| What type of provider are you? | ProviderOne App Type | NPI Required? | ProviderOne Provider Type | ProviderOne Specialty | ProviderOne Taxonomy |
|---|-------------------------|------------------|---|--|---|
| Ambulance | FAOI | Yes | 34 - Transportation Services | Ambulance | Ambulance |
| Ambulance (Secured Medical Transport) | FAOI | Yes | 34 - Transportation Services | Secured Medical Transport (VAN) | Secured Medical Transport (VAN) |
| Ambulatory Surgery Center | FAOI | Yes | 26 - Ambulatory Health Care Facilities | Clinic/Center | Ambulatory Surgical |
| Audiologist, Certified (Aud) | Individual | Yes | 23 - Speech, Language and Hearing Service Providers | Audiologist | Audiologist |
| Book Store | FAOI | No | 33 - Suppliers | Non-Medical Equipment and Supplies | Book Store |
| Chiropractic Clinic | Group | Yes | 26 - Ambulatory Health Care Facilities | Clinic/Center | Rehabilitation |
| Chiropractor (DC) | Individual | Yes | 11 - Chiropractic Providers | Chiropractor | Chiropractor |
| Clinic - Multi-Specialty | Group | Yes | 19 - Group | Multi-Specialty | Multi-Specialty |
| Clinic - Single-Specialty | Group | Yes | 19 - Group | Single-Specialty | Single-Specialty |
| Dentist (DDS, DMD) | Individual | Yes | 12 - Dental Providers | Dentist | Dentist |
| Dietitian | Individual | Yes | 13 - Dietary & Nutritional Service Providers | Dietitian, Registered | Dietitian, Registered |
| DME Supplier, DME + Home Infusion Therapy | FAOI | Yes | 33 - Suppliers | Durable Medical Equipment & Medical Supplies | Durable Medical Equipment & Medical Supplies |
| Drug / Alcohol Treatment Facility | FAOI | Yes | 32 - Residential Treatment Facilities | Substance Abuse Rehabilitation Facility | Substance Abuse Rehabilitation Facility |
| East Asian Medicine | Individual | Yes | 17 - Other Service Providers | Acupuncturist | Acupuncturist |

| What type of provider are you? | ProviderOne App Type | NPI Required? | ProviderOne Provider Type | ProviderOne Specialty | ProviderOne Taxonomy |
|--|-------------------------|------------------|---|--------------------------------|---|
| Free Standing Emergency Room | FAOI | Yes | 26 - Ambulatory Health Care Facilities | Clinic/Center | Emergency Care |
| Health Services Coordinator (HSC) | Individual | No | 17 - Other Service Providers | Case Manager/Case Coordinator | Case Manager/Case Coordinator |
| Health Services Coordinator Assistant (HSCA) | Individual | No | 17 - Other Service Providers | Case Manager/Care Coordinator | Case Manager/Care Coordinator |
| Hearing Aid Fitter / Dispenser - Assistive Technology Supplier | Individual | Yes | 23 - Speech, Language and Hearing Service Providers | Audiologist | Assistive Technology Supplier |
| Hearing Aid Fitter / Dispenser - Audiologist/Hearing Aid Fitter | Individual | Yes | 23 - Speech, Language and Hearing Service Providers | Audiologist-Hearing Aid Fitter | Audiologist-Hearing Aid Fitter |
| Hearing Aid Fitter / Dispenser - Hearing Aid Equipment | Individual | Yes | 33 - Suppliers | Hearing Aid Equipment | Hearing Aid Equipment |
| Hearing Aid Fitter / Dispenser - Hearing Instrument Specialist | Individual | Yes | 23 - Speech, Language and Hearing Service Providers | Hearing Instrument Specialist | Hearing Instrument Specialist |
| Home Health Agency - Home Health | FAOI | Yes | 25 - Agencies | Home Health | Home Health |
| Home Health Agency - Home Infusion | FAOI | Yes | 25 - Agencies | Home Infusion | Home Infusion |
| Home Health Agency - In Home Supportive Care | FAOI | Yes | 25 - Agencies | In Home Supportive Care | In Home Supportive Care |
| Home Modification | FAOI | No | 17 - Other Service Providers | Contractor | Home Modification |
| Hospital - Chronic Disease Hospital | FAOI | Yes | 28 - Hospitals | Chronic Disease Hospital | Chronic Disease Hospital |
| Hospital - Critical Access Acute Care | FAOI | Yes | 28 - Hospital | General Acute Care Hospital | Critical Access |
| Hospital - End Stage Renal Disease Treatment | FAOI | Yes | 26 - Ambulatory Health Care Facilities | Clinic/Center | End-Stage Renal Disease (ESRD) Treatment |

| What type of provider are you? | ProviderOne App Type | NPI Required? | ProviderOne Provider Type | ProviderOne Specialty | ProviderOne Taxonomy |
|--|-------------------------|------------------|--|--|---|
| Hospital - General Acute Care | FAOI | Yes | 28 - Hospitals | General Acute Care Hospital | General Acute Care Hospital |
| Hospital - Lithotripsy Clinic | FAOI | Yes | 26 - Ambulatory Health Care Facilities | Clinic/Center | Lithotripsy |
| Hospital - Mental Health Center | FAOI | Yes | 26 - Ambulatory Health Care Facilities | Clinic/Center | Mental Health (Including Community Mental Health Center) |
| Hospital - Methadone Clinic | FAOI | Yes | 26 - Ambulatory Health Care Facilities | Clinic/Center | Methadone |
| Hospital - Psychiatric Residential Treatment Facility | FAOI | Yes | 32 - Residential Treatment Facilities | Psychiatric Residential Treatment Facility | Psychiatric Residential Treatment Facility |
| Hospital - Rehabilitation - Substance Use Disorder Unit | FAOI | Yes | 27 - Hospital Units | Rehabilitation, Substance Use Disorder Unit | Substance Use Disorder Unit |
| Hospital Outpatient Drug/Alcohol Treatment | FAOI | Yes | 28 - Hospitals | Rehabilitation Hospital | Rehabilitation Hospital |
| Hospital Psychiatric - Secure Residential Treatment | FAOI | Yes | 28 - Hospitals | Psychiatric Hospital | Psychiatric Hospital |
| Independent Diag Testing Fac | FAOI | Yes | 26 - Ambulatory Health Care Facilities | Clinic/Center | Medical Specialty |
| Investigative Services | FAOI | No | 17 - Other Service Providers | Specialist | Investigative Services |
| Job Mod / Pre Mod Consultant | Individual | No | 17 - Other Service Providers | Specialist | Job Mod/Pre Mod Consultant |
| Job Mod / Pre Mod Supplier | FAOI | No | 33 - Suppliers | Non-Medical Equipment and Supplies | Job Mod/Pre Mod Supplier |
| Laboratory Facility - Blood Bank | FAOI | Yes | 33 - Suppliers | Blood Bank | Blood Bank |
| Laboratory Facility - Clinical Medical Laboratory | FAOI | Yes | 29 - Laboratories | Clinical Medical Laboratory | Clinical Medical Laboratory |

| What type of provider are you? | ProviderOne App Type | NPI Required? | ProviderOne Provider Type | ProviderOne Specialty | ProviderOne Taxonomy |
|---|-------------------------|------------------|---|---|---|
| Licensed Massage Therapist | Individual | Yes | 22 - Respiratory, Developmental, Rehabilitative & Restorative Service Providers | Massage Therapist | Massage Therapist |
| Master Level Therapist - Counselor | Individual | Yes | 10 - Behavioral Health & Social Service Providers | Counselor | Professional |
| Master Level Therapist - Marriage & Family | Individual | Yes | 10 - Behavioral Health & Social Service Providers | Marriage & Family Therapist | Marriage & Family Therapist |
| Master Level Therapist - Social Worker | Individual | Yes | 10 - Behavioral Health & Social Service Providers | Social Worker | Clinical |
| Naturopath (ND) | Individual | Yes | 92 - Naturopath | Naturopath | Naturopath |
| Nurse ARNP | Individual | Yes | 36 - Physician Assistants & Advanced Practice Nursing Providers | Nurse Practitioner | Nurse Practitioner |
| Nurse Case Manager (NCM) | Individual | Yes | 16 - Nursing Service Providers | Registered Nurse | Case Management |
| Nurse CRNA | Individual | Yes | 36 - Physician Assistants & Advanced Practice Nursing Providers | Nurse Anesthetist, Certified Registered | Nurse Anesthetist, Certified Registered |
| Nurse Practitioner - Mental Health | Individual | Yes | 36 - Physician Assistants & Advanced Practice Nursing Providers | Nurse Practitioner | Psychiatric/Mental Health |
| Nurse RN-RNFA-FNP | Individual | Yes | 16 - Nursing Service Providers | Registered Nurse | Registered Nurse First Assistant |
| Nursing Home - Adult Care Home | FAOI | Yes | 31 - Nursing & Custodial Care Facilities | Custodial Care Facility | Adult Care Home |
| Nursing Home - Assisted Living Facility | FAOI | Yes | 31 - Nursing & Custodial Care Facilities | Assisted Living Facility | Assisted Living Facility |
| Nursing Home - Nursing / Intermediate Care Facility | FAOI | Yes | 31 - Nursing & Custodial Care Facilities | Nursing Facility/Intermediate Care Facility | Nursing Facility/Intermediate Care Facility |
| Nursing Home - Skilled Nursing Facility | FAOI | Yes | 31 - Nursing & Custodial Care Facilities | Skilled Nursing Facility | Skilled Nursing Facility |

Find your provider type in the left column. This table will help you choose the correct application and enrollment guide and help complete Step 3 or 4 in the application.

| What type of provider are you? | ProviderOne | NPI | ProviderOne Provider Type | ProviderOne | ProviderOne |
|--|------------------------|---------------|---|----------------------------------|---------------------------------|
| Occupational Therapist (OT) | App Type Individual | Required? Yes | 22 - Respiratory, Developmental, Rehabilitative & Restorative Service Providers | Specialty Occupational Therapist | Taxonomy Occupational Therapist |
| Occupational Therapist (OT) - Neurorehabilitation | Individual | Yes | 22 - Respiratory, Developmental, Rehabilitative & Restorative Service Providers | Occupational Therapist | Neurorehabilitation |
| Occupational Therapist (OT) - Work Hardening - Driver Rehab | Individual | Yes | 22 - Respiratory, Developmental, Rehabilitative & Restorative Service Providers | Occupational Therapist | Driving and Community Mobility |
| Occupational Therapist (OT) - Work Hardening - Ergonomics | Individual | Yes | 22 - Respiratory, Developmental, Rehabilitative & Restorative Service Providers | Occupational Therapist | Ergonomics |
| Occupational Therapist (OT) Clinic | Group | Yes | 26 - Ambulatory Health Care Facilities | Clinic/Center | Occupational Health |
| Optician (OD) | Individual | Yes | 33 - Suppliers | Eyewear Supplier | Optician |
| Optometrist (OD) | Individual | Yes | 15 - Eye and Vision Services Providers | Optometrist | Optometrist |
| Orthotic Fitter | Individual | Yes | 22 - Respiratory, Developmental, Rehabilitative & Restorative Service Providers | Orthotic Fitter | Orthotic Fitter |
| Orthotist | Individual | Yes | 22 - Respiratory, Developmental, Rehabilitative & Restorative Service Providers | Orthotist | Orthotist |
| Osteopathic Physician (DO) | Individual | Yes | 20 - Allopathic & Osteopathic Physicians | **Pick your specialty | |
| Pain Clinic - Dolorology | Group | Yes | 26 - Ambulatory Health Care Facilities | Clinic/Center | Pain |
| Pharmacy | FAOI | Yes | 33 - Suppliers | Pharmacy | Pharmacy |
| Physical Therapist (PT) | Individual | Yes | 22 - Respiratory, Developmental, Rehabilitative & Restorative Service Providers | Physical Therapist | Physical Therapist |
| Physical Therapist (PT) - Ergonomics | Individual | Yes | 22 - Respiratory, Developmental, Rehabilitative & Restorative Service Providers | Physical Therapist | Ergonomics |

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Find your provider type in the left column. This table will help you choose the correct application and enrollment guide and help complete Step 3 or 4 in the application.

| What type of provider are you? | ProviderOne App Type | NPI Required? | ProviderOne Provider Type | ProviderOne Specialty | ProviderOne Taxonomy |
|--|-------------------------|------------------|---|--------------------------------|--------------------------------|
| Physical Therapy (PT) Clinic | Group | Yes | 26 - Ambulatory Health Care Facilities | Clinic/Center | Physical Therapy |
| Physician (MD) | Individual | Yes | 20 - Allopathic & Osteopathic Physicians | **Pick your specialty | |
| Physician Assistant, Cert (PAC) | Individual | Yes | 36 - Physician Assistants & Advanced Practice Nursing Providers | Physician Assistant | Physician Assistant |
| Podiatrist (DPM) | Individual | Yes | 21 - Podiatric Medicine & Surgery Service Providers | Podiatrist | Podiatrist |
| Private Transportation - Airline | FAOI | No | 34 - Transportation Services | Ambulance | Air Transport |
| Private Transportation - Bus | FAOI | No | 34 - Transportation Services | Bus | Bus |
| Private Transportation - Vehicle | FAOI | No | 34 - Transportation Services | Private Vehicle | Private Vehicle |
| Prosthetic / Orthotic Supplier | Individual | Yes | 33 - Supplier | Prosthetic / Orthotic Supplier | Prosthetic / Orthotic Supplier |
| Prosthetist | Individual | Yes | 22 - Respiratory, Developmental, Rehabilitative & Restorative Service Providers | Prosthetist | Prosthetist |
| Psychologist | Individual | Yes | 10 - Behavioral Health & Social Service Providers | Psychologist | Psychologist |
| Public Transportation - Ambulance (Air) | FAOI | No | 34 - Transportation Services | Ambulance | Air Transport |
| Public Transportation - Ambulance (Land) | FAOI | No | 34 - Transportation Services | Ambulance | Land Transport |
| Public Transportation - Bus | FAOI | No | 34 - Transportation Services | Bus | Bus |
| Public Transportation - Taxi | FAOI | No | 34 - Transportation Services | Taxi | Taxi |

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Find your provider type in the left column. This table will help you choose the correct application and enrollment guide and help complete Step 3 or 4 in the application.

| What type of provider are you? | ProviderOne App Type | NPI Required? | ProviderOne Provider Type | ProviderOne Specialty | ProviderOne Taxonomy |
|--|-------------------------|------------------|---|------------------------------------|---|
| Radiologists | FAOI | Yes | 24 - Technologists, Technicians & Other Technical Service Providers | Radiologic Technologist | Radiologic Technologist |
| Rehabilitation- Head Injury - Adult Mental Health | FAOI | Yes | 26 - Ambulatory Health Care Facilities | Clinic/Center | Adult Mental Health |
| Rehabilitation- Head Injury - Developmental Disabilities | FAOI | Yes | 26 - Ambulatory Health Care Facilities | Clinic/Center | Developmental Disabilities |
| Rehabilitation- Head Injury - Psychiatric Unit | FAOI | Yes | 27 - Hospital Units | Psychiatric Unit | Psychiatric Unit |
| Rehabilitation- Head Injury - Rehabilitation Unit | FAOI | Yes | 27 - Hospital Units | Rehabilitation Unit | Rehabilitation Unit |
| Respiratory Therapist, Certified | Individual | Yes | 22 - Respiratory, Developmental, Rehabilitative & Restorative Service Providers | Respiratory Therapist, Certified | Respiratory Therapist, Certified |
| Respiratory Therapist, Registered | Individual | Yes | 22 - Respiratory, Developmental, Rehabilitative & Restorative Service Providers | Respiratory Therapist, Registered | Respiratory Therapist, Registered |
| Retraining Services (Schools) - Day Care | FAOI | No | 17 - Other Service Providers | Transition Services | Day Care |
| Retraining Services (Schools) - Formal School | FAOI | No | 17 - Other Service Providers | Transition Services | Formal School |
| Retraining Services (Schools) - Non- Accredited Training Facility | FAOI | No | 17 - Other Service Providers | Transition Services | Non-Accredited/Unlicensed Training Facility |
| Retraining Services (Schools) - Rehab Training Facility | FAOI | No | 17 - Other Service Providers | Transition Services | Rehab Training Facility |
| Speech Therapist (ST) | Individual | Yes | 23 - Speech, Language and Hearing Service Providers | Speech-Language Pathologist | Speech-Language Pathologist |
| Tools | FAOI | No | 33 - Suppliers | Non-Medical Equipment and Supplies | Tools |
| Vehicle Modification | FAOI | No | 17 - Other Service Providers | Contractor | Vehicle Modification |

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Find your provider type in the left column. This table will help you choose the correct application and enrollment guide and help complete Step 3 or 4 in the application.

| What type of provider are you? | ProviderOne | NPI | ProviderOne | ProviderOne | ProviderOne |
|--------------------------------|-------------|-----------|---|--------------------------|----------------------------|
| | Арр Туре | Required? | Provider Type | Specialty | Taxonomy |
| Vocational Counselor | Individual | No | 22 - Respiratory, Developmental, Rehabilitative & Restorative Service Providers | Rehabilitation Counselor | Vocational Rehab Counselor |
| Vocational Firm | Group | No | 22 - Respiratory, Developmental, Rehabilitative & Restorative Service Providers | Rehabilitation Counselor | Vocational Firm |
| Vocational Forensic | Individual | No | 22 - Respiratory, Developmental, Rehabilitative & Restorative Service Providers | Rehabilitation Counselor | Vocational Forensic |
| Vocational Intern | Individual | No | 22 - Respiratory, Developmental, Rehabilitative & Restorative Service Providers | Rehabilitation Counselor | Vocational Intern |
| Vocational Testing | FAOI | No | 17 - Other Service Providers | Transition Services | Vocational Testing |

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