all required (*) information is filled out

NPPES
National Plan & Provider Enumeration System

SEARCH NPI REGISTRY HELP
Sign Out

MAIN PAGE
PROVIDER
Provider Profile
Address
Other Identifiers
Taxonomy
Contact Information
Error Check
Submission

Provider Profile

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

Provider Name Information:

Prefix: Dr. | * First: | Middle: | * Last: | Suffix: --
Credential(s):(MD, DO, etc.) M.D.
Other Name:(If applicable)
Prefix: | First: | Middle: | Last: | Suffix:
Type of Other Name: | Credential(s):(MD, DO, etc.)

Other Identifying Information:

* Date of Birth: | * TIN Type: SSN | * Tax Identification Number(TIN):
* State of Birth:(If U.S.) CA - CALIFORNIA | Country of Birth: US - United States
* Gender: Male Female
* Is the Provider a Sole Proprietor? Yes No
Demographic Information(optional)
Ethnicity: No, not of Hispanic, Latino/a or Spanish Origin
Race: White

PREVIOUS NEXT

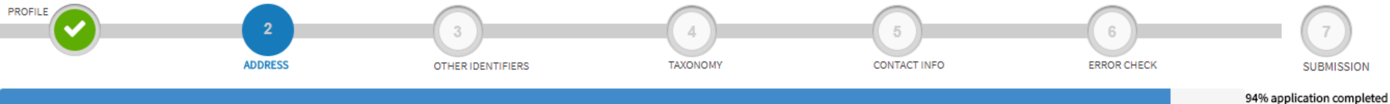
SAVE & RETURN TO MAIN PAGE

Click Here

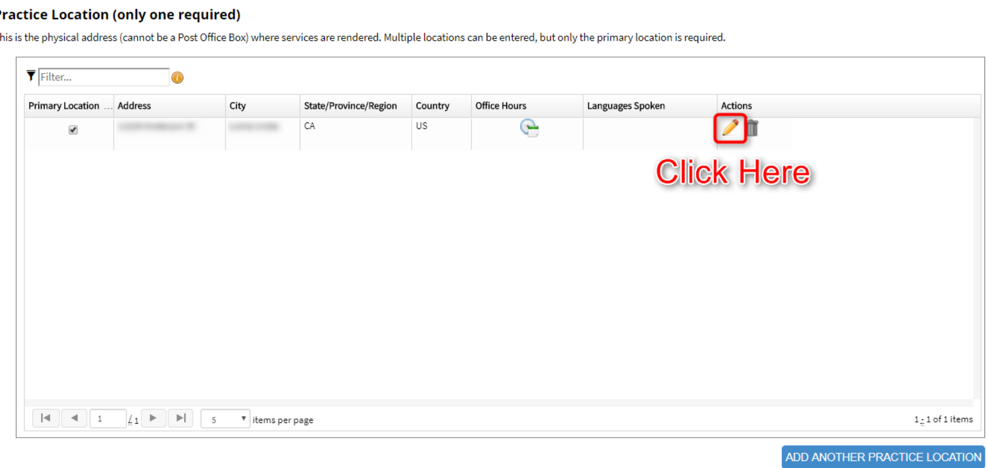
Do not click on the green "Save & Return to Main Page" button.

2. Once confirmed, please scroll to the bottom of the page and click on the blue button "**Next**"
   - **NOTE:** Clicking on the green button "**Save & Return to Main Page**" will not confirm changes.

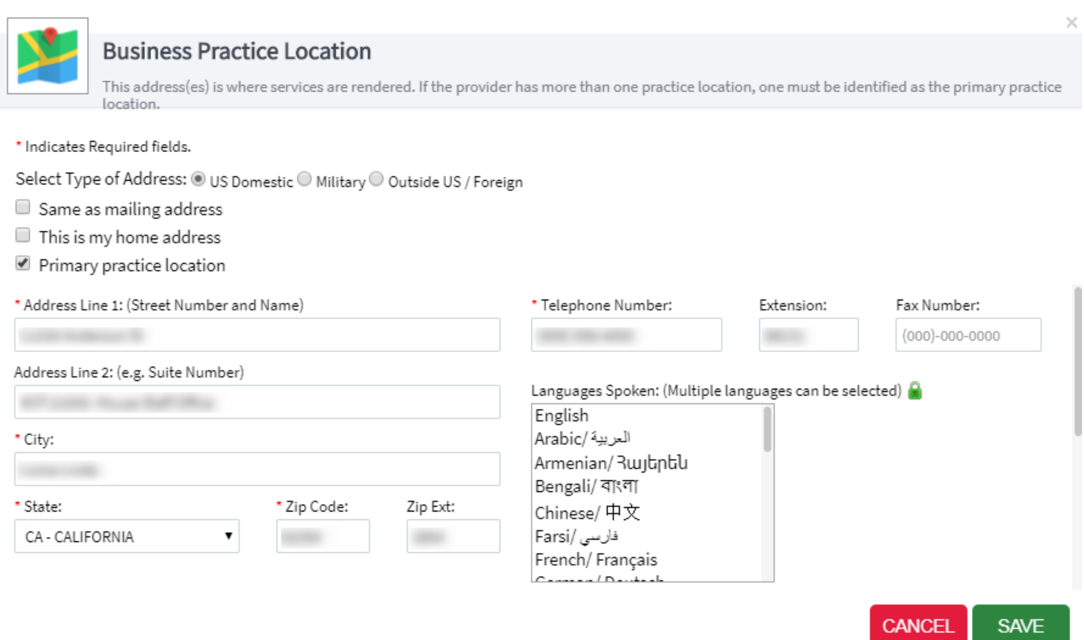
Address



1. On the *Address* page, go to the Practice Location section and under “Actions”, click on the “**Pencil**”

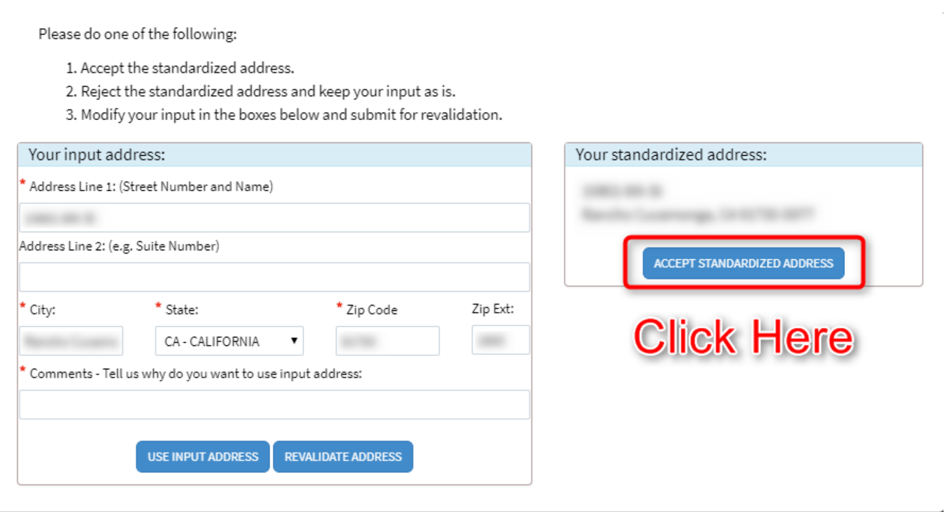


2. In the *Business Practice Location*, please update and make all necessary changes to your <u>Primary Practice Location</u>. After filling out all required (*) information, click on the green button “**Save**”.

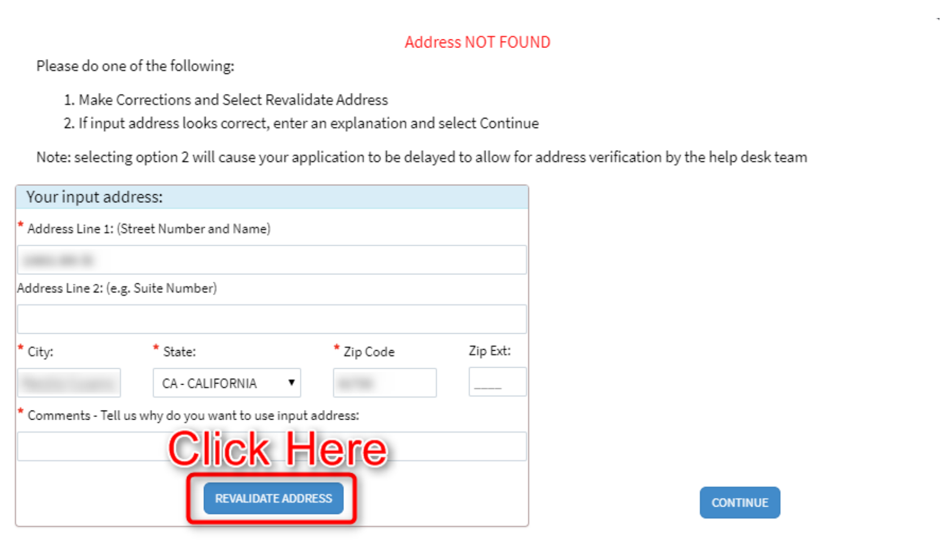


Address (Continued)

3. If the system does recognizes your address, please click on the blue button "**Accept Standardized Address**"

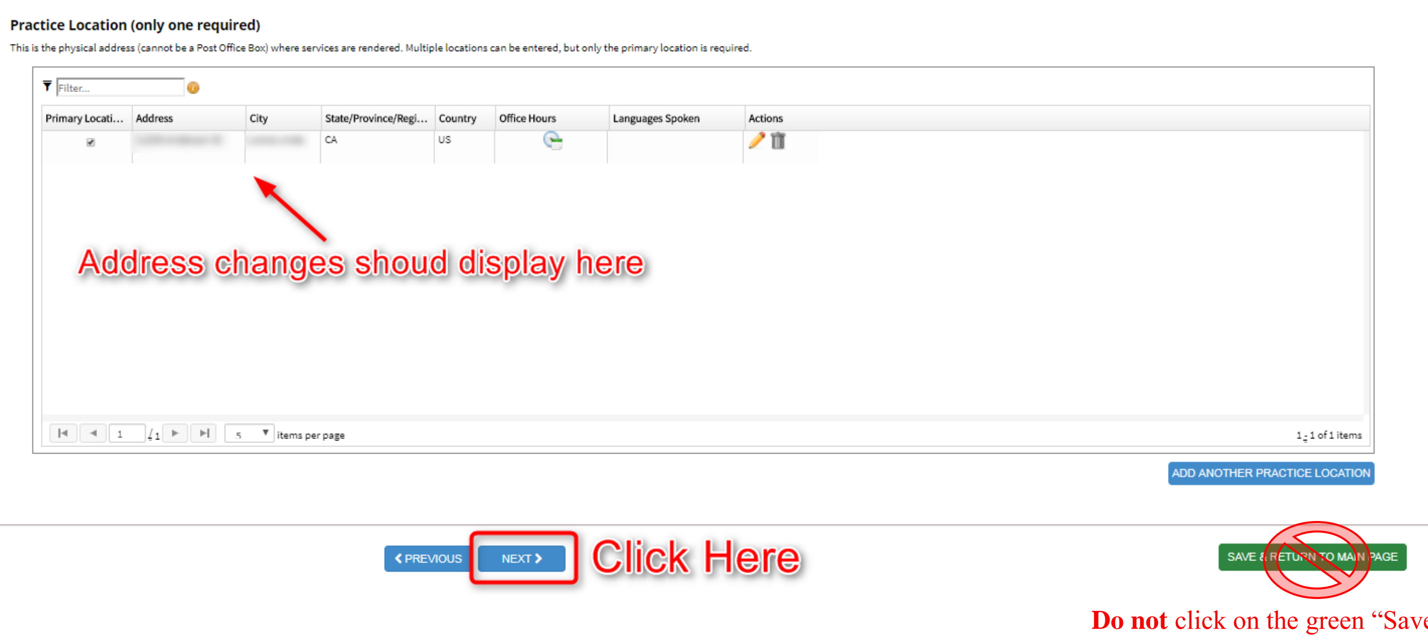


4. If the system does not recognizes your address, please make necessary changes in the *Your input address* box and click on the blue button "**Revalidate Address**"



Address (Continued)

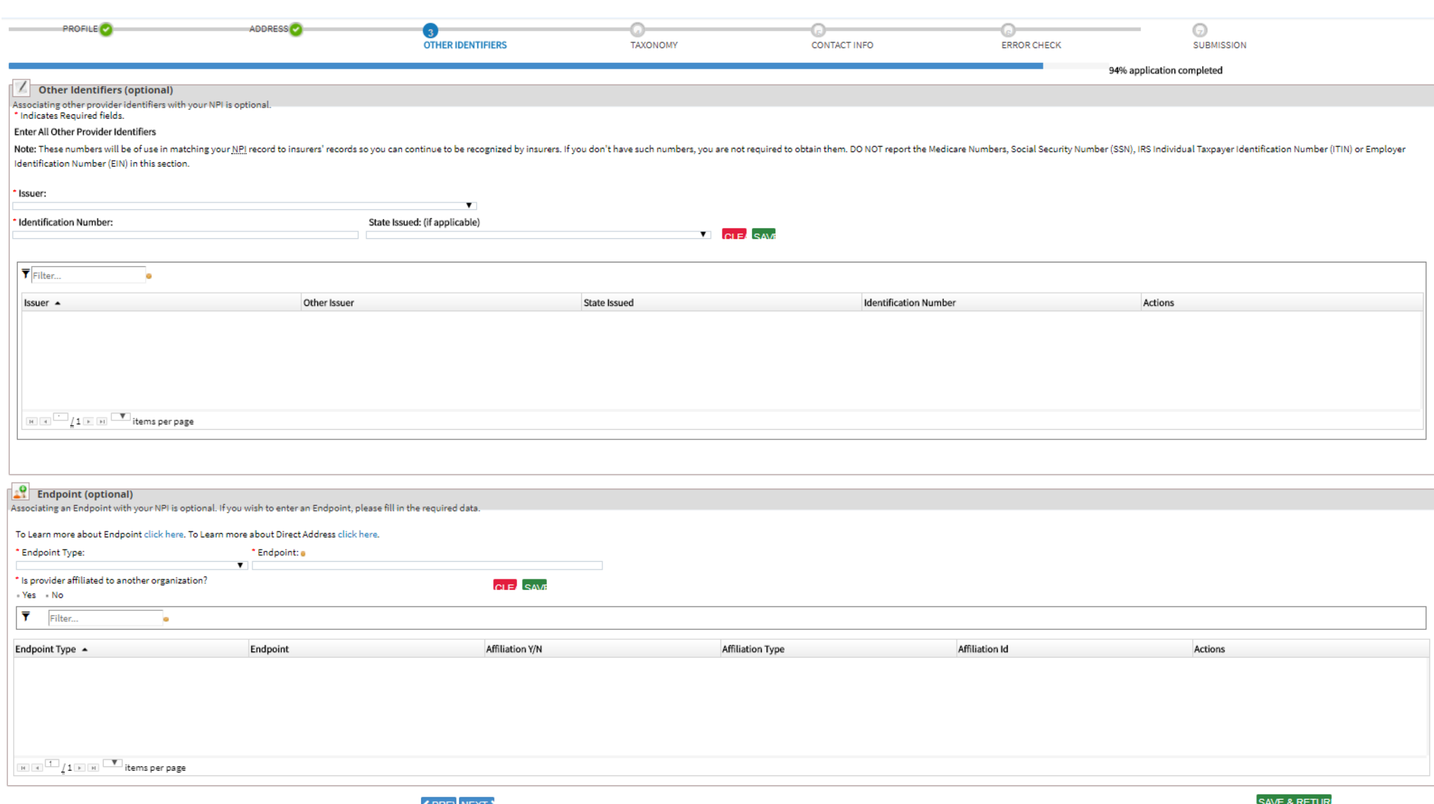
5. After accepting standardized address, the address changes made should reflect under *Practice Location*.



6. Once confirmed, please scroll to the bottom of the page and click on the blue button "**Next**"
   - **NOTE:** Clicking on the green button "**Save & Return to Main Page**" will not confirm changes.

Other Identifiers

1. The *Other Identifiers* page is optional to fill out. You may **skip** this page and move onto the next section.



2. Once confirmed, please scroll to the bottom of the page and click on the blue button "**Next**"
   - **NOTE:** Clicking on the green button "**Save & Return to Main Page**" will not confirm changes.

Click Here

Do not click on the green "Save & Return to Main Page" button.

Taxonomy

1. If your Taxonomy does not display in the box below, please click on "**Choose Taxonomy**" and then the green button "**Save**".
2. Select a "Primary Taxonomy" by clicking the check box of the row with the correct Taxonomy.

PROFILE ADDRESS OTHER IDENTIFIERS 4 TAXONOMY 5 CONTACT INFO 6 ERROR CHECK 7 SUBMISSION

94% application completed

Taxonomy

Provider's Taxonomy and License Information.

* Indicates Required fields.

You are required to identify at least one taxonomy to associate with your NPI. If you identify more than one, you must identify which one is the primary taxonomy. Provider Taxonomy codes and their description can be found on the Washington Publishing Company's web page.

To enter a taxonomy code, start by entering either the taxonomy code, classification code, or specialty in the search box. All taxonomies containing the data you enter will display allowing you to select the appropriate one. Once you have selected the appropriate Taxonomy code, the corresponding fields next to the search box will be populated. Complete your taxonomy code entry by entering the License and State information.

Select Taxonomy here and then click Save

Choose Taxonomy Filter: Filter by Taxonomy name or Taxonomy code.

* Choose Taxonomy: Choose Taxonomy

* Classification Name/Specialization:

License Number:

State Issued:

CLEAR SAVE

Filter...

Primary Taxonomy	Taxonomy Code	Taxonomy Type	Group Type	License Number	State	Actions
	207R00000X	Internal Medicine			CA	
	208000000X	Pediatrics			CA	

Select Primary Taxonomy by clicking check box

1 /1 items per page 1 - 2 of 2 items

Once confirmed, Click Here

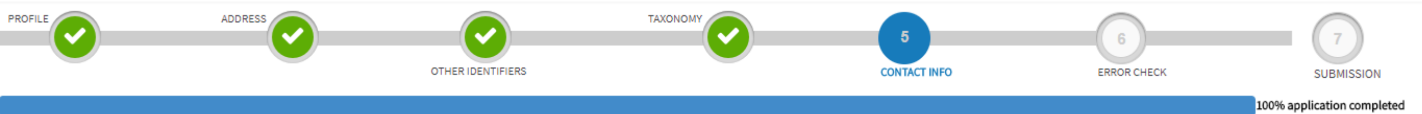
PREVIOUS NEXT

SAVE & RETURN TO MAIN PAGE

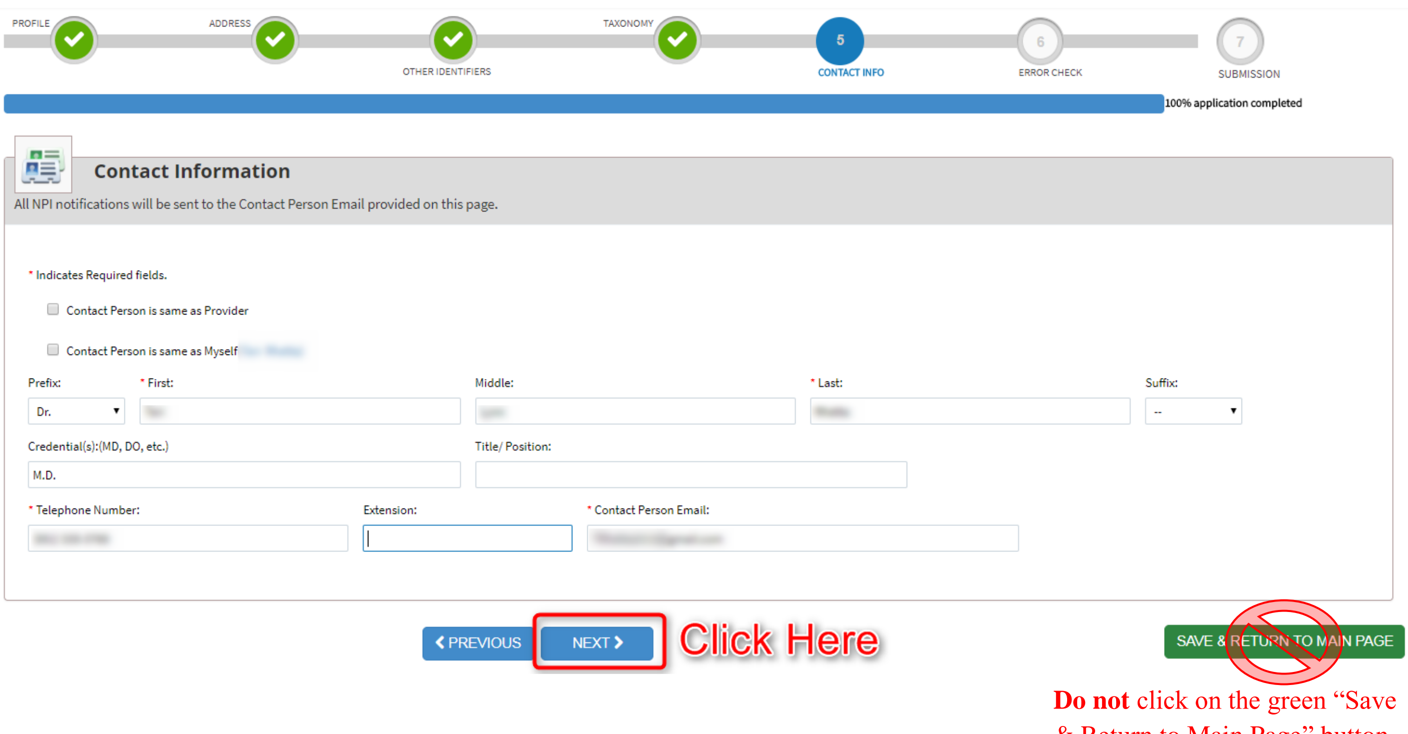
Do not click on the green "Save & Return to Main Page" button.

3. Once confirmed, please scroll to the bottom of the page and click on the blue button "**Next**"
    - **NOTE:** Clicking on the green button "**Save & Return to Main Page**" will not confirm changes.

Contact Info

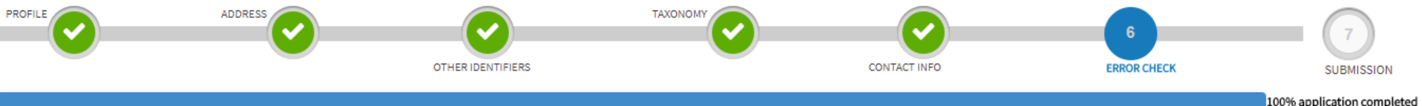


1. Verify all Contact Information is correct.



2. Once confirmed, please scroll to the bottom of the page and click on the blue button "**Next**"
   - **NOTE:** Clicking on the green button "**Save & Return to Main Page**" will not confirm changes.

Error Check



1. Once all sections are **green**, you may continue onto the *Submissions* page
2. If any sections are **red**, you will be required to go back to that section and fix any errors.

PROFILE ADDRESS OTHER IDENTIFIERS TAXONOMY CONTACT INFO 6 ERROR CHECK 7 SUBMISSION

100% application completed

ERROR CHECK

Note: Please click the NEXT button to submit your application.

Step 1: Provider Profile

COMPLETED: Profile
No Errors Found
REVIEW

Step 2: Address

COMPLETED: Address
No Errors Found
REVIEW

Step 3: Other Identifiers

COMPLETED: Other Identifiers
No Errors Found
REVIEW

Step 4: Taxonomy

COMPLETED: Taxonomy
No Errors Found
REVIEW

Step 5: Contact Information

COMPLETED: Contact Information
No Errors Found
REVIEW

‹ PREVIOUS NEXT › Click Here SAVE & RETURN TO MAIN PAGE

Do not click on the green "Save & Return to Main Page" button.

3. Once confirmed, please scroll to the bottom of the page and click on the blue button "**Next**"
   - **NOTE:** Clicking on the green button "**Save & Return to Main Page**" will not confirm changes.

Submission

1. On the *Submission* page, read carefully the disclaimer and then **click on the check box** "I certify that this form is being completed by, or on behalf of, a health care provider as defined at 45 CFR § 160.103" at the bottom of the page.

PROFILE ADDRESS OTHER IDENTIFIERS TAXONOMY CONTACT INFO ERROR CHECK 7 SUBMISSION

100% application completed

Submission Certification

* Indicates Required fields.

- I have read the contents of the application and the information contained herein is true, correct and complete. If I become aware that any information in this application is not true, correct, or complete, I agree to notify the NPI Enumerator of this fact immediately.
- I authorize the NPI Enumerator to verify the information contained herein. I agree to keep the NPPES updated with any changes to data listed on this application form within 30 days of the effective date of the change.
- I have read and understand the Privacy Act Statement.
- I have read and understand the **Penalties for Falsifying Information** on the NPI Application / Update Form as stated in this application. I am aware that falsifying information will result in fines and/or imprisonment.

Penalties for Falsifying Information:

18 U.S.C. 1001 authorizes criminal penalties against an individual who in any matter within the jurisdiction of any department or agency of the United States knowingly or willfully falsifies, conceals, or covers up by any trick, scheme or device a material fact, or makes any false, fictitious or fraudulent statements or representations, or makes any false writing or document knowing the same to contain any false, ficticious or fraudulent statement or entry. Individual offenders are subject to fines of up to $250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to $500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

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

Click Check Box

PREVIOUS SUBMIT Click Submit SAVE & RETURN TO MAIN PAGE

Do not click on the green "Save & Return to Main Page" button.

2. Once confirmed, please scroll to the bottom of the page and click on the blue button "**Submit**"
   - **NOTE:** Clicking on the green button "**Save & Return to Main Page**" will not confirm changes.

Confirmation

1. After clicking on "Submit", you will be directed to the *Confirmation* page.
2. Print out the *Confirmation* page and keep for your records. An email confirmation will also be sent to you.
3. The Tracking Number will help keep you up-to-date of the status of the changes made to your NPI.