

How to Update or Modify National Provider Identifier Information

Many providers are having problems with the National Provider Identifier (NPI) crosswalk, and their claims are denying due to front-end NPI edits. Providers are also failing to include their NPI number in the Medicare/Oscar field.

The information below explains the steps for updating or modifying your NPI information. To update information on the NPPES Web site:

- Go to the NPPES Web site at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>.
- Click the National Provider Identifier (NPI) link.
- Select the Login link beside “Want to View or Update your NPI data?”
- Enter your NPI User ID and NPI password.

To add or modify the Medicare legacy number (or OSCAR number):

- Select the option to View and Modify.
- Click the Next button until you reach the page titled “Other Identifiers.”
- Select the Add Identifier button.
- Click the bullet beside Medicare Oscar/Certification.
- Enter the Medicare legacy number in the box titled “Number.” Enter the six digits without a dash.
- Click the Save button.
- Click Next until you come to a page where you can submit your changes. You must check the box to verify the changes made. The submit button will not work until this is completed. Once you select Submit, you will receive confirmation that the changes have been accepted.

Other issues include incorrect information on the Medicare provider file, such as an incorrect Tax ID number. Providers must complete Form CMS-855A (Medicare Enrollment Application) to update/change information. A link to the CMS-855A form is available on the [Provider Enrollment Web Page](#), or providers may access the form on the CMS Web site at:

<http://www.cms.hhs.gov/cmsforms/downloads/cms855a.pdf>

Providers may contact Customer Service at (866) 640-9202 to verify the address on file.

The following is an example of how your NPI registry should look.

NPI:
Entity Type: 2-Organization
Enumeration Date: 01/19/2007
Last Update Date: 01/19/2007
Replacement NPI:
Deactivation Reason:
Deactivation Date:
Reactivation Date:

Provider Business Mailing Address:

Address:
Phone Number:
Fax Number:

Provider Business Practice Location Address:

Address:
Phone Number:
Fax Number:

Organization Taxonomy:

Primary Taxonomy	Selected Taxonomy	State	License Number
Yes			

Other Provider Identifier:

Issuer	Number	State	Issuer
Other			
MEDICARE OSCAR/Certification			
MEDICAID			
Other			
MEDICARE ID-Type Unspecified			PART B
MEDICAID			

The provider Legacy/Provider number should be entered here.