

Submission File Specification									
DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation	Publicly Displayed	
Submission File Information (this section contains data elements which are reported once per submission file)									
1	Applicable Manufacturer or Applicable GPO Submitting File Name	Textual proper name of either the Submitting Applicable Manufacturer or Submitting Applicable Group Purchasing Organization (GPO) . If this file is a single Applicable Manufacturer/GPO's set of payment(s) and/or transfer(s) of value records, this Applicable Manufacturer/GPO name will be used for all records in the file. If this file contains a Consolidated Report, this Applicable Manufacturer/GPO Name will be used as the Consolidated Reporter and the Applicable Manufacturer/GPO Names and OPEN PAYMENTS system IDs of the sub-companies making the payments/transfers of value will be recorded with every payment or transfer of value record in the file.	Text	Free form text	Yes	≤ 100 Char	Match the name on file for associated Registration ID	Yes	
2	Applicable Manufacturer or Applicable GPO Submitting File Registration ID	OPEN PAYMENTS system generated identifier used to identify the Applicable Manufacturer or GPO (populated only with CMS provided identifier). If this file is a single Applicable Manufacturer/GPO's set of payment/transfer of value records, this Applicable Manufacturer/GPO ID will be used for all records in the file. If this file contains a Consolidated Report, this Applicable Manufacturer/GPO ID will be used as the Consolidated Reporter and the Applicable Manufacturer/GPO Names and OPEN PAYMENTS System IDs of the sub-companies making the payments/transfers of value will be recorded with every payment/transfer of value record in the file.	System generated	System generated	Yes	System generated	Match the Registration ID on file	No	
3	Consolidated Report Indicator	Indicator showing if this submission file constitutes a Consolidated Report.	Boolean	"Y" = Yes; "N" = No	Yes	1 Char	Limited to characters Y or N	No	
4	Resubmission File Indicator	Indicator showing if this submission file contains payment(s) and/or transfer(s) of value that are amended or corrected versions of previously submitted records.	Boolean	"Y" = Yes; "N" = No	Yes	1 Char	Limited to characters Y or N	No	
5	Original File Submission ID	OPEN PAYMENTS system generated identifier used to identify the original file submission. This data will be reported to the submitter after a successful submission and should only be reported back in a resubmission for file identification purposes.	system generated	system generated	Yes IF Line 4 Resubmission File Indicator = "Y"	system generated	Matches Original File Submission ID on file for associated Registration ID	No	
Submission Record Information (all sections from here to end of template contain data elements that are reported once per payment/transfer of value)									
Recipient Demographic Information									
6	Recipient Type	Indicator showing if recipient of the payment or transfer of value is a physician covered recipient, teaching hospital covered recipient, non-covered recipient entity or non-covered recipient individual. Standardized list of covered Teaching Hospital names and information will be provided.	Text	"1" = Covered Recipient Physician or "2" = Covered Recipient Teaching Hospital or "3" = Non-covered Recipient Entity or "4" = Non-covered Recipient Individual	Yes	1 Char		Yes	

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7	Non-covered Recipient Entity Name	The name of the Non-covered Recipient Entity receiving the payment or transfer of value.	Text	Free form text	Yes IF Line 6 = "3" Non-covered Recipient Entity	≤ 100 Char		Yes
8	Covered Recipient Teaching Hospital Name	The name of Teaching Hospital receiving the payment or transfer of value. Standardized list of covered Teaching Hospital names and information will be provided.	Text	Text of Standardized Selection from approved list of Teaching Hospitals	Yes IF Line 6 Recipient Type = "2" Covered Recipient Teaching Hospital	≤ 100 Char	Matches the hospital name provided in list for a given TIN	Yes
9	Covered Recipient Teaching Hospital Tax ID Number (TIN)	Tax Identification number of Teaching Hospital receiving the payment or transfer of value. Standardized list of covered Teaching Hospital names and information will be provided.	Text	XXXXXXXX	Yes IF Line 6 Recipient Type = "2" Covered Recipient Teaching Hospital	9 Char	Matches a TIN provided on teaching hospital list	No
10	Covered Recipient Physician First Name	Textual first name, as listed in the National Plan & Provider Enumeration System (NPPES) of the physician (covered recipient) receiving the payment or transfer of value.	Text	Free form text	Yes IF Line 6 Recipient Type = "1" Covered Recipient Physician	≤ 20 Char	Validation by CMS	Yes
11	Covered Recipient Physician Middle Name	Textual middle initial or middle name, as listed in the National Plan & Provider Enumeration System (NPPES) of the physician (covered recipient) receiving the payment or transfer of value.	Text	Free form text	No	≤ 20 Char		Yes
12	Covered Recipient Physician Last Name	Textual last name, as listed in the National Plan & Provider Enumeration System (NPPES) of the physician (covered recipient) receiving the payment or transfer of value.	Text	Free form text	Yes IF Line 6 Recipient Type = "1" Covered Recipient Physician	≤ 35 Char	Validation by CMS	Yes
13	Covered Recipient Physician Name Suffix	Name suffix, as listed in the National Plan & Provider Enumeration System (NPPES) of the physician (covered recipient) receiving the payment or transfer of value chosen from a constrained list of values (Examples: Jr., Sr, III).	Text	Free form text	No	≤ 5 Char		Yes
14	Recipient Business Street Address Line 1	The first line of the primary business street address of the physician or teaching hospital or non-covered recipient entity receiving the payment or transfer of value.	Text	Two line address format; First line contains building number, street name, street identifier	Yes IF Line 6, "Covered Recipient Indicator" = "1," Covered Recipient Physician, OR "2," Covered Recipient Teaching Hospital OR "3" Non-covered Recipient Entity	≤ 55 Char		Yes
15	Recipient Business Street Address Line 2	The second line of the primary business street address of the physician or teaching hospital or non-covered recipient entity receiving the payment or transfer of value.	Text	Two line address format; Second line contains suite number, apartment number, post office box number or other qualifying information	No	≤ 55 Char		Yes

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DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation	Publicly Displayed
16	Recipient City	The primary business address city of the physician or teaching hospital or non-covered recipient entity receiving the payment or transfer of value.	Text	Free form text	Yes IF Line 6, "Covered Recipient Indicator" = "1," Covered Recipient Physician, OR "2," "Covered Recipient Teaching Hospital OR "3" Non-covered Recipient Entity	≤ 40 Char		Yes
17	Recipient State	The state or territory abbreviation of the primary business address of the physician or teaching hospital or non-covered recipient entity receiving the payment or transfer of value if the primary business address is in the United States.	Enumeration	2 character U.S. state or territory alpha abbreviation	Yes IF Recipient Country Line 19 is the United States	2 Char	Limited to list of state abbreviations and territories per US Postal Service	Yes
18	Recipient Zip Code	The 9 digit zip code for the primary business location of the physician or teaching hospital or non-covered recipient entity receiving the payment or transfer of value if the primary practice address is in the United States.	Text	9 digit numeric zip code	Yes IF Recipient Country Line 19 is the United States	≤ 9 Char	Either exactly 5 or exactly 9 numeric digits	Yes
19	Recipient Country	The business address country of the physician or teaching hospital or non-covered recipient entity receiving the payment or transfer of value.	Text	Free form text	Yes IF Line 6, "Covered Recipient Indicator" = "1," Covered Recipient Physician, OR "2," "Covered Recipient Teaching Hospital OR "3" = Non-covered Recipient Entity	≤ 40 Char		Yes
20	Recipient Province	The business address province of the physician or teaching hospital or non-covered recipient entity receiving the payment or transfer of value if the primary practice address is outside the United States and if applicable.	Text	Free form text	No	≤ 20 Char		Yes
21	Recipient Postal Code	The international postal code for the primary business location of the physician or teaching hospital or non-covered recipient entity receiving the payment or transfer of value if the primary business address is outside the United States.	Text	Alphanumeric	Yes IF Recipient Country Line 19 is outside the United States AND Line 6 = "1," OR "2," OR "3"	≤ 20 Char	Proper length and format validated for each country	Yes
22	Recipient Email Address	The primary email address for physician or teaching hospital or non-covered recipient entity to be used for communication purposes.	Text	Email Address	No	≤ 100 Char	Proper email format enforced	No
23	Covered Recipient Physician or Teaching Hospital NPI	Individual NPI for Physician (not NPI of any group physician belonging to) or NPI of Teaching Hospital; required, if applicable.	Text	Numeric digits only	No	10 Char	Validation by CMS	No
24	Covered Recipient Physician Primary Type	Primary type of medicine practiced by the covered recipient physician.	Enumeration	"1" = Medical Doctor (MD); "2" = Doctor of Osteopathy (DO); "3" = Doctor of Dentistry (DDS); "4" = Doctor of Podiatric Medicine (DPM); "5" = Doctor of Optometry (OD); "6" = Chiropractor (DCP)	Yes IF Line 6 Recipient Type = "1" Covered Recipient Physician	1 Char	Limited to numeric characters 1 through 6	Yes

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DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation	Publicly Displayed
25	Covered Recipient Physician Specialty	Physician's single specialty chosen from the standardized "provider taxonomy" code list.	Text	Text from Standardized Selection	Yes IF Line 6 Recipient Type = "1" Covered Recipient Physician	10 Char	Validation by CMS	Yes
26	Covered Recipient Physician License State and License Number	Paired state and official state license number of the covered recipient physician; the pairing includes the 2 letter state abbreviation, followed by a hyphen, followed by the state license number and may include up to 5 "Physician License State and License Number" pairs, if a physician is licensed in multiple states.	Alphanumeric	Maximum of 5 comma separated pairs of the state and license number; AA-XXXXXXXXXXXXXXXXXX	Yes IF Line 6 Recipient Type = "1" Covered Recipient Physician	≤ 20 Char per comma separated item	Proper length and format validated for each state	Yes, for the State AND No, for the License #
Associated Drug, Device, Biological, or Medical Supply Information								
27	Product Indicator	Indicator allows the Applicable Manufacturer or GPO to select whether the payment or other transfer of value is associated with ONLY covered drugs, devices, biologicals or medical supplies("Covered"), ONLY non-covered drugs, devices, biologicals or medical supplies ("Non-covered"), neither covered or non-covered drugs, devices, biologicals or medical supplies("None"), or both covered and/or non-covered drugs, devices, biologicals or medical supplies ("Covered" or "Combination"). If the payment or other transfer of value is associated with both covered drugs, devices, biologicals or medical supplies AND non-covered drugs, devices, biologicals or medical supplies, the Applicable Manufacturer must choose either "Covered" or "Combination", where: (1) "Covered" represents covered ≥ 1 AND non-covered product ≥ 0 AND that "Combination" is not selected OR (2) "Combination" to represent covered ≥ 1 AND non-covered product ≥ 1 AND that "Covered" is not selected.	Enumeration	"1" = "Covered" "2" = "Non-covered" "3" = "None" "4" = "Combination"	Yes	1 Char	Allowed values limited to "1", "2", "3", or "4"	Yes
28	Name of Associated Drug or Biological	If the payment or other transfer of value is associated with at least one (1) covered drug or biological that has a marketed name, report the marketed name (or names up to 5) of only the <u>covered</u> drugs or biologicals. If the payment or other transfer of value is associated with at least one (1) covered drug or biological that does not have a marketed name, report the name as it is registered on clinicaltrials.gov . A standardized list based on validated industry lists (drug names, etc.) will be available for guidance.	Text	Maximum of 5 comma separated covered drugs or biologicals	Yes IF "Product Indicator" line 27 is "1" = "Covered" OR is "2" = "Combination" AND there is not at least 1 covered device or medical supply provided in line 30 "Name of Associated Covered Device or Medical Supply"	≤ 100 Char per comma separated item	Validation by CMS	Yes
29	NDC of Associated Covered Drug or Biological	The National Drug Code (NDC), if any, of the drug or biological associated with the payment or other transfer of value (if applicable; up to 5 NDCs). If no NDC for any named covered drug or biological in line 28, enter, "null." If more than one NDC provided, order must match order of named covered drugs or biologicals in line 28, "Name of Associated Covered Drug or Biological;" if no NDC for any named drug or biological, enter "null."	Alphanumeric	Maximum of 5 comma separated NDCs	No	12 Char per comma separated item	Number of NDCs is same as number of names (line 28)	Yes

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DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation	Publicly Displayed
30	Name of Associated Covered Device or Medical Supply	If the payment or other transfer of value is associated with at least one (1) covered device or medical supply that has a marketed name, report the marketed name (or names up to 5) of only the covered device or medical supply. Applicable Manufacturer or GPO may provide either (1) the marketed name under which the device or medical supply is or was marketed OR (2) the Therapeutic Area or Product Category. A list of Therapeutic Area or Product Category will be available for guidance.	Text	Maximum of 5 comma separated covered devices or medical supplies	Yes IF "Product Indicator" line 27 is "1" = "Covered" OR is "2" = "Combination" AND there is not at least 1 covered drug or biological provided in line 28 "Name of Associated Covered Drug or Biological"	≤ 100 Char per comma separated item	Validation by CMS	Yes
Transfer of Value (Research Payment) Information								
31	Applicable Manufacturer or Applicable GPO Making Payment Name	Textual proper name of either the Applicable Manufacturer or Applicable GPO making the payment or transfer of value being reported in this record. If this file contains a single Applicable Manufacturer/GPO's set of payment(s) and/or transfer(s) of value records, this data element will be blank since it was reported in data element #1.	Text	Free form text	Yes IF Line 3 Consolidated Report Indicator = "Y"	≤ 100 Char		Yes
32	Applicable Manufacturer or Applicable GPO Making Payment Registration ID	OPEN PAYMENTS System generated alphanumeric identifier for this Applicable Manufacturer or GPO issued during the registration process.	Alphanumeric string	System generated	Yes	10 Char		No
33	Resubmitted Payment Record ID	This data element will be blank for initial file submissions. For resubmission files - this data element will either be blank (indicating an omitted record is being submitted in the Resubmission file) or will contain the original payment/transfer of value record ID (indicating which record is to be corrected). The original payment/transfer of value record ID is provided by the Open Payments System.	Alphanumeric string	System generated	Yes IF Line 4 Resubmission File Indicator = "Y" and Record is not being submitted as an omission from the original submission	6 Char		No
34	Total Amount of Research Payment (U.S. Dollars)	U.S. dollar amount of payment to recipient (manufacturer must convert to dollar currency, if necessary).	Monetary amount (USD) in #####.## format		Yes	12 Char		Yes
34 A	Date of Payment	If reporting a singular payment, report the actual date the payment was issued. If reporting EITHER a series of payments or an aggregated set of payments, record the date of the first payment to the covered recipient in this reporting year.	Date	YYYYMMDD	Yes	8 Char	Is within correct reporting year	Yes
35	Form of Payment or Transfer of Value	The method of payment used to pay the covered recipient or to make the transfer of value.	Enumeration	"1" = Cash or cash equivalent; "2" = In-kind items and services; "3" = Stock, stock option, or any other ownership interest; "4" = Dividend, profit or other return on investment	Yes	1 Char	Limited to numeric characters 1 through 4	Yes

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DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation	Publicly Displayed
36	Expenditure Category	Contextual category for this research payment or transfer of value. There can be multiple contextual categories for this research reported; however, for every Expenditure Category reported, an Expenditure Category percentage must also be reported. Category and percent represented as a single number for the category followed by the 2 or 3 digit percentage value (eg. 1-90 or 1-100)	Enumeration	Format: X-XXX "1" = Professional Salary Support; "2" = Medical Research Writing or Publication; "3" = Patient Care; "4" = Non-patient Care; "5" = Overhead; "6" = Other	No	≤ 5 Char		Yes
Research Related Information								
37	Pre-clinical Research Indicator	Indicator showing if payment or transfer of value is related to research, which is pre-clinical.	Boolean	"Y" = Yes; "N" = No	Yes	1 Char		Yes
38	Delay in Publication of Research Payment Indicator	Indicator showing if an Applicable Manufacturer/GPO is requesting a delay in publication of a payment or other transfer of value when the payment or transfer of value is made in connection with: (1) research on or development of a new product (drug, device, biological, or medical supply) or (2) clinical investigation regarding a new product (drug, device, biological, or medical supply). Applicable Manufacturers/GPOs not requesting a delay in publication of a payment or other transfer of value should select (3) not requesting a delay in publication to indicate that no delay is requested. CMS will display payments or other transfers of value no later than four years after the initial request for delay in publication of the [payment or transfer of value. Further details regarding notification to CMS of FDA approval will be forthcoming in guidance.	Enumeration	"1" = R &D on New Product "2" = Clinical Investigation on New Product "3" = No Delay Requested	Yes	1 Char		Yes
39	Name of Study	The textual name of the study for which the Covered Recipient is receiving this payment or transfer of value.	Text	Free form text	Yes IF Line 37 Pre-clinical Research Indicator = "N"	≤ 500 Char		Yes
40	Context of Research	Textual description of research context or research objectives.	Text	Free form text	No	≤ 500 Char		Yes
41	ClinicalTrials.Gov Identifier	Identifier assigned if research study is registered on clinicaltrials.gov.	Alphanumeric	11 character alphanumeric, first 3 characters alpha	No	11 Char		Yes
42	Research Information Link	Optional link to information relevant to the research study for which this payment or transfer of value is being reported (there can be a maximum of five links reported).	Web URL	Free form text	No	≤ 2083 Char		Yes
43	Principal Investigator Covered Recipient Physician Indicator	Indicator showing the Principal Investigator of the research study is a covered recipient physician. If there are multiple Principal Investigators, indicate "Yes" if at least one (1) is a covered recipient physician and provide the identifiers (data elements 45-60) for each Principal Investigator (up to 5), who is a covered recipient physician . If the Principal Investigator is the same as the Covered Recipient Physician receiving the payment (identified in data elements 10-13), it is not necessary to duplicate the information for the Principal Investigator fields (Data Elements 45-60).	Boolean	"Y" = Yes; "N" = No	Yes	1 Char		Yes
44	Principal Investigator First Name	Textual first name of the Principal Investigator(s) of the research study, if the Principal Investigator is a Covered Recipient Physician. If the Principal Investigator is the same as the Covered Recipient Physician receiving the payment (identified in data elements 10-13), it is not necessary to duplicate the information for the Principal Investigator fields (Data Elements 45 and 47-60).	Text	Free form text	Yes IF Line 43, "Principal Investigator Physician Covered Recipient Indicator" = "Y"	≤ 20 Char		Yes

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45	Principal Investigator Middle Name	Textual middle initial or middle name of the Principal Investigator of the research study, if the Principal Investigator is a Covered Recipient Physician.	Text	Free form text	No	≤ 20 Char		Yes
46	Principal Investigator Last Name	Textual last name of the Principal investigator of the research study, if the Principal Investigator is a Covered Recipient Physician.	Text	Free form text	Yes IF Line 43, "Principal Investigator Physician Covered Recipient Indicator" = "Y"	≤ 35 Char		Yes
47	Principal Investigator Name Suffix	Suffix of the Principal Investigator of the research study chosen from a constrained list of values (Examples: Jr., Sr, III), if the Principal Investigator is a Covered Recipient Physician.	Text	Free form text	No	≤ 5 Char		Yes
48	Principal Investigator Business Street Address Line 1	The first line of the primary business street address of the Principal Investigator of the research study, if the Principal Investigator is a Covered Recipient Physician. If the Principal Investigator is the same as the Covered Recipient Physician receiving the payment (identified in data elements 10-13), it is not necessary to duplicate the information for the Principal Investigator fields (Data Elements 45 and 47-60).	Text	Two line address format; First line contains building number, street name, street identifier	Yes IF Line 43, "Principal Investigator Physician Covered Recipient Indicator" = "Y"	≤ 55 Char		Yes
49	Principal Investigator Business Street Address Line 2	The second line of the primary business street address of the Principal investigator of the research study.	Text	Two line address format; Second line contains suite number, apartment number, post office box number or other qualifying information	No	≤ 55 Char		Yes
50	Principal Investigator City	The primary business address city of the Principal investigator of the research study.	Text	Free form text	Yes IF Line 43, "Principal Investigator Physician Covered Recipient Indicator" = "Y"	≤ 40 Char		Yes
51	Principal Investigator State	The primary business address state or territory abbreviation of the Principal investigator of the research study, if the primary practice address is in the United States.	Enumeration	2 character U.S. state or territory alpha abbreviation	Yes IF Line 43, "Principal Investigator Physician Covered Recipient Indicator" = "Y" AND Recipient Country, Line 53 is the United States	2 Char	Limited to list of state abbreviations and territories per US Postal Service	Yes
52	Principal Investigator Zip Code	The 9 digit zip code of the primary business address location of the Principal investigator of the research study, if the primary practice address is in the United States.	Text	9 digit numeric zip code	Yes IF Line 43, "Principal Investigator Physician Covered Recipient Indicator" = "Y" AND Recipient Country, Line 53 is the United States	≤ 9 Char		Yes
53	Principal Investigator Country	The primary business address country name of the Principal investigator of the research study.	Text	Free form text	Yes IF Line 43, "Principal Investigator Physician Covered Recipient Indicator" = "Y"	≤ 40 Char		Yes
54	Principal Investigator Province	The primary business address province name of the Principal investigator of the research study, if the primary practice address is outside the United States.	Text	Free form text	No	≤ 20 Char		Yes

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DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation	Publicly Displayed
55	Principal Investigator Postal Code	The international postal code of the primary business location of the Principal investigator of the research study if the primary practice address is outside the United States.	Text	Alphanumeric	Yes IF Recipient Country Line 53 is outside the United States	≤ 20 Char		Yes
56	Principal Investigator Physician Primary Type	Primary type of medicine practiced by the Principal Investigator. If the Principal Investigator is the same as the Covered Recipient Physician receiving the payment (identified in data elements 10-13), it is not necessary to duplicate the information for the Principal Investigator fields (Data Elements 45 and 47-60).	Enumeration	"1" = Medical Doctor (MD); "2" = Doctor of Osteopathy (DO); "3" = Doctor of Dentistry (DDS); "4" = Doctor of Podiatric Medicine (DPM); "5" = Doctor of Optometry (OD); "6" = Chiropractor (DCP)	Yes IF Line 43, "Principal Investigator Physician Covered Recipient Indicator" = "Y"	1 Char	Allowed values limited to "1", "2", "3", "4", "5", or "6"	Yes
57	Principal Investigator NPI	Individual NPI for Physician (not NPI of any group physician belonging to) required, if applicable . If the Principal Investigator is the same as the Covered Recipient Physician receiving the payment (identified in data elements 10-13), it is not necessary to duplicate the information for the Principal Investigator fields (Data Elements 45 and 47-60).	10 digit Numeric	Numeric digits only	Yes IF the Physician has an NPI	10 Char	Validation by CMS	No
58	Principal Investigator Specialty	Principal Investigator's single specialty chosen from "provider taxonomy" code list. If the Principal Investigator is the same as the Covered Recipient Physician receiving the payment (identified in data elements 10-13), it is not necessary to duplicate the information for the Principal Investigator fields (Data Elements 45 and 47-60).	Text	Text from Standardized Selection	Yes IF Line 43, "Principal Investigator Physician Covered Recipient Indicator" = "Y"	10 Char	Validation by CMS	Yes
59	Principal Investigator License State and License Number	Paired state and state license number of the Principal Investigator, who is a physician covered recipient; the pairing includes the 2 letter state abbreviation, followed by a hyphen, followed by the state license number and may include up to 5 "Physician License State and License Number" pairs. If a Principal investigator is licensed in multiple states, provide only one state and license number pair. If the Principal Investigator is the same as the Covered Recipient Physician receiving the payment (identified in data elements 10-13), it is not necessary to duplicate the information for the Principal Investigator fields (Data Elements 45 and 47-60).	Alphanumeric	Maximum of 5 comma separated pairs of the state and license number; AA-XXXXXXXXXXXXXXXXXX	Yes IF Line 43, "Principal Investigator Physician Covered Recipient Indicator" = "Y"	≤ 20 Char per comma separated item	Proper length and format validated for each state	Yes, for the State AND No, for the License #
<p>Multiple Principal Investigators:</p> <p>For lines 60-123, when indicating multiple Principal Investigators, include the First Name, Last Name, Business Address, Physician Primary Type, NPI (if applicable), Physician Specialty, and Licence State and License Number for each Principal Investigator added as required in lines 44-59.</p>								
60	Principal Investigator First Name	Textual first name of the Principal Investigator(s) of the research study; required, if the Principal Investigator is a Covered Recipient Physician. If the Principal Investigator is the same as the Covered Recipient Physician receiving the payment (identified in data elements 10-13), it is not necessary to duplicate the information for the Principal Investigator fields (Data Elements 45-60).	Text	Free form text	No unless indicating multiple Principal Investigators	≤ 20 Char		Yes
61	Principal Investigator Middle Name	Textual middle initial or middle name of the Principal Investigator of the research study, if the Principal Investigator is a Covered Recipient Physician.	Text	Free form text	No unless indicating multiple Principal Investigators	≤ 20 Char		Yes
62	Principal Investigator Last Name	Textual last name of the Principal investigator of the research study; required if, the Principal Investigator is a Covered Recipient Physician.	Text	Free form text	No unless indicating multiple Principal Investigators	≤ 35 Char		Yes

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63	Principal Investigator Name Suffix	Suffix of the Principal Investigator of the research study chosen from a constrained list of values (Examples: Jr., Sr, III), if the Principal Investigator is a Covered Recipient Physician.	Text	Free form text	No unless indicating multiple Principal Investigators	≤ 5 Char		Yes
64	Principal Investigator Business Street Address Line 1	The first line of the primary business street address of the Principal Investigator of the research study, if the Principal Investigator is a Covered Recipient Physician. If the Principal Investigator is the same as the Covered Recipient Physician receiving the payment (identified in data elements 10-13), it is not necessary to duplicate the information for the Principal Investigator fields (Data Elements 45-60).	Text	Two line address format; First line contains building number, street name, street identifier	No unless indicating multiple Principal Investigators	≤ 55 Char		Yes
65	Principal Investigator Business Street Address Line 2	The second line of the primary business street address of the Principal investigator of the research study.	Text	Two line address format; Second line contains suite number, apartment number, post office box number or other qualifying information	No unless indicating multiple Principal Investigators	≤ 55 Char		Yes
66	Principal Investigator City	The primary business address city of the Principal investigator of the research study.	Text	Free form text	No unless indicating multiple Principal Investigators	≤ 40 Char		Yes
67	Principal Investigator State	The primary business address state or territory abbreviation of the Principal investigator of the research study, if the primary practice address is in the United States.	Enumeration	2 character U.S. state or territory alpha abbreviation	No unless indicating multiple Principal Investigators	2 Char		Yes
68	Principal Investigator Zip Code	The 9 digit zip code of the primary business address location of the Principal investigator of the research study, if the primary practice address is in the United States.	Text	9 digit numeric zip code	No unless indicating multiple Principal Investigators	≤ 9 Char		Yes
69	Principal Investigator Country	The primary business address country name of the Principal investigator of the research study.	Text	Free form text	No unless indicating multiple Principal Investigators	≤ 40 Char		Yes
70	Principal Investigator Province	The primary business address province name of the Principal investigator of the research study, if the primary practice address is outside the United States.	Text	Free form text	No unless indicating multiple Principal Investigators	≤ 20 Char		Yes
71	Principal Investigator Postal Code	The international postal code of the primary business location of the Principal investigator of the research study if the primary practice address is outside the United States.	Text	Alphanumeric	No unless indicating multiple Principal Investigators	≤ 20 Char		Yes
72	Principal Investigator Physician Primary Type	Primary type of medicine practiced by the Principal Investigator. If the Principal Investigator is the same as the Covered Recipient Physician receiving the payment (identified in data elements 10-13), it is not necessary to duplicate the information for the Principal Investigator fields (Data Elements 45-60).	Enumeration	"1" = Medical Doctor (MD); "2" = Doctor of Osteopathy (DO); "3" = Doctor of Dentistry (DDS); "4" = Doctor of Podiatric Medicine (DPM); "5" = Doctor of Optometry (OD); "6" = Chiropractor (DCP)	No unless indicating multiple Principal Investigators	1 Char		Yes
73	Principal Investigator NPI	Individual NPI for Physician (not NPI of any group physician belonging to) required, if applicable . If the Principal Investigator is the same as the Covered Recipient Physician receiving the payment (identified in data elements 10-13), it is not necessary to duplicate the information for the Principal Investigator fields (Data Elements 45-60).	10 digit Numeric	Numeric digits only	No unless indicating multiple Principal Investigators	10 Char		No
74	Principal Investigator Specialty	Principal Investigator's single specialty chosen from "provider taxonomy" list. If the Principal Investigator is the same as the Covered Recipient Physician receiving the payment (identified in data elements 10-13), it is not necessary to duplicate the information for the Principal Investigator fields (Data Elements 45-60).	Text	Text from Standardized Selection	No unless indicating multiple Principal Investigators	10 Char		Yes

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DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation	Publicly Displayed
75	Principal Investigator License State and License Number	Paired state and state license number of the Principal Investigator, who is a physician covered recipient; the pairing includes the 2 letter state abbreviation, followed by a hyphen, followed by the state license number and may include up to 5 "Physician License State and License Number" pairs. If a Principal investigator is licensed in multiple states, provide only one state and license number pair. If the Principal Investigator is the same as the Covered Recipient Physician receiving the payment (identified in data elements 10-13), it is not necessary to duplicate the information for the Principal Investigator fields (Data Elements 45-60).	Alphanumeric	Maximum of 5 comma separated pairs of the state and license number; AA-XXXXXXXXXXXXXXXXXX	No unless indicating multiple Principal Investigators	≤ 20 Char per comma separated item		No
76	Principal Investigator First Name	Textual first name of the Principal Investigator(s) of the research study, if the Principal Investigator is a Covered Recipient Physician. If the Principal Investigator is the same as the Covered Recipient Physician receiving the payment (identified in data elements 10-13), it is not necessary to duplicate the information for the Principal Investigator fields (Data Elements 45-60).	Text	Free form text	No unless indicating multiple Principal Investigators	≤ 20 Char		Yes
77	Principal Investigator Middle Name	Textual middle initial or middle name of the Principal Investigator of the research study, if the Principal Investigator is a Covered Recipient Physician.	Text	Free form text	No unless indicating multiple Principal Investigators	≤ 20 Char		Yes
78	Principal Investigator Last Name	Textual last name of the Principal investigator of the research study, if the Principal Investigator is a Covered Recipient Physician.	Text	Free form text	No unless indicating multiple Principal Investigators	≤ 35 Char		Yes
79	Principal Investigator Name Suffix	Suffix of the Principal Investigator of the research study chosen from a constrained list of values (Examples: Jr., Sr, III), if the Principal Investigator is a Covered Recipient Physician.	Text	Free form text	No unless indicating multiple Principal Investigators	≤ 5 Char		Yes
80	Principal Investigator Business Street Address Line 1	The first line of the primary business street address of the Principal Investigator of the research study, if the Principal Investigator is a Covered Recipient Physician. If the Principal Investigator is the same as the Covered Recipient Physician receiving the payment (identified in data elements 10-13), it is not necessary to duplicate the information for the Principal Investigator fields (Data Elements 45-60).	Text	Two line address format; First line contains building number, street name, street identifier	No unless indicating multiple Principal Investigators	≤ 55 Char		Yes
81	Principal Investigator Business Street Address Line 2	The second line of the primary business street address of the Principal investigator of the research study.	Text	Two line address format; Second line contains suite number, apartment number, post office box number or other qualifying information	No unless indicating multiple Principal Investigators	≤ 55 Char		Yes
82	Principal Investigator City	The primary business address city of the Principal investigator of the research study.	Text	Free form text	No unless indicating multiple Principal Investigators	≤ 40 Char		Yes
83	Principal Investigator State	The primary business address state or territory abbreviation of the Principal investigator of the research study, if the primary practice address is in the United States.	Enumeration	2 character U.S. state or territory alpha abbreviation	No unless indicating multiple Principal Investigators	2 Char		Yes
84	Principal Investigator Zip Code	The 9 digit zip code of the primary business address location of the Principal investigator of the research study, if the primary practice address is in the United States.	Text	9 digit numeric zip code	No unless indicating multiple Principal Investigators	≤ 9 Char		Yes
85	Principal Investigator Country	The primary business address country name of the Principal investigator of the research study.	Text	Free form text	No unless indicating multiple Principal Investigators	≤ 40 Char		Yes
86	Principal Investigator Province	The primary business address province name of the Principal investigator of the research study, if the primary practice address is outside the United States.	Text	Free form text	No unless indicating multiple Principal Investigators	≤ 20 Char		Yes

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DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation	Publicly Displayed
87	Principal Investigator Postal Code	The international postal code of the primary business location of the Principal investigator of the research study if the primary practice address is outside the United States.	Text	Alphanumeric	No unless indicating multiple Principal Investigators	≤ 20 Char		Yes
88	Principal Investigator Physician Primary Type	Primary type of medicine practiced by the Principal Investigator. If the Principal Investigator is the same as the Covered Recipient Physician receiving the payment (identified in data elements 10-13), it is not necessary to duplicate the information for the Principal Investigator fields (Data Elements 45-60).	Enumeration	"1" = Medical Doctor (MD); "2" = Doctor of Osteopathy (DO); "3" = Doctor of Dentistry (DDS); "4" = Doctor of Podiatric Medicine (DPM); "5" = Doctor of Optometry (OD); "6" = Chiropractor (DCP)	No unless indicating multiple Principal Investigators	1 Char		Yes
89	Principal Investigator NPI	Individual NPI for Physician (not NPI of any group physician belonging to) required, if applicable . If the Principal Investigator is the same as the Covered Recipient Physician receiving the payment (identified in data elements 10-13), it is not necessary to duplicate the information for the Principal Investigator fields (Data Elements 45-60).	10 digit Numeric	Numeric digits only	No unless indicating multiple Principal Investigators	10 Char		No
90	Principal Investigator Specialty	Principal Investigator's single specialty chosen from "provider taxonomy" list. If the Principal Investigator is the same as the Covered Recipient Physician receiving the payment (identified in data elements 10-13), it is not necessary to duplicate the information for the Principal Investigator fields (Data Elements 45-60).	Text	Text from Standardized Selection	No unless indicating multiple Principal Investigators	10 Char		Yes
91	Principal Investigator License State and License Number	Paired state and state license number of the Principal Investigator, who is a physician covered recipient; the pairing includes the 2 letter state abbreviation, followed by a hyphen, followed by the state license number and may include up to 5 "Physician License State and License Number" pairs. If a Principal investigator is licensed in multiple states, provide only one state and license number pair. If the Principal Investigator is the same as the Covered Recipient Physician receiving the payment (identified in data elements 10-13), it is not necessary to duplicate the information for the Principal Investigator fields (Data Elements 45-60).	Alphanumeric	Maximum of 5 comma separated pairs of the state and license number; AA-XXXXXXXXXXXXXXXX	No unless indicating multiple Principal Investigators	≤ 20 Char per comma separated item		No
92	Principal Investigator First Name	Textual first name of the Principal Investigator(s) of the research study, if the Principal Investigator is a Covered Recipient Physician. If the Principal Investigator is the same as the Covered Recipient Physician receiving the payment (identified in data elements 10-13), it is not necessary to duplicate the information for the Principal Investigator fields (Data Elements 45-60).	Text	Free form text	No unless indicating multiple Principal Investigators	≤ 20 Char		Yes
93	Principal Investigator Middle Name	Textual middle initial or middle name of the Principal Investigator of the research study, if the Principal Investigator is a Covered Recipient Physician.	Text	Free form text	No unless indicating multiple Principal Investigators	≤ 20 Char		Yes
94	Principal Investigator Last Name	Textual last name of the Principal investigator of the research study, if the Principal Investigator is a Covered Recipient Physician.	Text	Free form text	No unless indicating multiple Principal Investigators	≤ 35 Char		Yes
95	Principal Investigator Name Suffix	Suffix of the Principal Investigator of the research study chosen from a constrained list of values (Examples: Jr., Sr, III), if the Principal Investigator is a Covered Recipient Physician.	Text	Free form text	No unless indicating multiple Principal Investigators	≤ 5 Char		Yes
96	Principal Investigator Business Street Address Line 1	The first line of the primary business street address of the Principal Investigator of the research study, if the Principal Investigator is a Covered Recipient Physician. If the Principal Investigator is the same as the Covered Recipient Physician receiving the payment (identified in data elements 10-13), it is not necessary to duplicate the information for the Principal Investigator fields (Data Elements 45-60).	Text	Two line address format; First line contains building number, street name, street identifier	No unless indicating multiple Principal Investigators	≤ 55 Char		Yes

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DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation	Publicly Displayed
97	Principal Investigator Business Street Address Line 2	The second line of the primary business street address of the Principal investigator of the research study.	Text	Two line address format; Second line contains suite number, apartment number, post office box number or other qualifying information	No unless indicating multiple Principal Investigators	≤ 55 Char		Yes
98	Principal Investigator City	The primary business address city of the Principal investigator of the research study.	Text	Free form text	No unless indicating multiple Principal Investigators	≤ 40 Char		Yes
99	Principal Investigator State	The primary business address state or territory abbreviation of the Principal investigator of the research study, if the primary practice address is in the United States.	Enumeration	2 character U.S. state or territory alpha abbreviation	No unless indicating multiple Principal Investigators	2 Char		Yes
100	Principal Investigator Zip Code	The 9 digit zip code of the primary business address location of the Principal investigator of the research study, if the primary practice address is in the United States.	Text	9 digit numeric zip code	No unless indicating multiple Principal Investigators	≤ 9 Char		Yes
101	Principal Investigator Country	The primary business address country name of the Principal investigator of the research study.	Text	Free form text	No unless indicating multiple Principal Investigators	≤ 40 Char		Yes
102	Principal Investigator Province	The primary business address province name of the Principal investigator of the research study, if the primary practice address is outside the United States.	Text	Free form text	No unless indicating multiple Principal Investigators	≤ 20 Char		Yes
103	Principal Investigator Postal Code	The international postal code of the primary business location of the Principal investigator of the research study if the primary practice address is outside the United States.	Text	Alphanumeric	No unless indicating multiple Principal Investigators	≤ 20 Char		Yes
104	Principal Investigator Physician Primary Type	Primary type of medicine practiced by the Principal Investigator. If the Principal Investigator is the same as the Covered Recipient Physician receiving the payment (identified in data elements 10-13), it is not necessary to duplicate the information for the Principal Investigator fields (Data Elements 45-60).	Enumeration	"1" = Medical Doctor (MD); "2" = Doctor of Osteopathy (DO); "3" = Doctor of Dentistry (DDS); "4" = Doctor of Podiatric Medicine (DPM); "5" = Doctor of Optometry (OD); "6" = Chiropractor (DCP)	No unless indicating multiple Principal Investigators	1 Char		Yes
105	Principal Investigator NPI	Individual NPI for Physician (not NPI of any group physician belonging to) required, if applicable. If the Principal Investigator is the same as the Covered Recipient Physician receiving the payment (identified in data elements 10-13), it is not necessary to duplicate the information for the Principal Investigator fields (Data Elements 45-60).	10 digit Numeric	Numeric digits only	No unless indicating multiple Principal Investigators	10 Char		No
106	Principal Investigator Specialty	Principal Investigator's single specialty chosen from "provider taxonomy" list. If the Principal Investigator is the same as the Covered Recipient Physician receiving the payment (identified in data elements 10-13), it is not necessary to duplicate the information for the Principal Investigator fields (Data Elements 45-60).	Text	Text from Standardized Selection	No unless indicating multiple Principal Investigators	10 Char		Yes
107	Principal Investigator License State and License Number	Paired state and state license number of the Principal Investigator, who is a physician covered recipient; the pairing includes the 2 letter state abbreviation, followed by a hyphen, followed by the state license number and may include up to 5 "Physician License State and License Number" pairs. If a Principal investigator is licensed in multiple states, provide only one state and license number pair. If the Principal Investigator is the same as the Covered Recipient Physician receiving the payment (identified in data elements 10-13), it is not necessary to duplicate the information for the Principal Investigator fields (Data Elements 45-60).	Alphanumeric	Maximum of 5 comma separated pairs of the state and license number; AA-XXXXXXXXXXXXXXXXXX	No unless indicating multiple Principal Investigators	≤ 20 Char per comma separated item		No

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DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation	Publicly Displayed
108	Principal Investigator First Name	Textual first name of the Principal Investigator(s) of the research study, if the Principal Investigator is a Covered Recipient Physician. If the Principal Investigator is the same as the Covered Recipient Physician receiving the payment (identified in data elements 10-13), it is not necessary to duplicate the information for the Principal Investigator fields (Data Elements 45-60).	Text	Free form text	No unless indicating multiple Principal Investigators	≤ 20 Char		Yes
109	Principal Investigator Middle Name	Textual middle initial or middle name of the Principal Investigator of the research study, if the Principal Investigator is a Covered Recipient Physician.	Text	Free form text	No unless indicating multiple Principal Investigators	≤ 20 Char		Yes
110	Principal Investigator Last Name	Textual last name of the Principal investigator of the research study, if the Principal Investigator is a Covered Recipient Physician.	Text	Free form text	No unless indicating multiple Principal Investigators	≤ 35 Char		Yes
111	Principal Investigator Name Suffix	Suffix of the Principal Investigator of the research study chosen from a constrained list of values (Examples: Jr., Sr, III), if the Principal Investigator is a Covered Recipient Physician.	Text	Free form text	No unless indicating multiple Principal Investigators	≤ 5 Char		Yes
112	Principal Investigator Business Street Address Line 1	The first line of the primary business street address of the Principal Investigator of the research study, if the Principal Investigator is a Covered Recipient Physician. If the Principal Investigator is the same as the Covered Recipient Physician receiving the payment (identified in data elements 10-13), it is not necessary to duplicate the information for the Principal Investigator fields (Data Elements 45-60).	Text	Two line address format; First line contains building number, street name, street identifier	No unless indicating multiple Principal Investigators	≤ 55 Char		Yes
113	Principal Investigator Business Street Address Line 2	The second line of the primary business street address of the Principal investigator of the research study.	Text	Two line address format; Second line contains suite number, apartment number, post office box number or other qualifying information	No unless indicating multiple Principal Investigators	≤ 55 Char		Yes
114	Principal Investigator City	The primary business address city of the Principal investigator of the research study.	Text	Free form text	No unless indicating multiple Principal Investigators	≤ 40 Char		Yes
115	Principal Investigator State	The primary business address state or territory abbreviation of the Principal investigator of the research study, if the primary practice address is in the United States.	Enumeration	2 character U.S. state or territory alpha abbreviation	No unless indicating multiple Principal Investigators	2 Char		Yes
116	Principal Investigator Zip Code	The 9 digit zip code of the primary business address location of the Principal investigator of the research study, if the primary practice address is in the United States.	Text	9 digit numeric zip code	No unless indicating multiple Principal Investigators	≤ 9 Char		Yes
117	Principal Investigator Country	The primary business address country name of the Principal investigator of the research study.	Text	Free form text	No unless indicating multiple Principal Investigators	≤ 40 Char		Yes
118	Principal Investigator Province	The primary business address province name of the Principal investigator of the research study, if the primary practice address is outside the United States.	Text	Free form text	No unless indicating multiple Principal Investigators	≤ 20 Char		Yes
119	Principal Investigator Postal Code	The international postal code of the primary business location of the Principal investigator of the research study if the primary practice address is outside the United States.	Text	Alphanumeric	No unless indicating multiple Principal Investigators	≤ 20 Char		Yes
120	Principal Investigator Physician Primary Type	Primary type of medicine practiced by the Principal Investigator. If the Principal Investigator is the same as the Covered Recipient Physician receiving the payment (identified in data elements 10-13), it is not necessary to duplicate the information for the Principal Investigator fields (Data Elements 45-60).	Enumeration	"1" = Medical Doctor (MD); "2" = Doctor of Osteopathy (DO); "3" = Doctor of Dentistry (DDS); "4" = Doctor of Podiatric Medicine (DPM); "5" = Doctor of Optometry (OD); "6" = Chiropractor (DC)	No unless indicating multiple Principal Investigators	1 Char		Yes

Research Payment Template

DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation	Publicly Displayed
121	Principal Investigator NPI	Individual NPI for Physician (not NPI of any group physician belonging to) required, if applicable. If the Principal Investigator is the same as the Covered Recipient Physician receiving the payment (identified in data elements 10-13), it is not necessary to duplicate the information for the Principal Investigator fields (Data Elements 45-60).	10 digit Numeric	Numeric digits only	No unless indicating multiple Principal Investigators	10 Char		No
122	Principal Investigator Specialty	Principal Investigator's single specialty chosen from "provider taxonomy" list. If the Principal Investigator is the same as the Covered Recipient Physician receiving the payment (identified in data elements 10-13), it is not necessary to duplicate the information for the Principal Investigator fields (Data Elements 45-60).	Text	Text from Standardized Selection	No unless indicating multiple Principal Investigators	10 Char		Yes
123	Principal Investigator License State and License Number	Paired state and state license number of the Principal Investigator, who is a physician covered recipient; the pairing includes the 2 letter state abbreviation, followed by a hyphen, followed by the state license number and may include up to 5 "Physician License State and License Number" pairs. If a Principal investigator is licensed in multiple states, provide only one state and license number pair. If the Principal Investigator is the same as the Covered Recipient Physician receiving the payment (identified in data elements 10-13), it is not necessary to duplicate the information for the Principal Investigator fields (Data Elements 45-60).	Alphanumeric	Maximum of 5 comma separated pairs of the state and license number; AA-XXXXXXXXXXXXXXXXXX	No unless indicating multiple Principal Investigators	≤ 20 Char per comma separated item		No