

Revisions to Form CMS-10114 NATIONAL PROVIDER IDENTIFIER (NPI) APPLICATION/UPDATE FORM

Issue #	Page #	Section	Action to be performed	Changes to the Application	Reason for the Change
1.	All	Each Page	Add the draft watermark and removing the form number/date from each page	Add the draft watermark and removing the form number/date from each page	Revising the application; therefore, this date will change and draft watermark is needed for posting.
2.	1	Section 1B	Revise as follows:	Replace: B. Entity Type (Check only one box) With: B. Entity Type (Check only one box) (See Instructions)	Clarification is given in the instructions; therefore, this section was revised to instruct the applicant to '(See instructions)'.
3.	1	Section 2A	Revise as follows	Replace: A. Individuals With: A. Individuals (includes Sole Proprietorships and Incorporated Individuals)	Revised for clarification purposes.
4.	1	Section 2B	Revise as follows:	Replace: B. Organizations (includes Groups) With: B. Organizations (includes Groups, Corporations and Partnerships)	Revised for clarification purposes.
5.	1	Section 2B2	Revise as follows:	Replace: 2. Employer Identification Number (EIN) With: 2. Employer Identification Number (EIN) (Do not report an SSN in this field.)	Revised to instruct applications not to report an SSN in the EIN field.
6.	2	Section 3A	Revise as follows	Replace: A. Business Mailing Address Information With: A. Business Mailing Address Information (Do not report your residential address unless it is also your Business Mailing Address.)	Revised for clarification purposes. Applicants should not report their residential address unless it is also their business mailing address. This information is disseminated via the NPI Registry and downloadable file.
7.	2	Section 3B	Revise as follows:	Replace: B. Business Practice Location Information With: B. Business Practice Location Information (Do not report your residential address unless it is also your Business Practice Location.)	Revised for clarification purposes. Applicants should not report their residential address unless it is also their business practice location. This information is disseminated via the NPI Registry and downloadable file.
8.	2	Section 3C	Revise as follows:	Replace: Do not include SSN or ITIN in this section. With: Do not include SSN, ITIN, or EIN in this section.	Revised for to include 'EIN'. Applicants should not report SSN, ITIIN or EIN in this section.

9.	2	Section 3C	Revise as follows	Replace header: Number With: Identification Number	Revised for clarification purposes.
10.	2	Section 3D	Revise as follows:	Add the following after the header information: Do not include SSN, ITIN, or EIN in this section.	Revised for clarification purposes. Applicants should not report SSN, ITIIN or EIN in this section.
11.	4	Privacy Act Statement	Revise as follows:	Replace: Institutional providers' data are protected by section 1106 of the Social Security Act and the Freedom of Information Act, while individually identifiable providers' data are protected by the Privacy Act of 1974. With: 'In accordance with the NPPES Data Dissemination Notice (CMS-6060), published May 30, 2007, certain information that you furnish will be publicly disclosed. The NPPES Data Dissemination Notice can be found at http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/DataDisseminationNPI.pdf .'	Revised to include information regarding the NPPES Data Dissemination Notice (CMS-6060).
12.	5	Section 1A2	Add the following note to the end of the paragraph:	Add the following note to the end of this paragraph: 'Please note that some changes, such as a change to a health care provider's date of birth, require a photocopy of the health care provider's driver's license or birth certificate to be submitted along with the form for verification purposes.'	Revised to provide clarification on what is required for verification of certain changes. Many applicants are not aware of this requirement when submitting their application.
13.	5	Section 1A3	Add the following note to the end of the paragraph	Add the following note to the end of the paragraph: 'Please note that deactivations due to death must be completed and signed in Section 4 by the Power of Attorney or Executor of the Will. In addition, a copy of the death certificate or obituary must accompany the completed signed form.'	Revised to provide clarification on what is required for a deactivation due to death. Many applicants are not aware of this requirement when submitting their application.
14.	5	Section 1B – Instructions	Replace Section B with the following: (1) Italicize 'Required' (2) Add the following sentences to Entity type 1: Incorporated individuals may obtain	B. Entity Type Check only one box (<i>Required</i> for initial applications) Entity Type 1: Individuals who render health care or furnish health care to patients; e.g., physicians, dentists, nurses, chiropractors, pharmacists, physical therapists. <i>Incorporated individuals may obtain NPIs for themselves (Entity Type 1 Individual) if they are health care providers and may obtain NPIs for their corporations</i>	Revised for clarification purposes. Applicants are confused about how to apply (i.e., as Entity Type 1 or as Entity Type 2) when they identify themselves as sole proprietorships or solely owned corporations.

			<p>NPIs for themselves (Entity Type 1 Individual) if they are health care providers and may obtain NPIs for their corporations (EntityType 2 Organization). A sole proprietorship is an Entity Type 1 (Individual).</p> <p>Virtually any health care provider could be a sole proprietorship, including most of the examples listed in Entity Type 2.</p> <p>(3) Change ‘sole proprietors’ to ‘sole proprietorships’</p> <p>(4) Add the following sentence to entity type 2: Solely owned corporations that are health care providers obtain NPIs as Entity Type 2.</p>	<p>(EntityType 2 Organization). A sole proprietorship is an Entity Type 1 (Individual). (A sole proprietorship is a form of business in which one person owns all the assets of the business and is solely liable for all the debts of the business in an individual capacity. Therefore, sole proprietorships are not organization health care providers.) Note that sole proprietorships may obtain only one NPI. Sole proprietorships must report their SSNs (not EINs even if they have EINs). Virtually any health care provider could be a sole proprietorship, including most of the examples listed in Entity Type 2.</p> <p>Entity Type 2: Organizations that render health care or furnish health care supplies to patients; e.g., hospitals, home health agencies, ambulance companies, group practices, health maintenance organizations, durable medical equipment suppliers, pharmacies. Solely owned corporations that are health care providers obtain NPIs as Entity Type 2. If the organization is a subpart, check yes and furnish the Legal Business Name (LBN) and Taxpayer Identification Number (TIN) of the “parent” organization health care provider. (A subpart is a component of an organization health care provider. A subpart may be a different location or may furnish a different type of health care than the organization health care provider. For ease of reference, we refer to that organization health care provider as the “parent”.)</p>	
15.	5	Section 2A - Instructions	Revise as follows:	<p>Replace: A. Individuals With: A. Individuals (includes Sole Proprietorships and Incorporated Individuals)</p> <p>Add: ‘, respectively,’ between ‘block 19’ and ‘of this form’ under the NOTE</p> <p>Delete ‘application’ from last sentence in the note beginning with ‘DO NOT report...’</p> <p>Replace: A sole proprietor is an individual. With: A sole proprietorship is an individual.</p>	Revised for clarification purposes.
16.	5	Section 2A19 - Instructions	Revise as follows:	<p>Replace: You may not use an ITIN if you have an SSN. With: You may not report an ITIN if you have an SSN.</p>	Editorial Change.
17.	6	Section 2B -	Revise as follows:	Replace: B. Organizations	Revised for clarification purposes.

		Instructions		With: B. Organizations (includes Groups, Corporations and Partnerships)	
18.	6	Section 2B3 - Instructions	Remove the space in organization	Replace: If your organization or group With: If your organization or group	Editorial Change
19.	6	Section 2B - Instructions	Add the following note under #4	'NOTE: A sole proprietorship does not complete this section; he/she completes Section A.'	Added note for clarification purposes.
20.	6	Section 3A – Instructions	Add the following as the last sentence:	Add the following as the last sentence: Do not report your residential address in this section unless it is also your business mailing address.	Added sentence for clarification purposes. Applicants should not report their residential address unless it is also their business mailing address. This information is disseminated via the NPI Registry and downloadable file.
21.	6	Section 3B – Instructions	Add the following as the last sentence:	Add the following as the last sentence: Do not report your residential address in this section unless it is also your business practice location.	Added sentence for clarification purposes. Applicants should not report their residential address unless it is also their business practice location. This information is disseminated via the NPI Registry and downloadable file.
22.	6	Section 3C – Instructions	Remove the note from the end of the paragraph and revise the last sentence in this section as follows:	Remove the note from the end of the paragraph and revise the last sentence in this section as follows: DO NOT report SSN, ITIN, or EIN information in this section of the form. NOTE: Medicare legacy identifiers are sometimes referred to as PTANs in enrollment notification letters.	Revised for clarification purposes. Applicants should not report SSN, ITIN or EIN in this section. Added note regarding PTANs to assist applicants with furnishing the correct identification number.
23.	6	Section 3D - Instructions	Add a space between 'byclassification'	Add a space between 'byclassification/specialization' as follows: 'by classification/specialization'	Editorial Change