

The VMG Business Office – NPPES Process for Providers

NPPES: (<https://nppes.cms.hhs.gov/#/>)

Contact NPPES: 1-800-465-3203 or by email: customerservice@npientumerator.com

More application help: <https://nppes.cms.hhs.gov/webhelp/index.html>

To access NPPES website **Click** on the link above.

Login using your username and password. Then **Select Sign In.**

(If it has been longer than 60 days since you have logged on to your NPPES account, it may be divert you to the CMS I&A system to update your information. If it does, you will need to update your password and complete your profile, if required. You do not need to answer any question beyond that. Once your information is updated you will logout and then log back into NPPES.)



SEARCH NPI REGISTRY HELP

Registered User Sign In

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

User ID

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

Password

SIGN IN

FORGOT USER ID OR PASSWORD?

*If your User ID is associated with a large number of providers, you could experience a small delay while the application retrieves all NPPES profile related information

Create a New Account

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



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

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

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

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

CREATE or MANAGE AN ACCOUNT

ANNOUNCEMENTS

Welcome to the New NPPES!



Click, the Pencil Icon  to edit your information.

Apply for a National Provider Identifier (NPI)

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



Apply for an NPI for myself



Apply for an NPI for another individual



Apply for an NPI for an Organization

Manage Provider Information

You currently have access to the NPIs associated with the providers listed below. Select the provider you wish to view or modify NPI data for. If the provider currently has more than one NPI associated with it, you need to select the  icon to expand the provider and view all NPIs associated with the provider.

Type	TIN	Legal Business Name	Primary Practice Location	NPI	Primary Taxonomy	Status	Action
	XXX-XX-3622	Adams, Allison	Nashville, TN	1144588690	Internal Medicine	Active	 

The first screen it brings you to is the provider's personal information, Confirm it is completed correctly and that the Sole Proprietor is marked No. Then **Click Next**.

Prefix: -- First: [Redacted] Middle: [Redacted] Last: [Redacted] Suffix: --

Type of Other Name: Credential(s):(MD, DO, etc.)
Former Name: [Redacted]

Other Identifying Information:

* Date of Birth: [Redacted] * TIN Type: SSN * Tax Identification Number(TIN): [Redacted]

* State of Birth:(if U.S.): [Redacted] 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 Yes, Hispanic, Latino/a or Spanish Origin

Race: White Black or African American American Indian or Alaska Native Asian Native Hawaiian or other Pacific Islander

Primary Language Spoken: English, Arabic/ العربية, Armenian/ Հայերեն, Bengali/ বাংলা

Secondary Language(s) Spoken: (Multiple languages can be selected) English, Arabic/ العربية, Armenian/ Հայերեն, Bengali/ বাংলা

NEXT >

SAVE & RETURN TO MAIN PAGE

On next screen is the mailing and practice information. Please confirm that both are Vanderbilt addresses. If not please update accordingly

Business Mailing Address: Select Edit Mailing Address



Address

This information will be used to contact the provider if we have questions about the NPI application.

Business Mailing Address (Correspondence Address)

This is the address where we can contact you directly to resolve any issues that may arise during our review of your application.

3601 The Vanderbilt Clinic
 Nashville, TN 37232 - 5100
 United States
 Phone: (615) 322-3000

EDIT BUSINESS MAILING ADDRESS

Practice Location (only one required)

This is the physical address (cannot be a Post Office Box) where services are rendered. Multiple locations can be entered, but only the primary location is required.

Primary Locatio...	Address	City	State/Province/Regio...	Country	Office Hours	Languages Spoken	Actions
<input checked="" type="checkbox"/>	3601 The Vanderbilt Clinic	Nashville	TN	US			

Update the address to: *719 Thompson Lane, Suite 30330 Nashville, TN 37204, 615-322-3000*
Click Save



Business Mailing Address (Correspondence Address)

This is the address where we can contact you directly to resolve any issues that may arise during our review of your application

* Indicates Required fields.

Select Type of Address:

US Domestic
 Military
 Outside US / Foreign

This is my home address

* Mailing Address Line 1: (Street Number and Name)

719 Thompson Lane

Mailing Address Line 2: (e.g. Suite Number)

Suite 30330

* City: Nashville * State: TN - TENNESSEE * Zip Code: 37204 Zip Ext: |

Telephone Number: (615) 322-3000 Extension: 00000 Fax Number: (000) 000-0000

CANCEL
SAVE

After updating the information you may receive this next screen. If you do, **Select** “Accept Standardized Address” or “Use Input Address”.

Please do one of the following:

1. Accept the standardized address.
2. Reject the standardized address and keep your input as is.
3. Modify your input in the boxes below and submit for revalidation.

Your input address:

* Address Line 1: (Street Number and Name)

719 Thompson Lane

Address Line 2: (e.g. Suite Number)

Suite 30330

* City: Nashville * State: TN - TENNESSEE * Zip Code: 37232 Zip Ext: 5100

* Comments - Tell us why do you want to use input address:

USE INPUT ADDRESS
REVALIDATE ADDRESS

Your standardized address:

719 Thompson Ln Ste 30330
Nashville, TN 37232-5100

ACCEPT STANDARDIZED ADDRESS

Practice Location: Select the Pencil 



Address

This information will be used to contact the provider if we have questions about the NPI application.

Business Mailing Address (Correspondence Address)

This is the address where we can contact you directly to resolve any issues that may arise during our review of your application.

3601 The Vanderbilt Clinic
Nashville, TN 37232 - 5100
United States
Phone: (615) 322-3000

[EDIT BUSINESS MAILING ADDRESS](#)

Practice Location (only one required)

This is the physical address (cannot be a Post Office Box) where services are rendered. Multiple locations can be entered, but only the primary location is required.

Filter...	Primary Locatio...	Address	City	State/Province/Regio...	Country	Office Hours	Languages Spoken	Actions
	<input checked="" type="checkbox"/>	3601 The Vanderbilt Clinic	Nashville	TN	US			

Update the address to: *3601 The Vanderbilt Clinic, Nashville, TN 37232, 615-322-3000*

Note Please make sure at least one of your addresses is the 3601 TVC address above, you may add additional locations as needed***

Click Save

Business Practice Location

This address(es) is where services are rendered. If the provider has more than one practice location, one must be identified as the primary practice location.

* Indicates Required fields.

Select Type of Address: US Domestic Military Outside US / Foreign

Same as mailing address
 This is my home address
 Primary practice location

* Address Line 1: (Street Number and Name)

* Telephone Number: Extension: Fax Number:

Address Line 2: (e.g. Suite Number)

* City:

* State:

* Zip Code: Zip Ext:

Office Hours:

Languages Spoken: (Multiple languages can be selected)

- English
- Arabic/ العربية
- Armenian/ Հայերեն
- Bengali/ বাংলা
- Chinese/ 中文

(If you need to add an additional location you would select “Add Another Practice Location” otherwise once complete **Click Next**

Practice Location (only one required)

This is the physical address (cannot be a Post Office Box) where services are rendered. Multiple locations can be entered, but only the primary location is required.

Primary Locati...	Address	City	State/Province/Regio...	Country	Office Hours	Languages Spoken	Actions
<input checked="" type="checkbox"/>	3601 The Vanderbilt Clinic	Nashville	TN	US			

1 - 1 of 1 Items

ADD ANOTHER PRACTICE LOCATION

◀ PREVIOUS

NEXT ▶

SAVE & RETURN TO MAIN PAGE

Next Screen is Other Identifiers. You may add your Medicare and Medicaid # here but you don't have to. **Click Next.** To check if Vanderbilt has received your Medicare or Medicaid number, you can check here: <https://mcis.app.vumc.org/Providers.aspx>



Other Identifiers (optional)

Associating other provider identifiers with your NPI is optional.

* Indicates Required fields.

Enter All Other Provider Identifiers

Note: These numbers will be of use in matching your NPI record to insurers' records so you can continue to be recognized by insurers. If you don't have such numbers, you are not required to obtain them. DO NOT report the Medicare Numbers, Social Security Number (SSN), IRS Individual Taxpayer Identification Number (ITIN) or Employer Identification Number (EIN) in this section.

* Issuer:

* Identification Number: State Issued: (if applicable)

CLEAR SAVE

Issuer	Other Issuer	State Issued	Identification Number	Actions
Filter...				

To Learn more about Endpoint [click here](#). To Learn more about Direct Address [click here](#).

* Endpoint Type: Endpoint:

* Is provider affiliated to another organization?
 Yes No CLEAR SAVE

▼ Filter...

Endpoint Type	Endpoint	Affiliation Y/N	Affiliation Type	Affiliation Id	Actions

< |< |> |> 1 / 1 5 items per page

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SAVE & RETURN TO MAIN PAGE

On this screen is the provider’s taxonomy code. Please update to include the provider’s specialties and confirm that the specialties are entered for the State of TN and that the proper specialty is set as primary.

To find your taxonomy, enter your specialty in the “Choose Taxonomy Filter” and then **Select** the correct taxonomy in the “Choose Taxonomy Box”.



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.

Choose Taxonomy Filter:

* Choose Taxonomy:

* Classification Name/Specialization:

License Number:

State Issued:

CLEAR **SAVE**

For example if your Specialty is Pediatric Cardiology:



Taxonomy
 Provider's Taxonomy and License Information.

* Indicates Required fields.

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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.

Choose Taxonomy Filter:

* Choose Taxonomy:

* Classification Name/Specialization:

License Number:

State Issued:

Also update the License and State; then **Select Save**



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.

Choose Taxonomy Filter: **Q**

Pediatric Cardiology

* Choose Taxonomy:

2080P0202X - Pediatrics - Pediatric Cardiology

* Classification Name/Specialization:

2080P0202X - Pediatrics - Pediatric Cardiology

* License Number:

[Redacted]

* State Issued:

TN - TENNESSEE

CLEAR

SAVE

Choose your Primary Taxonomy:

CLEAR

SAVE

Filter...

Primary Taxonomy	Taxonomy Code	Taxonomy Type	Group Type	License Number	State	Actions
<input type="checkbox"/>	208000000X	Pediatrics		54434	TN	
<input checked="" type="checkbox"/>	207R00000X	Internal Medicine		54434	TN	
<input type="checkbox"/>	2080P0202X	Pediatrics - Pediatric Cardiology		MD54434	TN	

Select Next

Filter...

Primary Taxonomy	Taxonomy Code	Taxonomy Type	Group Type	License Number	State	Actions
<input type="checkbox"/>	208000000X	Pediatrics		54434	TN	
<input checked="" type="checkbox"/>	207R00000X	Internal Medicine		54434	TN	

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On this screen is the Contact Persons information. Please update with the providers information or you may put Marian **Burlison** (Manger, 615-936-2000, payer.enrollment@vumc.org) information, she is the manager of Payer enrollment. Click Next.



100% application completed

Contact Information

All NPI notifications will be sent to the Contact Person Email provided on this page.

* Indicates Required fields.

Contact Person is same as Provider

Contact Person is same as Myself

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

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

* Telephone Number: Extension: * Contact Person Email:

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Verify that all information is complete if it's not then Select Review and complete the information, as needed. Select Next



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

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Check the box and Click Submit



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, fictitious or fraudulent statement or entry. Individual offenders are subject to fines of up to \$250,000 and imprisonment for up to five years. Offenders that are organizations are subject to fines of up to \$500,000. 18 U.S.C. 3571(d) also authorizes fines of up to twice the gross gain derived by the offender if it is greater than the amount specifically authorized by the sentencing statute.

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

← PREVIOUS
SUBMIT
SAVE & RETURN TO MAIN PAGE

You will receive a confirmation number and you will **Click Sign Out**.



Submission Confirmation

Thank you. Your application will be processed. **Your Tracking number is :** 06252012018106

You have successfully submitted your Change Request to the NPI application.

An Email confirmation has been sent to the contact person listed on this application. Please be sure to check the "junk" folder.

If you have any questions regarding this application or if the designated contact person doesn't receive the provider's NPI via email within 15 working days, please refer to the [FAQ Menu](#).

If the submitted NPI application contains no errors or additional verifications, the enumeration or changes may be effective within the next 24 hours. If additional verification is required, processing may take up to 30 days.

Provider Name: ██████████
Contact Person: MARIAN GARDNER
Primary Practice Location Address: 1215 21st Ave S Suite 5200, Nashville, TN 37232-0014
SSN: XXX-XX-██████
Date Submitted: May-22-2017
Contact Email: PAYER.ENROLLMENT@VANDERBILT.EDU

To print this page for your reference, click:

[PRINT THIS PAGE](#)

Please Note: This page printout may contain sensitive information.

To View or print this application click:

[VIEW PRINTER FRIENDLY VERSION OF APPLICATION](#)



NPI Enumerator Contact Information

By phone:
1-800-465-3203 (NPI Toll-Free)
1-800-692-2326 (NPI TTY)

Select Yes

Sign Out Confirmation

Are you sure you want to sign out ?

NO

YES