

General Payments (Non-Research)

	A	B	C	D	E
1	General payments or other transfers of value data elements				
2	DE #	Data Element Name	Definition / Description	Format	Required?
3	1	Applicable manufacturer or applicable GPO name	Name of either the applicable manufacturer or applicable group purchasing organization (GPO) submitting the report. If this file is a single applicable manufacturer or applicable GPO's set of payment(s) and/or transfer(s) of value records, this applicable manufacturer or applicable GPO name will be used for all records in the file. If this file contains a Consolidated Report, this Applicable Manufacturer/Applicable GPO Name will be used as the Consolidated Reporter, and the Applicable Manufacturer/Applicable 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.	Free form text	Yes
4	2	Applicable manufacturer or applicable GPO 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 or applicable GPO's set of payment/transfer of value records, this applicable manufacturer or applicable 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	Yes
5	3	Consolidated report indicator	Indicator showing if this submission file constitutes a consolidated report.	"Y" = Yes; "N" = No	Yes
6	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.	"Y" = Yes; "N" = No	Yes
8	Submission Record Information (all sections from here to the end of this table contain data elements that are reported once per payment or other transfer of value)				
9	Recipient Demographic Information				
10	6	Recipient Type	Indicator showing if the recipient of the payment or other transfer of value is a physician covered recipient, teaching hospital covered recipient or physician owner or investor. A standardized list of covered Teaching Hospital names and information is provided on the CMS Open Payments Website: http://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/index.html	"1" = Physician "2" = Teaching hospital "3" = Physician owner or investor	Yes
11	7	Teaching hospital name	The name of the teaching hospital receiving the payment or other transfer of value. A standardized list of covered teaching hospital names and information is provided on the CMS Open Payments Website: http://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/index.html	Text from Standardized Selection	Yes IF Line 6 Covered Recipient Type = "2" (Teaching Hospital)
12	8	Teaching hospital Tax ID Number (TIN)	Tax Identification Number of teaching hospital receiving the payment or other transfer of value. A standardized list of covered teaching hospital names and information is provided on the CMS Open Payments Website: http://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/index.html	XXXXXXXX	Yes IF Line 6 Covered Recipient Type = "2" (Teaching Hospital)

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1	General payments or other transfers of value data elements				
2	DE #	Data Element Name	Definition / Description	Format	Required?
13	9	Physician first name	First name, as listed in the National Plan & Provider Enumeration System (NPPES), of the physician receiving the payment or other transfer of value.	Free form text	Yes IF Line 6 "1" or "3"
14	10	Physician middle name	Middle initial or middle name, as listed in the National Plan & Provider Enumeration System (NPPES), of the physician receiving the payment or other transfer of value.	Free form text	No
15	11	Physician last name	Last name, as listed in the National Plan & Provider Enumeration System (NPPES), of the physician receiving the payment or other transfer of value.	Free form text	Yes IF Line 6 = "1" or "3"
16	12	Physician name suffix	Name suffix, as listed in the National Plan & Provider Enumeration System (NPPES), of the physician receiving the payment or other transfer of value chosen from a constrained list of values (Examples: Jr., Sr., III).	Free form text	No
17	13	Recipient primary business street address line 1	The first line of the primary practice/business street address of the physician or teaching hospital receiving the payment or other transfer of value.	Two line address format; First line contains building number, street name, street identifier	Yes
18	14	Recipient primary business street address line 2	The second line of the primary practice/business street address of the physician or teaching hospital receiving the payment or other transfer of value.	Two line address format; Second line contains suite number, apartment number, post office box number or other qualifying information	No
19	15	Recipient city	The primary practice/business city of the physician or teaching hospital receiving the payment or other transfer of value.	Free form text	Yes
20	16	Recipient state	The primary practice/business state or territory abbreviation of the physician or teaching hospital receiving the payment or other transfer of value, if the primary practice/business address is in the United States.	2 character U.S. state or territory alpha abbreviation	Yes IF Recipient Country, Line 18, is the United States
21	17	Recipient zip code	The 5- or 9-digit zip code for the primary practice/business location of the physician or teaching hospital receiving the payment or other transfer of value, if the primary practice/business address is in the United States.	5- or 9-digit numeric zip code	Yes IF Recipient Country, Line 18, is the United States
22	18	Recipient country	The primary practice/business address country name of the physician or teaching hospital receiving the payment or other transfer of value.	Free form text	Yes
23	19	Recipient province	The primary practice/business province name of the physician or teaching hospital receiving the payment or other transfer of value, if the primary practice/business address is outside the United States, and if applicable.	Free form text	No

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	A	B	C	D	E
1	General payments or other transfers of value data elements				
2	DE #	Data Element Name	Definition / Description	Format	Required?
24	20	Recipient postal code	The international postal code for the primary practice/business location of the physician or teaching hospital receiving the payment or other transfer of value, if the primary practice/business address is outside the United States.	Alphanumeric	Yes IF Recipient Country, Line 18, is outside the United States
25	21	Recipient email address	The primary email address for the recipient to be used for communication purposes.	Email Address	No
26	22	Physician primary type	Primary type of medicine practiced by the physician.	"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 = "1" or "3"
27	23	Physician NPI	Individual NPI for the Physician (not the NPI of a group the physician belongs to).	Numeric digits only	Yes IF available
28	24	Physician specialty	Physician's single specialty, chosen from the standardized "provider taxonomy" code list.	Text from Standardized Selection	Yes IF Line 6 = "1" or "3"
29	25	Physician license state and license number	Paired state and official state license number of the physician. The pairing includes the 2-letter state abbreviation, followed by a hyphen, followed by the state license number. May include up to 5 "Physician license state and license number" pairs, if a physician is licensed in multiple states.	Maximum of 5 pairs of the state and license number: AA-XXXXXXXXXXXXXXXXXX	Yes IF Line 6 = "1" or "3"
30	Associated Drug, Device, Biological, or Medical Supply Information				
31	26	Marketed name of drug, device, biological or medical supply	The marketed name of the drug, device, biological or medical supply. May report the marketed name of up to five products (drugs, devices, biologicals, or medical supplies). Indicate "none" if the payment or other transfer of value is not associated with a drug, device, biological or medical supply. If the drug or biological associated with this payment or transfer does not have a marketed name, report the drug or biological name as it is registered on http://www.clinicaltrials.gov . Not required if the payment or other transfer of value is only related to non-covered products or none.		No
32	27	Covered or non-covered product indicator	For each product listed in data element 26, indicate if the product is covered or non-covered. Indicate covered for each product listed in data element 26 which is a covered product. Indicate non-covered for each product listed in data element 26 which is non-covered.	"1" for covered "2" for non-covered	yes unless "none" is indicated in data element 26

General Payments (Non-Research)

	A	B	C	D	E
1	General payments or other transfers of value data elements				
2	DE #	Data Element Name	Definition / Description	Format	Required?
33	28	Indicate drug, device, biological, or medical supply	For each marketed name listed in data element 26, indicate if the product is a drug, device, biological or medical supply	"1" for drug "2" for device "3" for biological "4" medical supply	yes unless "none" is reported in data element 26.
34	29	Associated drug or biological NDC	The National Drug Code, if any, of the drug(s) or biological(s) associated with the payment or other transfer of value (if applicable; up to 5 NDCs). If no NDC exists for any named drug or biological in data element 26, leave blank.	Element 27 and element 28 are for a group of Associated Covered Drugs Or Biologicals. They can contain a maximum of 5 groups of associated covered drug or biological names and associated covered drug or biological NDCs	No
35	30	Product category or therapeutic area	Provide the therapeutic area or product category for the drug, device, biological or medical supply listed in data element 26. Not required if the payment or other transfer of value is only related to non-covered products or none.	Element 29 can repeat a maximum of 5 times for drugs, devices, biologicals or medical supplies	yes
36	Transfer of Value (Payment) Information				
37	31	Applicable manufacturer or applicable GPO making payment name	Name of either the applicable manufacturer or applicable GPO making the payment or other transfer of value being reported in this record. If this file contains a single applicable manufacturer or applicable GPO's set of payment(s) and/or other transfer(s) of value records (i.e., it is not a consolidated report), this data element will be the same as reported in data element #1 for each record.	Free form text	Yes
38	32	Applicable manufacturer or applicable GPO making payment registration ID	CMS-issued generated alphanumeric identifier for this applicable manufacturer or applicable GPO issued during the registration process. If this file contains a single applicable manufacturer or applicable GPO's set of payment(s) and/or other transfer(s) of value records (i.e., it is not a consolidated report), this data element will be the same as reported in data element #2 for each record.	System generated	Yes
39	33	Home system payment ID	The identifier associated with the payment or other transfer of value transaction in the applicable manufacturer or applicable GPO home system	Text	No
40	34	Resubmitted payment or other transfer of value 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 contain the original payment or other transfer of value record ID (indicating which record is to be corrected). The original payment or other transfer of value record ID is provided by the CMS Open Payments system.	System generated	No

General Payments (Non-Research)

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1	General payments or other transfers of value data elements				
2	DE #	Data Element Name	Definition / Description	Format	Required?
41	35	Total amount of payment or other transfer of value	Amount of payment to recipient, in US dollars. Convert to US dollar currency, if necessary. The "total amount of payment" should be tied to a singular transaction or purchased service (items listed in "Nature of Payment" line 37).	Currency (US dollars) #####.##	Yes
42	36	Date of payment or other transfer of value	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.	YYYYMMDD	Yes
43	37	Number of payments or other transfers of value included in total amount	The number of discrete payments being reported in the "Total Amount of Payment" data element (#33). Report 1 in this data element if this is a singular payment to the covered recipient. Report the actual number of payments made to the covered recipient in this reporting year if the amount of payment reported is EITHER a series of payments OR an aggregation of a set of payments.	Integer	Yes
44	38	Form of payment or transfer of value	The method of payment used to pay the covered recipient or to make the transfer of value.	"1" = Cash or cash equivalent; "2" = In-kind items and services; "3" = Stock; "4" = stock option; "5" = any other ownership interest; "6" = Dividend, profit or other return on investment	Yes

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1	General payments or other transfers of value data elements				
2	DE #	Data Element Name	Definition / Description	Format	Required?
45	39	Nature of Payment or Transfer of Value	The nature of payment used to pay the covered recipient or to make the transfer of value.	"1" = Consulting Fee; "2" = Compensation for services other than consulting, including serving as faculty or as a speaker at a venue other than a continuing education program; "3" = Honoraria; "4" = Gift; "5" = Entertainment; "6" = Food and Beverage; "7" = Travel and Lodging; "8" = Education; "9" = Charitable Contribution; "10" = Royalty or License; "11" = Current or prospective ownership or investment interest; "12" = Compensation for serving as faculty or as a speaker for a non-accredited and noncertified continuing education program; "13" = Compensation for serving as faculty or as a speaker for an accredited or certified continuing education program; "14" = Grant; "15" = Space rental or facility fees (teaching hospital only);	Yes
46	40	City of Travel	For "Travel and Lodging" payments, destination city where the physician traveled.	Free form text	Yes IF Line 37 Nature of Payment = "7" Travel and Lodging
47	41	State of Travel	For "Travel and Lodging" payments, destination state where physician traveled.	2 character U.S. state or territory alpha abbreviation	Yes IF Line 37 Nature of Payment = "7" Travel and Lodging AND Line 40 Country of Travel = "US" or "United States"

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	A	B	C	D	E
1	General payments or other transfers of value data elements				
2	DE #	Data Element Name	Definition / Description	Format	Required?
48	42	Country of travel	For "Travel and Lodging" payments, destination country where physician traveled.	Free form text	Yes IF Line 37 Nature of Payment = "7" Travel and Lodging
49	General Record Information				
50	43	Physician ownership indicator	If Recipient type = "Physician", does the physician hold ownership or investment interest in the applicable manufacturer? This indicator is limited to physician's ownership, not physician's family members' ownership.	"Y" = Yes; "N" = No	Yes IF Line 6 Covered Recipient Type = "1" or "3"
51	44	Third party payment recipient indicator	Indicates if a payment or transfer of value was paid to a third-party entity or individual at the request of, or on behalf of, a covered recipient (physician or teaching hospital).	"1" = "Entity" "2" = "Individual" "3" = "No Third Party Payment"	Yes
52	45	Name of third party entity receiving payment or transfer of value	The name of the entity that received the payment or other transfer of value.	Free form text	Yes IF Line 42, Third Party Payment Recipient Indicator = "1" (Entity)
53	46	Charity indicator	Indicates the third party entity that received the payment or other transfer of value is a charity.	"Y" = Yes; "N" = No	No
54	47	Third party equals covered recipient indicator	Indicator showing that the "Third Party" who received the payment or other transfer of value is a covered recipient.	"Y" = Yes; "N" = No	Yes IF Line 42, Third Party Payment Recipient Indicator = "1" (Entity) or "2" (Individual)
55	48	Contextual information	Any free text which the reporting entity deems helpful or appropriate regarding this payment or other transfer of value.	Free form text	Yes IF the Delay in Publication of Research Payment Indicator equals "1" or "2"
56	49	Delay in publication of research payment indicator	Indicator showing if an applicable manufacturer or applicable 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 drug, device, biological, or medical supply, (2) a new application of an existing drug, device, biological or medical device or (3) clinical investigation regarding a new drug, device, biological, or medical supply. If the delay in publication of research payment indicator equals "1," "2" or "3" indicate the name of the related research study in line 46, "Contextual information." Applicable manufacturers or applicable GPOs not requesting a delay in publication of a payment or other transfer of value should select (4), 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.	"1" = R&D on new drug, device, biological, or medical supply "2" = new application of an existing drug, device, biological, or medical supply "3" = Clinical investigation on new drug, device, biological, or medical supply "4" = No delay requested	Yes

Research Payment

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1	Research payments or other transfers of value					
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?
3	1	Applicable manufacturer or applicable GPO name	<p>Name of either the applicable manufacturer or applicable group purchasing organization (GPO) submitting the report.</p> <p>If this file is a single applicable manufacturer or applicable GPO's set of payment(s) and/or other transfer(s) of value records, this applicable manufacturer or applicable GPO name will be used for all records in the file.</p> <p>If this file contains a consolidated report, this applicable manufacturer or applicable GPO name will be used as the consolidated reporter and the Applicable manufacturer or applicable GPO names, and Open Payments system IDs of the sub-companies making the payments or other transfers of value will be recorded with every payment or other transfer of value record in the file.</p>	Text	Free form text	Yes
4	2	applicable manufacturer or applicable GPO registration ID	<p>Open Payments system-generated identifier used to identify the applicable manufacturer or applicable GPO (populated only with CMS-provided identifier).</p> <p>If this file is a single applicable manufacturer or applicable GPO's set of payment/other transfer of value records, this applicable manufacturer or applicable GPO ID will be used for all records in the file.</p> <p>If this file contains a Consolidated Report, this Applicable Manufacturer/Applicable GPO ID will be used as the Consolidated Reporter and the Applicable Manufacturer/Applicable 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.</p>	Numeric	System generated	Yes
5	3	Consolidated report indicator	Indicator showing if this submission file constitutes a consolidated report.	Boolean	"Y" = Yes; "N" = No	Yes
6	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
8	Submission Record Information (all sections from here to end of template contain data elements that are reported once per payment/transfer of value)					
9	Recipient Demographic Information					

Research Payment

	A	B	C	D	E	F
1	Research payments or other transfers of value					
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?
10	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. A standardized list of covered Teaching Hospital names and information is provided on the CMS Open Payments Website: http://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/index.html	Enumeration	"1" = Physician or "2" = Teaching Hospital or "3" = Non-covered Recipient Entity or "4" = Non-covered Recipient Individual	Yes
11	7	Non-covered recipient entity name	The name of the non-covered recipient entity receiving the payment or other transfer of value.	Text	Free form text	Yes IF Line 6 = "3" Non-covered Recipient Entity
12	8	Teaching hospital name	The name of teaching hospital receiving the payment or other transfer of value. A standardized list of covered recipient teaching hospital names and information is provided on the CMS Open Payments website: http://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/index.html	Text	Text of Standardized Selection from approved list of Teaching Hospitals	Yes IF Line 6 Recipient Type = "2" Teaching Hospital
13	9	Teaching hospital Tax ID Number (TIN)	Tax Identification Number of teaching hospital receiving the payment or other transfer of value. A standardized list of covered teaching hospital names and information is provided on the CMS Open Payments website: http://www.cms.gov/Regulations-and-Guidance/Legislation/National-Physician-Payment-Transparency-Program/index.html	Numeric	XXXXXXXX	Yes IF Line 6 Recipient Type = "2" Teaching Hospital
14	10	Physician first name	First name, as listed in the National Plan & Provider Enumeration System (NPPES), of the physician receiving the payment or other transfer of value.	Text	Free form text	Yes IF Line 6 Recipient Type = "1" Physician

Research Payment

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2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?
15	11	Physician middle name	Middle initial or middle name, as listed in the National Plan & Provider Enumeration System (NPPES), of the physician receiving the payment or other transfer of value.	Text	Free form text	No
16	12	Physician last name	Last name, as listed in the National Plan & Provider Enumeration System (NPPES), of the physician receiving the payment or other transfer of value.	Text	Free form text	Yes IF Line 6 Recipient Type = "1" Physician
17	13	Physician name suffix	Name suffix, as listed in the National Plan & Provider Enumeration System (NPPES), of the physician receiving the payment or other transfer of value chosen from a constrained list of values (Examples: Jr., Sr., III).	Text	Free form text	No
18	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 other transfer of value.	Text	Two line address format; First line contains building number, street name, street identifier	Yes IF Line 6, "Recipient Indicator" = "1", Physician, OR "2", Teaching Hospital OR "3" Non-covered Recipient Entity
19	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 other transfer of value.	Text	Two line address format; Second line contains suite number, apartment number, post office box number, or other qualifying information	No

Research Payment

	A	B	C	D	E	F
1	Research payments or other transfers of value					
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?
20	16	Recipient city	The primary business address city of the physician or teaching hospital or non-covered recipient entity receiving the payment or other transfer of value.	Text	Free form text	Yes IF Line 6, "Recipient Indicator" = "1", Physician, OR "2", "Teaching Hospital OR "3", Non-covered Recipient Entity
21	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 other 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
22	18	Recipient zip code	The 5- or 9-digit zip code for the primary business location of the physician or teaching hospital or non-covered recipient entity receiving the payment or other transfer of value if the primary practice address is in the United States.	Numeric	9 digit numeric zip code	Yes IF Recipient Country Line 19 is the United States

Research Payment

	A	B	C	D	E	F
1	Research payments or other transfers of value					
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?
23	19	Recipient Country	The business address country of the physician or teaching hospital or non-covered recipient entity receiving the payment or other transfer of value.	Text	Free form text	Yes IF Line 6, "Recipient Indicator" = "1", Physician, OR "2", "Teaching Hospital OR "3" = Non-covered Recipient Entity
24	20	Recipient Province	The business address province of the physician or teaching hospital or non-covered recipient entity receiving the payment or other transfer of value if the primary practice address is outside the United States and if applicable.	Text	Free form text	Yes IF Recipient Country Line 19 is outside the United States AND Line 6 = "1", OR "2", OR "3"
25	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 other 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"
26	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
27	23	Physician NPI	Individual NPI for physician (not the NPI of any group the physician belongs to). Required, if applicable.	Numeric	Numeric digits only	No

Research Payment

	A	B	C	D	E	F
1	Research payments or other transfers of value					
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?
28	24	Physician primary type	Primary type of medicine practiced by the 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" Physician
29	25	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" Physician
30	26	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 five "physician license state and license number" pairs, if the physician is licensed in multiple states.	Text	Maximum of 5 pairs of the state and license number: AA-XXXXXXXXXXXXXXXXXX	Yes IF Line 6 Recipient Type = "1" Physician
31	Associated Drug, Device, Biological, or Medical Supply Information					

Research Payment

	A	B	C	D	E	F
1	Research payments or other transfers of value					
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?
32	27	Marketed name of drug, device, biological or medical supply	<p>The marketed name of the drug, device, biological or medical supply. May report the marketed name of up to five products (drugs, devices, biologicals, or medical supplies). Indicate "none" if the payment or other transfer of value is not associated with a drug, device, biological or medical supply.</p> <p>If the drug or biological associated with this payment or transfer does not have a marketed name, report the drug or biological name as it is registered on http://www.clinicaltrials.gov.</p> <p>Not required if the payment or other transfer of value is only related to non-covered products or none.</p>	Text	Text	No
33	28	Covered or non-covered product indicator	<p>For each product listed in data element 26, indicate if the product is covered or non-covered. Indicate covered for each product listed in data element 26 which is a covered product. Indicate non-covered for each product listed in data element 26 which is non-covered.</p>		"1" for covered "2" for non-covered	yes unless "none" is indicated in data element 27.

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1	Research payments or other transfers of value					
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?
34	29	Indicate drug, device, biological, or medical supply	For each marketed name listed in data element 26, indicate if the product is a drug, device, biological or medical supply		"1" for drug "2" for device "3" for biological "4" medical supply	yes unless "none" is indicated in data element 27.
35	30	Associated drug or biological NDC	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 five NDCs). If there is no NDC for any named covered drug or biological in line 28, leave the element blank. If more than one is NDC provided, their order must match the order of named covered drugs or biologicals in line 28, "Name of Associated Covered Drug or Biological." If no NDC exists for any named drug or biological, leave the element blank.	Text	Element 28 and element 29 are for a group of Associated Covered Drugs Or Biologicals. They can contain a maximum of 5 groups of associated covered drug or biological names and associated covered drug or biological NDCs	No
36	31	Product category or therapeutic area	Provide the therapeutic area or product category for the drug, device, biological or medical supply listed in data element 26. Not required if the payment or other transfer of value was related to non-covered products or none.	Text	Element 30 can repeat a maximum of 5 times for drugs, devices, biologicals or medical supplies	No
37	Transfer of Value (Research Payment) Information					
38	31	Applicable manufacturer or applicable GPO making payment name	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 or applicable 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"
39	32	Applicable Manufacturer or Applicable GPO Making Payment Registration ID	Open Payments system-generated alphanumeric identifier for this Applicable Manufacturer or Applicable GPO issued during the registration process.	Numeric	System generated	Yes

Research Payment

	A	B	C	D	E	F
1	Research payments or other transfers of value					
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?
40	33	Home system payment ID	The identifier associated with the payment transaction in the applicable manufacturer or applicable GPO home system.	Text	Text	No
41	34	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 or other transfer of value record ID (indicating which record is to be corrected). The original payment or other transfer of value record ID is provided by the Open Payments system.	Numeric	System generated	Yes IF Line 4 Resubmission File Indicator = "Y" and Record is not being submitted as an omission from the original submission
42	35	Total amount of research payment (U.S. Dollars)	Amount of payment to recipient, in US dollars. Convert to US dollar currency, if necessary.	Fixed Point	Currency (US dollars) #####.##	Yes
43	36	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	No
44	37	Form of payment or other 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; "4" = stock option; "5" = any other ownership interest; "6" = Dividend, profit or other return on investment	Yes

Research Payment

	A	B	C	D	E	F
1	Research payments or other transfers of value					
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?
45	38	Expenditure Category	<p>Contextual category for this research payment or transfer of value. There can be multiple contextual categories for this research reported. For every Expenditure Category reported, an Expenditure Category percentage must also be reported.</p> <p>Category and percent represented as a single number for the category followed by the 2- or 3-digit percentage value (e.g., 1-90 or 1-100).</p>	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
46	Research Related Information					
47	39	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
48	40	Delay in publication of research payment indicator	<p>Indicator showing if an applicable manufacturer or applicable 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 drug, device, biological, or medical supply, (2) a new application of an existing drug, device, biological or medical device or (3) clinical investigation regarding a new drug, device, biological, or medical supply.</p> <p>If the delay in publication of research payment indicator equals "1," "2" or "3" indicate the name of the related research study in line 46, "Contextual information."</p> <p>Applicable manufacturers or applicable GPOs not requesting a delay in publication of a payment or other transfer of value should select (4), not requesting a delay in publication, to indicate that no delay is requested.</p> <p>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.</p>	Enumeration	"1" = R&D on new drug, device, biological, or medical supply "2" = new application of an existing drug, device, biological, or medical supply "3" = Clinical investigation on new drug, device, biological, or medical supply "4" = No delay requested	Yes

Research Payment

	A	B	C	D	E	F
1	Research payments or other transfers of value					
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?
49	41	Name of study	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"
50	42	Context of research	Description of research context or research objectives.	Text	Free form text	No
51	43	ClinicalTrials.Gov Identifier	Identifier assigned if research study is registered on clinicaltrials.gov.	Text	11 character alphanumeric, first 3 characters alpha	No
52	44	Research information link	Optional link to information relevant to the research study for which this payment or transfer of value is being reported.	Text	Web URL	No
53	45	Principal investigator covered recipient physician indicator	Indicator showing the principal investigator of the research study is a covered recipient physician. Indicate no if all the principal investigators for the research study are not covered recipient physicians. If there are multiple principal investigators, indicate "Yes" if at least one (1) is a covered recipient physician and provide the identifiers (data elements 44-59) 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), this information must be duplicated for the Principal Investigator fields (Data Elements 44-59).	Boolean	"Y" = Yes; "N" = No	Yes
54	46	Principal investigator first name	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), this information must be duplicated for the principal investigator fields (Data Elements 44-59).	Text	Free form text	Yes IF Line 43, "Principal Investigator Physician Covered Recipient Indicator" = "Y"

Research Payment

	A	B	C	D	E	F
1	Research payments or other transfers of value					
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?
55	47	Principal investigator middle name	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
56	48	Principal investigator last name	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"
57	49	Principal investigator name suffix	Name suffix of the principal investigator of the research study, chosen from a constrained list of values (e.g., Jr., Sr., III), if the principal investigator is a covered recipient physician.	Text	Free form text	No
58	50	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.	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"
59	51	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

Research Payment

	A	B	C	D	E	F
1	Research payments or other transfers of value					
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?
60	52	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"
61	53	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
62	54	Principal investigator zip code	The 5- or 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.	Numeric	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

Research Payment

	A	B	C	D	E	F
1	Research payments or other transfers of value					
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?
63	55	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"
64	56	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	Yes IF Principal Investigator Country Line 53 is outside the United States
65	57	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 Principal Investigator Country Line 53 is outside the United States
66	58	Principal investigator physician primary type	Primary type of medicine practiced by the principal investigator.	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"

Research Payment

	A	B	C	D	E	F
1	Research payments or other transfers of value					
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?
67	59	Principal investigator NPI	Individual NPI for principal investigator if principal investigator is a physician (not the NPI of any group the physician belongs to). Required, if applicable.	Numeric	Numeric digits only	Yes IF the Physician has an NPI
68	60	Principal investigator specialty	Principal investigator's single specialty, chosen from "provider taxonomy" code list.	Text	Text from Standardized Selection	Yes IF Line 43, "Principal Investigator Physician Covered Recipient Indicator" = "Y"
69	61	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.	Text	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"
70	Multiple Principal Investigators:		For lines 62-125, when indicating multiple principal investigators, include the first name, last name, business address, physician primary type, NPI (if applicable), physician specialty, and license state and license number for each principal investigator added as required.			
71	62	Principal investigator first name	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), this information must be duplicated for the principal investigator fields.	Text	Free form text	No, unless indicating multiple Principal Investigators

Research Payment

	A	B	C	D	E	F
1	Research payments or other transfers of value					
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?
72	63	Principal investigator middle name	Middle initial or middle 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
73	64	Principal investigator last name	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
74	65	Principal investigator name suffix	Name suffix of the principal investigator of the research study chosen from a constrained list of values (e.g., Jr., Sr., III), if the principal investigator is a covered recipient physician.	Text	Free form text	No, unless indicating multiple Principal Investigators
75	66	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), this information must be duplicated for the principal investigator fields.	Text	Two line address format; First line contains building number, street name, street identifier	No, unless indicating multiple Principal Investigators
76	67	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

Research Payment

	A	B	C	D	E	F
1	Research payments or other transfers of value					
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?
77	68	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
78	69	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
79	70	Principal investigator zip code	The 5- or 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.	Numeric	9 digit numeric zip code	No, unless indicating multiple Principal Investigators
80	71	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
81	72	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 and Principal Investigator Country Line 69 is outside the United States

Research Payment

	A	B	C	D	E	F
1	Research payments or other transfers of value					
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?
82	73	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 and Principal Investigator Country Line 69 is outside the United States
83	74	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), this information must be duplicated for the principal investigator fields.	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
84	75	Principal investigator NPI	Individual NPI for the principal investigator if the principal investigator is a 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), this information must be duplicated for the principal investigator fields.	Numeric	Numeric digits only	No, unless indicating multiple Principal Investigators
85	76	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), this information must be duplicated for the principal investigator fields.	Text	Text from Standardized Selection	No, unless indicating multiple Principal Investigators

Research Payment

	A	B	C	D	E	F
1	Research payments or other transfers of value					
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?
86	77	Principal investigator license state and license number	<p>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 five "physician license state and license number" pairs. If a principal investigator is licensed in multiple states, provide only one state and license number pair.</p> <p>If the principal investigator is the same as the covered recipient physician receiving the payment (identified in data elements 10-13), this information must be duplicated for the principal investigator fields.</p>	Text	Maximum of 5 pairs of the state and license number: AA-XXXXXXXXXXXXXXXXXX	No, unless indicating multiple Principal Investigators
87	78	Principal investigator first name	<p>First name of the principal investigator(s) of the research study, if the principal investigator is a covered recipient physician.</p> <p>If the principal investigator is the same as the covered recipient physician receiving the payment (identified in data elements 10-13), this information must be duplicated for the principal investigator fields.</p>	Text	Free form text	No, unless indicating multiple Principal Investigators
88	79	Principal investigator middle name	<p>Middle initial or middle name of the principal investigator of the research study, if the principal investigator is a covered recipient physician.</p>	Text	Free form text	No, unless indicating multiple Principal Investigators
89	80	Principal investigator last name	<p>Last name of the principal investigator of the research study, if the principal investigator is a covered recipient physician.</p>	Text	Free form text	No, unless indicating multiple Principal Investigators
90	81	Principal investigator name suffix	<p>Name suffix of the principal investigator of the research study chosen from a constrained list of values (e.g., Jr., Sr., III), if the principal investigator is a covered recipient physician.</p>	Text	Free form text	No, unless indicating multiple Principal Investigators

Research Payment

	A	B	C	D	E	F
1	Research payments or other transfers of value					
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?
91	82	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), this information must be duplicated for the principal investigator fields.	Text	Two line address format; First line contains building number, street name, street identifier	No, unless indicating multiple Principal Investigators
92	83	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
93	84	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
94	85	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
95	86	Principal investigator zip code	The 5- or 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.	Numeric	9 digit numeric zip code	No, unless indicating multiple Principal Investigators

Research Payment

	A	B	C	D	E	F
1	Research payments or other transfers of value					
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?
96	87	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
97	88	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 and Principal Investigator Country Line 85 is outside the United States
98	89	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 and Principal Investigator Country Line 85 is outside the United States

Research Payment

	A	B	C	D	E	F
1	Research payments or other transfers of value					
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?
99	90	Principal investigator physician primary type	<p>Primary type of medicine practiced by the principal investigator.</p> <p>If the principal investigator is the same as the covered recipient physician receiving the payment (identified in data elements 10-13), it is necessary to duplicate the information for the principal investigator fields.</p>	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
100	91	Principal investigator NPI	<p>Individual NPI for the principal investigator if the principal investigator is a physician (not NPI of any group physician belonging to). Required, if applicable.</p> <p>If the principal investigator is the same as the covered recipient physician receiving the payment (identified in data elements 10-13), it is necessary to duplicate the information for the principal investigator fields.</p>	Numeric	Numeric digits only	No, unless indicating multiple Principal Investigators
101	92	Principal investigator specialty	<p>Principal investigator's single specialty chosen from "provider taxonomy" list.</p> <p>If the principal investigator is the same as the covered recipient physician receiving the payment (identified in data elements 10-13), it is necessary to duplicate the information for the principal investigator fields.</p>	Text	Text from Standardized Selection	No, unless indicating multiple Principal Investigators
102	93	Principal investigator license state and license number	<p>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 five "physician license state and license number" pairs. If a principal investigator is licensed in multiple states, provide only one state and license number pair.</p> <p>If the principal investigator is the same as the covered recipient physician receiving the payment (identified in data elements 10-13), it is necessary to duplicate the information for the principal investigator fields.</p>	Text	Maximum of 5 pairs of the state and license number: AA-XXXXXXXXXXXXXXXXXX	No, unless indicating multiple Principal Investigators

Research Payment

	A	B	C	D	E	F
1	Research payments or other transfers of value					
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?
103	94	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), this information must be duplicated for the Principal Investigator fields.	Text	Free form text	No, unless indicating multiple Principal Investigators
104	95	Principal investigator middle name	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
105	96	Principal investigator last name	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
106	97	Principal investigator name suffix	Name suffix of the principal investigator of the research study chosen from a constrained list of values (e.g., Jr., Sr., III), if the principal investigator is a covered recipient physician.	Text	Free form text	No, unless indicating multiple Principal Investigators
107	98	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 necessary to duplicate the information for the principal investigator fields.	Text	Two line address format; First line contains building number, street name, street identifier	No, unless indicating multiple Principal Investigators

Research Payment

	A	B	C	D	E	F
1	Research payments or other transfers of value					
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?
108	99	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
109	100	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
110	101	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
111	102	Principal investigator zip code	The 5- or 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.	Numeric	9 digit numeric zip code	No, unless indicating multiple Principal Investigators
112	103	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

Research Payment

	A	B	C	D	E	F
1	Research payments or other transfers of value					
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?
113	104	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 and Principal Investigator Country Line 101 is outside the United States
114	105	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 and Principal Investigator Country Line 101 is outside the United States
115	106	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 necessary to duplicate the information for the principal investigator fields.	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

Research Payment

	A	B	C	D	E	F
1	Research payments or other transfers of value					
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?
116	107	Principal investigator NPI	Individual NPI for principal investigator if the principal investigator is a 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 necessary to duplicate the information for the principal investigator fields.	Numeric	Numeric digits only	No, unless indicating multiple Principal Investigators
117	108	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 necessary to duplicate the information for the principal investigator fields.	Text	Text from Standardized Selection	No, unless indicating multiple Principal Investigators
118	109	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 five "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 necessary to duplicate the information for the principal investigator fields.	Text	Maximum of 5 pairs of the state and license number: AA-XXXXXXXXXXXXXXXXXX	No, unless indicating multiple Principal Investigators
119	110	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), this information must be duplicated for the Principal Investigator fields.	Text	Free form text	No, unless indicating multiple Principal Investigators
120	111	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

Research Payment

	A	B	C	D	E	F
1	Research payments or other transfers of value					
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?
121	112	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
122	113	Principal Investigator Name Suffix	Name suffix of the Principal Investigator of the research study chosen from a constrained list of values (e.g., Jr., Sr., III), if the Principal Investigator is a Covered Recipient Physician.	Text	Free form text	No, unless indicating multiple Principal Investigators
123	114	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 necessary to duplicate the information for the Principal Investigator fields.	Text	Two line address format; First line contains building number, street name, street identifier	No, unless indicating multiple Principal Investigators
124	115	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
125	116	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

Research Payment

	A	B	C	D	E	F
1	Research payments or other transfers of value					
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?
126	117	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
127	118	Principal Investigator Zip Code	The 5- or 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.	Numeric	9 digit numeric zip code	No, unless indicating multiple Principal Investigators
128	119	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
129	120	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 and Principal Investigator Country Line 117 is outside the United States

Research Payment

	A	B	C	D	E	F
1	Research payments or other transfers of value					
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?
130	121	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 and Principal Investigator Country Line 117 is outside the United States
131	122	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 necessary to duplicate the information for the Principal Investigator fields .	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
132	123	Principal Investigator NPI	Individual NPI for Principal Investigator if the Principal Investigator is a 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 necessary to duplicate the information for the Principal Investigator fields.	Numeric	Numeric digits only	No, unless indicating multiple Principal Investigators
133	124	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 necessary to duplicate the information for the Principal Investigator fields.	Text	Text from Standardized Selection	No, unless indicating multiple Principal Investigators

Research Payment

	A	B	C	D	E	F
1	Research payments or other transfers of value					
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?
134	125	Principal Investigator License State and License Number	<p>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.</p> <p>If the Principal Investigator is the same as the Covered Recipient Physician receiving the payment (identified in data elements 10-13), it is necessary to duplicate the information for the Principal Investigator fields.</p>	Alphanumeric	Maximum of 5 pairs of the state and license number: AA-XXXXXXXXXXXXXXXXXX	No, unless indicating multiple Principal Investigators

	A	B	C	D	E	F
1	Submission File Specification					
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?
3	1	Applicable manufacturer or applicable GPO Name	Name of either the submitting applicable manufacturer or submitting applicable group purchasing organization (GPO). If this file contains a single applicable Manufacturer or applicable GPO's set of ownership or investment records, this applicable manufacturer or applicable GPO name will be used for all records in the file. If this file contains a consolidated report, this applicable manufacturer or applicable GPO name will be used as the consolidated reporter and the applicable manufacturer or applicable GPO names and Open Payments system IDs of the sub-companies related to the ownership or investment will be recorded with every payment or transfer of value record in the file.	Text	Free form text	Yes
4	2	Applicable manufacturer or applicable GPO registration ID	Open Payments system generated identifier used to identify the applicable manufacturer or applicable GPO (populated only with the CMS-provided identifier). If this file contains a single applicable manufacturer or applicable GPO's set of ownership or investment records, this applicable manufacturer or applicable GPO name will be used for all records in the file. If this file contains a Consolidated Report, this Applicable Manufacturer/Applicable GPO Name will be used as the Consolidated Reporter and the Applicable Manufacturer/Applicable GPO Names and Open Payments system IDs of the sub-companies related to the ownership/investment will be recorded with every payment or transfer of value record in the file.	Numeric	System generated	Yes
5	3	Consolidated Report Indicator	Indicator showing if this submission file constitutes a consolidated report.	Boolean	"Y" = Yes; "N" = No	Yes
6	4	Resubmission File Indicator	Indicator showing if this submission file contains information that is amended or corrected versions of previously submitted records.	Boolean	"Y" = Yes; "N" = No	Yes
8	Submission Record Information (all sections from here to end of the table contain data elements that are reported once per physician ownership/investment record)					
9	Physician Demographic Information					
10	6	Physician owner or investor first name	First name, as listed in the National Plan & Provider Enumeration System (NPPES), of the physician with the ownership or investment interest being reported.	Text	Free form text	Yes
11	7	Physician owner or investor middle name	Middle initial or middle name, as listed in the National Plan & Provider Enumeration System (NPPES), of the physician with the ownership or investment interest being reported.	Text	Free form text	No
12	8	Physician owner or investor last name	Last name, as listed in the National Plan & Provider Enumeration System (NPPES), of the physician with the ownership or investment interest being reported.	Text	Free form text	Yes
13	9	Physician owner or investor name suffix	Name suffix, as listed in the National Plan & Provider Enumeration System (NPPES), of the physician with the ownership or investment interest being reported.	Text	Free form text	No
14	10	Physician owner or investor Business Street Address Line 1	The first line of the primary practice street address of the physician with the ownership or investment interest being reported.	Text	Two line address format: First line contains building number, street name, street identifier	Yes
15	11	Physician owner or investor Business Street Address Line 2	The second line of the primary practice street address of the physician with the ownership or investment interest being reported.	Text	Two line address format: Second line contains suite number, apartment number, post office box number, or other qualifying information	No
16	12	Physician owner or investor city	The primary practice city of the physician with the ownership or investment interest being reported.	Text	Free form text	Yes
17	13	Physician owner or investor state	The primary practice state or territory abbreviation of the physician with the ownership or investment interest being reported, if the primary practice address is in the United States.	Enumeration	2 character U.S. state or territory alpha abbreviation	Yes
18	14	Physician owner or investor zip code	The 5- or 9-digit zip code for the primary practice location of the physician with the ownership or investment interest being reported, if the primary practice address is in the United States.	Numeric	9 digit numeric zip code	Yes
19	15	Physician owner or investor country	The primary practice/business address country name of the physician with the ownership or investment interest being reported.	Text	Free form text	Yes
20	16	Physician owner or investor province	The primary practice/business province name of the physician with the ownership or investment interest being reported, if the primary practice/business address is outside the United States, and if applicable.	Text	Free form text	No
21	17	Physician owner or investor postal code	The international postal code for the primary practice/business location of the physician with the ownership or investment interest being reported, if the primary practice/business address is outside the United States.	Text	Alphanumeric	Yes IF Recipient Country Line 15 is outside the United States
22	18	Physician owner or investor email address	The primary email address of the physician with the ownership or investment interest being reported.	Text	Email Address	No
23	19	Physician owner or investor primary type	Primary type of medicine practiced by the physician with the ownership or investment interest being reported.	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
24	20	Physician owner or investor NPI	Individual NPI for the Physician (not the NPI of any group the physician belongs to)	Text	Numeric digits only	Yes if Physician has an NPI
25	21	Physician owner or investor specialty	Physician's single specialty chosen from the standardized "provider taxonomy" code list.	Text	Text from Standardized Selection	Yes
26	22	Physician owner or investor license state and license number	Paired state and official state license number of the physician with the ownership or investment interest being reported. 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.	Text	Maximum of 5 pairs of the state and license number: AA-XXXXXXXXXXXXXXXXXX	Yes
27	Ownership/Investment Information					
28	23	Applicable manufacturer or applicable GPO reporting ownership name	Name of either the applicable manufacturer or applicable GPO reporting the ownership or investment interest being reported in this record. If this file contains a single applicable manufacturer or applicable GPO's report(s) of ownership or investment interest, this data element will be blank, since it was reported in data element #3.	Text	Free form text	Yes IF Line 3 Consolidated Report Indicator = "Y"
29	24	Applicable manufacturer or applicable GPO reporting ownership registration ID	CMS-issued generated alphanumeric identifier for this applicable manufacturer or applicable GPO issued during the registration process.	Numeric	System generated	Yes
30	25	Home System Payment ID	The identifier associated with the payment transaction in the Applicable Manufacturer or Applicable GPO home system.	Text	Text	No
31	26	Resubmitted Ownership 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 ownership record ID (indicating which record is to be corrected). The original payment/transfer of value record ID is provided by the Open Payments System.	Numeric	System generated	Yes IF Line 4 Resubmission File Indicator = "Y" AND Record is not being submitted as an omission from the original submission
32	27	Interest Held by Physician or an Immediate Family Member	Indicator showing if the ownership or investment interest is held by the physician themselves or by an immediate family member.	Enumeration	"1" = Physician; "2" = Physician's immediate family member	Yes
33	28	Dollar Amount Invested	The dollar amount the physician or immediate family member has invested in the Applicable Manufacturer or Applicable GPO, given in US dollars. Convert values to US dollar currency if necessary.	Fixed point	Currency (US dollars) #####.##	Yes
34	29	Value of Interest	The current value (as of the reporting date) of the ownership or investment interest of the physician or immediate family member.	Fixed point	Currency (US dollars) #####.##	Yes

	A	B	C	D	E	F
1	Submission File Specification					
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?
35	30	Terms of Interest	Description of any applicable terms of the ownership or investment interest.	Text		Yes

Version	Date Published	Description	Version Updates
1.0	Dec 2013/Jan 2014	Initial Release	Initial Release
1.1	April/May 2014	Updated and corrected throughout	April/May 2014 version
1.2	May/June 2014	Updated and corrected throughout	May/June 2014 version
1.3	June 2014	Updated and corrected throughout	June 2014 version