



DEPARTMENT OF THE NAVY  
BUREAU OF MEDICINE AND SURGERY  
2300 E STREET NW  
WASHINGTON DC 20372-5300

IN REPLY REFER TO

6320

Ser M3/5/E11UN093000723

6 Oct 11

MEMORANDUM FOR COMMANDER, U.S. FLEET FORCES COMMAND  
THE MEDICAL OFFICER OF THE MARINE CORPS  
COMMANDER, NAVY MEDICINE EAST  
COMMANDER, NAVY MEDICINE WEST  
COMMANDER, NAVY MEDICINE NATIONAL CAPITAL AREA  
COMMANDER, NAVY MEDICINE SUPPORT COMMAND

Subj: DRUG ENFORCEMENT ADMINISTRATION AND NATIONAL PROVIDER  
IDENTIFIER NUMBERS FOR MEDICAL TREATMENT FACILITY HEALTH CARE  
PROVIDERS

Encl: (1) ASD(HA) memo of 18 Jul 2011  
(2) Form DEA-224 (07-11)  
(3) Navy Medicine DEA Application Procedure  
(4) BUMED Memo 6320 Ser M3/5/AT-22678 of 18 Dec 2008

1. Enclosure (1) instructs all medical treatment facility (MTF) credentialed health care providers to obtain a Drug Enforcement Administration (DEA) number in addition to a National Provider Identifier (NPI) number. The DEA number is a credential issued by DEA, authorizing health care providers and institutions to write and dispense controlled substances. Federal law requires a valid DEA number for all controlled substances dispensed at pharmacies located inside the Continental United States. The MTF Medical Staff Services office assists the provider in completing enclosure (2) and signs Section 6 of Form DEA-224 to verify the provider's state license(s) and forwards the original DEA-224 to the DEA along with a statement of understanding signed by the provider and the credentialing authority. Enclosure (3) contains specific application instructions for obtaining, renewing, changing or returning a military DEA Registration Certificate.

2. Enclosure (4) is Navy policy requiring all privileged providers to obtain and maintain a NPI and to use the NPI wherever a provider's name is used (e.g., with signatures, name stamps, prescriptions, clinical charts, referral forms) in order to further simplify administrative health care processes. It is the provider's responsibility to obtain and maintain both the DEA number and NPI number if they are eligible (i.e. a privileged provider for NPI and a state license for DEA). Ongoing monitoring and guidance will be provided by the Medical Staff Services office.

3. This policy will be incorporated in the next update to BUMEDINST 6320.66. My point of contact is Ms. Carmen C. Birk (202) 762-3081 or [Carmen.birk@med.navy.mil](mailto:Carmen.birk@med.navy.mil).

*A. M. Robinson, Jr.*  
A. M. ROBINSON, JR.

NAVMED POLICY 11-006



**OFFICE OF THE ASSISTANT SECRETARY OF DEFENSE  
HEALTH AFFAIRS**

SKYLINE FIVE, SUITE 810, 5111 LEESBURG PIKE  
FALLS CHURCH, VIRGINIA 22041-3206

TRICARE  
MANAGEMENT  
ACTIVITY

JUL 18 2011

MEMORANDUM FOR DEPUTY SURGEON GENERAL, UNITED STATES ARMY  
DEPUTY SURGEON GENERAL, UNITED STATES NAVY  
DEPUTY SURGEON GENERAL, UNITED STATES AIR FORCE

SUBJECT: Drug Enforcement Administration and National Provider Identifier  
Numbers for Military Treatment Facility Health Care Providers

All Military Treatment Facility (MTF) credentialed health care providers (civilian/military/Continental United States (CONUS)/Outside Continental United States) must obtain a Drug Enforcement Administration (DEA) number, in addition to the National Provider Identifier (NPI) number. The DEA, in partnership with the Department of Defense (DoD), has created a process to provide a for official use only (FOUO) DEA number for all MTF health care providers. This is a no-fee DEA number for providers to use when seeing patients at a MTF. More information, and the application form, is available at <http://www.pec.ha.osd.mil/> (select MTF on the toolbar), or by contacting the Pharmacy Operations Center at (866) 275-4732. For specific questions regarding the NPI number, contact your local credentialing office, or visit <https://www.cms.gov/nationalprovidentstand/>.

The recent voluntary evacuation of dependants from Japan has helped to identify an apparently widespread misunderstanding of the difference between the DEA and the NPI number. This misunderstanding resulted in some beneficiaries not being able to transfer remaining refills for prescriptions that they have on file at MTFs, thus resulting in delayed care and additional expenses in obtaining new prescriptions.

The DEA number is a credential issued by DEA, authorizing health care providers and institutions to write and dispense controlled substances. Federal law requires a valid DEA number for all controlled substances dispensed in CONUS pharmacies. The DEA number cannot be used as the NPI number.

The NPI is issued by the Centers for Medicare and Medicaid Services. This identifier fills a much needed role of providing a consistent national identifier for health care providers. The NPI, however, does not authorize the health care provider the authority to prescribe controlled substances, and may not be used in lieu of a DEA number.

The DoD pharmacy beneficiary is often highly mobile for many reasons: leave, temporary duty, permanent change of station, deployment, or relocation for emergency purposes such as a natural disaster. To ensure they are able to transfer remaining refills of a prescription that they have on file from their MTF pharmacy to another pharmacy, it is critical that the health care provider be appropriately registered with both a FOUO DEA and NPI number.



C. S. Hunter  
RADM, MC, USN  
Deputy Director

APPLICATION FOR REGISTRATION Under the Controlled Substances Act

INSTRUCTIONS

Save time - apply on-line at www.deadiversion.usdoj.gov

- 1. To apply by mail complete this application. Keep a copy for your records.
2. Mail this form to the address provided in Section 7 or use enclosed envelope.
3. The "MAIL-TO ADDRESS" can be different than your "PLACE OF BUSINESS" address.
4. If you have any questions call 800-882-9539 prior to submitting your application.

IMPORTANT: DO NOT SEND THIS APPLICATION AND APPLY ON-LINE.

DEA OFFICIAL USE :

Grid for DEA Official Use

Do you have other DEA registration numbers?

NO YES checkboxes

MAIL-TO ADDRESS

Please print mailing address changes to the right of the address in this box.

FEE FOR THREE (3) YEARS IS \$551 FEE IS NON-REFUNDABLE

SECTION 1 APPLICANT IDENTIFICATION

Individual Registration Business Registration checkboxes

Name 1 (Last Name of individual -OR- Business or Facility Name)

Name 1 grid

Name 2 (First Name and Middle Name of individual - OR- Continuation of business name)

Name 2 grid

PLACE OF BUSINESS Street Address Line 1

Street Address Line 1 grid

PLACE OF BUSINESS Address Line 2

Address Line 2 grid

City

State Zip Code

City, State, Zip Code grids

Business Phone Number

Point of Contact

Business Phone Number and Point of Contact grids

Business Fax Number

Email Address

Business Fax Number and Email Address grids

DEBT COLLECTION INFORMATION

Social Security Number (if registration is for individual)

Tax Identification Number (if registration is for business)

Mandatory pursuant to Debt Collection Improvements Act

Social Security Number grid

Provide SSN or TIN. See additional information note #3 on page 4.

Tax Identification Number grid

FOR Practitioner or MLP ONLY:

Professional Degree: select from list only

Professional Degree grid

Professional School:

Professional School grid

Year of Graduation:

Year of Graduation grid

National Provider Identification:

National Provider Identification grid

Date of Birth (MM-DD-YYYY):

Date of Birth grid

SECTION 2 BUSINESS ACTIVITY

Check one business activity box only

- Central Fill Pharmacy, Retail Pharmacy, Nursing Home, Automated Dispensing System (ADS), Practitioner (DDS, DMD, DO, DPM, DVM, or MD), Practitioner Military (DDS, DMD, DO, DPM, DVM, or MD), Mid-level Practitioner (MLP) (DOM, HMD, MP, ND, NP, OD, PA, or RPH), Euthanasia Technician, Ambulance Service, Animal Shelter, Hospital/Clinic, Teaching Institution

FOR Automated Dispensing System (ADS) ONLY:

DEA Registration # of Retail Pharmacy for this ADS

DEA Registration # grid

An ADS is automatically fee-exempt. Skip Section 6 and Section 7 on page 2. You must attach a notarized affidavit.

SECTION 3 DRUG SCHEDULES

Check all that apply

- Schedule 2 Narcotic, Schedule 3 Narcotic, Schedule 4, Schedule 2 Non-Narcotic (2N), Schedule 3 Non-Narcotic (3N), Schedule 5, Check this box if you require official order forms - for purchase of schedule 2 controlled substances.

**SECTION 4**  
**STATE LICENSE**

You MUST be currently authorized to prescribe, distribute, dispense, conduct research, or otherwise handle the controlled substances in the schedules for which you are applying under the laws of the state or jurisdiction in which you are operating or propose to operate.

MANDATORY

State License Number

[Grid for State License Number]

What state was this license issued in? \_\_\_\_\_

Expiration Date / / \_\_\_\_\_  
MM - DD - YYYY

**SECTION 5**

**LIABILITY**

1. Has the applicant ever been **convicted of a crime** in connection with controlled substance(s) under state or federal law, or been excluded or directed to be excluded from participation in a medicare or state health care program, or is any such action pending? YES NO

YES NO

Date(s) of incident MM-DD-YYYY: [Grid]

**IMPORTANT**

All questions in this section must be answered.

2. Has the applicant ever surrendered (for cause) or had a **federal** controlled substance registration revoked, suspended, restricted, or denied, or is any such action pending? YES NO

YES NO

Date(s) of incident MM-DD-YYYY: [Grid]

3. Has the applicant ever surrendered (for cause) or had a **state** professional license or controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending? YES NO

YES NO

Date(s) of incident MM-DD-YYYY: [Grid]

4. If the applicant is a **corporation** (other than a corporation whose stock is owned and traded by the public), association, partnership, or pharmacy, has any officer, partner, stockholder, or proprietor been **convicted of a crime** in connection with controlled substance(s) under state or federal law, or ever surrendered, for cause, or had a **federal** controlled substance registration revoked, suspended, denied, restricted, or placed on probation, or is any such action pending? YES NO

YES NO

Date(s) of incident MM-DD-YYYY: [Grid]

Note: If question 4 does not apply to you, be sure to mark 'NO'. It will slow down processing of your application if you leave it blank.

**EXPLANATION OF "YES" ANSWERS**

Applicants who have answered "YES" to any of the four questions above must provide a statement to explain each "YES" answer.

Use this space or attach a separate sheet and return with application

Liability question # \_\_\_\_\_ Location(s) of incident: \_\_\_\_\_

Nature of incident:

Disposition of incident:

**SECTION 6 EXEMPTION FROM APPLICATION FEE**

Check this box if the applicant is a federal, state, or local government official or institution. Does not apply to contractor-operated institutions.

Business or Facility Name of Fee Exempt Institution. Be sure to enter the address of this exempt institution in Section 1.

[Grid for Business or Facility Name]

The undersigned hereby certifies that the applicant named hereon is a federal, state or local government official or institution, and is exempt from payment of the application fee.

**FEE EXEMPT CERTIFIER**

Provide the name and phone number of the certifying official

Signature of certifying official (other than applicant)

Date

Print or type name and title of certifying official

Telephone No. (required for verification)

**SECTION 7**

**METHOD OF PAYMENT**

Check one form of payment only

Check Make check payable to: **Drug Enforcement Administration**  
See page 4 of instructions for important information.

American Express  Discover  Master Card  Visa

Credit Card Number [Grid]

Expiration Date [Grid]

Sign if paying by credit card

Signature of Card Holder

Printed Name of Card Holder

Mail this form with payment to:

DEA Headquarter  
ATTN: Registration Section/ODR  
P.O. Box 2639  
Springfield, VA 22152-2639

**FEE IS NON-REFUNDABLE**

**SECTION 8**

**APPLICANT'S SIGNATURE**

Sign in ink

I certify that the foregoing information furnished on this application is true and correct.

Signature of applicant (sign in ink)

Date

Print or type name and title of applicant

WARNING: 21 USC 843(d), states that any person who knowingly or intentionally furnishes false or fraudulent information in the application is subject to a term of imprisonment of not more than 4 years, and a fine under Title 18 of not more than \$250,000, or both.

**Navy Medicine Procedure to  
Apply for a Federal/Fee-Exempt/Department of Defense (DOD)  
Drug Enforcement Administration (DEA) Number**

This process applies to: Military, Contract, Civil Service Physicians; Dentists; Medical (Clinical) Psychologists; Nurse Practitioners/Midwives; Optometrists; Physician Assistants; Registered Pharmacists. Must have a State License, any State. (Physician Assistants with only an NCCPA and no state license - do not qualify.)

1. Initial Application Process

a. At time of provider's arrival at Command; MSSP identifies provider that needs a DOD DEA or provider requests assistance from MSSP.

b. MSSP initiates Form DEA-224 (07-11) or current revision, and Statement of Understanding (SOU), using provider's Individual Credentials File (ICF) to complete document. MSSP accesses provider's record in CCQAS to pull appropriate information and initiate Statement of Understanding (SOU) which provider and MSSP signs. The form may be typed or hand written.

(1) Section 1, Applicant identification: all sections except "tax identification number", use the MSSP address, phone, fax, point of contact and email address. Professional degree is the qualifying degree.

(2) Section 2, Business activity: mark either Practitioner Military or Mid-level Practitioner.

(3) Section 3, Drug schedules: Check all drug schedules, 2, 2N, 3, 3N, 4 and 5.

(4) Section 4, State license: enter provider's license number, State, and expiration date.

(5) Section 5, Liability: all should be NO, if any answers are YES provider may not qualify.

(6) Section 6, Exemption from application fee: Check box, MSSP name, title, phone, and MSSP signature.

(7) Section 7, Method of payment: leave blank

**Navy Medicine Procedure to  
Apply for a Federal/Fee-Exempt/Department of Defense (DOD)  
Drug Enforcement Administration (DEA) Number**

(8) Section 8, Application signature: print or type signature block, provider signature.

- c. Provider signs section 8 and SOU.
- d. MSSP signs section 6 and SOU as the Credentials Authority.
- e. MSSP signs after provider signs
- f. MSSP makes a copy of original application, (DEA-224) and SOU, completes a document transmittal, attaches transmittal, original DEA Application and original SOU and mails to address below:

DEA Headquarters  
ATTN Registration Section/ODE (Military Rep)  
8701 Morrisette Drive  
Springfield, VA 22152
- g. DEA mails certificate to MSSP Office address previously identified as the place of business.
- h. MSSP makes a copy for the provider and files the original DEA certificate in the provider's Individual Credentials File (ICF)
- i. MSSP enters DOD DEA information into CCQAS - DEA/CDS Tab.
- j. MSSP downloads a copy of the DOD DEA certificate into the CCQAS Documents section.
- k. MSSP adds new DOD DEA number into CHCS.

2. Renewals

- a. DEA sends renewal notice to MSSP Office address currently on file with the DEA.

**Navy Medicine Procedure to  
Apply for a Federal/Fee-Exempt/Department of Defense (DOD)  
Drug Enforcement Administration (DEA) Number**

b. Upon receipt of renewal notification, MSSP goes into the Internet site: <https://www.deadiversion.usdoj.gov/webforms/renewalAppLogin.do> and MSSP completes the renewal application (which can only be done electronically within 60 days of expiration).

c. Renewal certification will be mailed to the MSSP office address

d. Upon receipt of renewal certificate MSSP makes a copy for the provider and places original in the ICF.

e. MSSP updates DEA information into CCQAS DEA/CDS Tab.

f. MSSP uploads a copy of the renewal certificate into the CCQAS Documents section.

g. MSSP reviews CHCS to verify correct number is inserted.

3. Notification of Change of Station (due to PCS transfer)

Note: Do before the MSSP pushes CCQAS to PCS - MSSP goes into CCQAS - Letters.

a. In CCQAS - go to the Credentials Tab - go to provider that is PCSing.

b. Click arrow to left of provider name - go to Letters - click open

c. Click DEA/DOD Provider Multi-Purpose Administration Form

d. Pick type of Letter required.

e. Add UIC of PCS Command

f. Click radio button for the DOD DEA number wanting to PCS (note - providers may have several numbers - only chose Fee Exempt)

g. Click Submit (this is not an electronic action in CCQAS - this just produces a LETTER)

h. MSSP completes Letter

**Navy Medicine Procedure to  
Apply for a Federal/Fee-Exempt/Department of Defense (DOD)  
Drug Enforcement Administration (DEA) Number**

i. MSSP attached "Original DOD DEA Fee Exempt Certificate" to Letter

j. MSSP - make a copy of both - insert on Top of Sec 4 of hard copy ICF (this notifies gaining Command that an address change has been processed and to await a new original certificate in the mail)

k. MSSP mails the Original DOD DEA Fee Exempt Certificate and Letter to:

DEA Headquarters  
ATTN Registration Section/ODE (Military Rep)  
8701 Morrisette Drive  
Springfield, VA 22152

l. When the DEA updates its files, it reissues the DOD DEA number with the gaining MSSP office address and mails the new certificate to the gaining MSSP office.

m. MSSP checks DEA information in CCQAS and updates as appropriate.

n. MSSP uploads a copy of the certificate into the CCQAS Documents section

o. MSSP files the Original DOD DEA certificate in the provider's (ICF) Sec 4

4. Return of Military DEA Registration Certificate (Provider Separates/Retires/Resigns or otherwise leaves federal service)

a. In CCQAS - go to the Credentials Tab - go to provider that is Retiring/Separating/ Resigning.

b. Click arrow to left of provider name - go to Letters - click open

c. Click DEA/DOD Provider Multi-Purpose Administration Form

d. Pick type of Letter required - Return of Military DEA Registration Certificate.

**Navy Medicine Procedure to  
Apply for a Federal/Fee-Exempt/Department of Defense (DOD)  
Drug Enforcement Administration (DEA) Number**

- e. Click radio button for the DOD DEA number to Return (note - providers may have several numbers - only chose Fee Exempt)
  
- f. Click Submit (this is not an electronic action in CCQAS - this just produces a LETTER)
  
- g. MSSP completes Letter, attached "Original DOD DEA Fee Exempt Certificate and completes a document transmittal to send to DEA
  
- h. MSSP - make a copy of both - insert on Top of Sec 4 of hard copy ICF (this notifies Archives NMSC JAX that a return of the DOD DEA has been processed. Mail Letter, transmittal and Original DOD DEA Fee Exempt Certificate to:

DEA Headquarters  
ATTN Registration Section/ODE (Military Rep)  
8701 Morrissette Drive  
Springfield, VA 22152

5. Reprint of Military DEA Registration Certificate. If you have not received the DEA in a timely manner the document may have been lost in the mail system. You may call the DEA and obtain the DEA number. (Check ICF documents for number) Once you have this you may print a copy of the DEA certificate from the website [www.dea diversion.usdoj.gov](http://www.dea diversion.usdoj.gov) under quick links click "duplicate certificate request", enter provider data DEA number, last name, and SSN (no dashes), click login, click print cert, click print.

6. DOD DEA points of contact:

(202)307-3642 Karen Mahlke, Program Analyst,  
(202)307-9540 Maureen Giacoppo  
(202)307-8077 Fax  
(202)307-8617 Debra Dickerson  
(202)307-4643 Fax



**DEPARTMENT OF THE NAVY**

BUREAU OF MEDICINE AND SURGERY  
2300 E STREET NW  
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18 Dec 08

MEMORANDUM FOR COMMANDER, NAVY MEDICINE EAST  
COMMANDER, NAVY MEDICINE WEST  
COMMANDER, NAVY MEDICINE NATIONAL CAPITAL AREA  
COMMANDER, NAVY MEDICINE SUPPORT COMMAND  
THE MEDICAL OFFICER OF THE MARINE CORPS  
COMMAND SURGEON, U.S. FLEET FORCES COMMAND

SUBJECT: Entering, Storing and Disclosing National Provider Identifier (NPI) Numbers

The National Provider Identifier Final Rule (45 Code of Federal Regulations, Part 162) requires the United States health care system to identify individual and organizational health care providers in Health Insurance Portability and Accountability Act (HIPAA) covered standard electronic transactions. The NPI is a ten-digit numeric identifier that does not contain any intelligence about the individual provider.

The National Provider Identifier Final Rule also states that the NPI may be used for any lawful purpose requiring the unique identification of a health care provider. The Military Health System (MHS) and Navy Medicine intends to join providers and health plans across the U. S. health care industry in the best business practice of using the NPI wherever a provider's name is used (e.g., with signatures, name stamps, prescriptions, clinical charts, referral forms) in order to further simplify administrative health care processes.

The Defense Medical Human Resource System-internet (DMHRSi) is the database of record for entering and storing NPI numbers for all providers. DMHRSi then provides the NPI Type 1 and Type 2 to other systems that auto-populate all computer generated forms that require provider and facility identification, with NPI Type 1 (individual) and Type 2 (organizational) numbers. Effective the date of this letter, you are directed to ensure (1) all privileged providers have or obtain an NPI Type 1 number; (2) all NPI Type 1 numbers are entered into DMHRSi; (3) all members of your medical staff include their NPI Type 1 number on any non-computer generated patient-related health forms which normally require a provider to identify they provided some aspect of medical care to the patient; and (4) all providers are advised to change their practice location as indicated in the attached Facility Implementation Guidance.

You are authorized to provide from DMHRSi, individual NPIs to authorized outside entities that require them to conduct HIPAA standard electronic transactions. My point of contact is Ms. Carmen C. Birk who may be reached at (202)762-3081 or Carmen.birk@med.navy.mil.

A. M. ROBINSON, JR.

Attachments:  
As stated

Enc1 (4)