OMB Control No: 0938-1237
Expiration Date: XX/2020

Open Payments

Data Elements & Screen Shots

Version for 2016

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
3	1	Applicable Manufacturer or Applicable GPO Name	Textual proper name of either the Submitting Applicable Manufacturer or Submitting Applicable Group Purchasing Organization (GPO). If this submission file contains records of payment(s) and/or other transfer(s) of value made by only one Applicable Manufacturer/Applicable GPO, enter that Applicable Manufacturer's/Applicable GPO's name in this data field for all records in the submission file. If this submission file contains records of payment(s) and/or other transfer(s) of value from multiple Applicable Manufacturers/Applicable GPOs, enter the name of the Applicable Manufacturer/Applicable GPO submitting the consolidated report in this field. The name of the Applicable Manufacturer/Applicable GPO that made the payment for each record is entered in the "Applicable Manufacturer or Applicable GPO Making Payment Name" (DE#32) field of that record.	Text	Free form text	Yes	≤ 100 Char	Validated against data type, format, and field size (columns D, E, G) Match the name on file for associated Registration ID	Yes	APPLICABLE_MANUFACTURER_OR_APPLICABLE_GPO_NAME	Published as "Submitting Applicable Manufacturer or Applicable GPO Name"	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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 submission file contains records of payment(s) and/or other transfers of value made by only one Applicable Manufacturer/Applicable GPO, enter that Applicable Manufacturer's/Applicable GPO's Registration ID in this data field for all records in the submission file. If this submission file contains records of payment(s) and/or other transfer(s) of value from multiple Applicable Manufacturers/Applicable GPOs, enter the Record ID of the Applicable Manufacturer/Applicable GPO submitting the consolidated report. The Record ID of the Applicable Manufacturer/Applicable GPO that made the payment for each record is entered in the "Applicable Manufacturer or Applicable GPO Making Payment Registration ID" (DE#33) field of that record.	Numeric	System generated	Yes	System generated : ≤ 38 digits	Validated against data type, format, and field size (columns D, E, G) Match the Registration ID on file	No	APPLICABLE_MANUFACTURER_OR_APPLICABLE_GPO_ID	No notes	System generated value only.
5	3	Consolidated Report Indicator	Indicator showing if this submission file constitutes a Consolidated Report.	Boolean	"Y" = Yes; "N" = No	Yes	1 Char	Validates that only character "Y" or "N" is provided	No	CONSOLIDATED_REPORT_INDICATOR	For more information on Consolidated Reporting, consult the Quick Reference Guide on Consolidated Reporting, located on the CMS Open Payments website.	No, only values given in Format Column E are allowed.
6	4	Resubmission File Indicator	Indicator showing if this submission file contains payment(s) and/or other transfer(s) of value that are all new records, amended or corrected versions of previously submitted records, previously submitted records for which a delay in publication has been requested that you now wish to update, or previously submitted records that you now wish to delete.	Enumeration	"N" = New Submission "Y" = Resubmission "R" = Renew Delay in Publication "D" = Delete	Yes	1 Char	Validates that only character "N","Y","R", or "D" is provided If "R" is provided, only DE# 2, 3, 4, 33, 34, 36, and 49 are required for the record. All other fields are optional. If "D" is provided, only DE# 2, 3, 4, 33, 34, and 36 are required for the record. All other fields are optional. All records in a file must have the same value in this field.	No	RESUBMISSION_FILE_INDICATOR	No notes	No, only values given in Format Column E are allowed.
7	5	Original File Submission ID	This field is no longer collected by Open Payments and has been replaced by Home System Payment ID, data element 33A.	This field is no longer collected by Open Payments and has been replaced by Home System Payment ID, data element 33A.	This field is no longer collected by Open Payments and has been replaced by Home System Payment ID, data element 33A.	This field is no longer collected by Open Payments and has been replaced by Home System Payment ID, data element 33A.	This field is no longer collected by Open Payments and has been replaced by Home System Payment ID, data element 33A.	This field is no longer collected by Open Payments and has been replaced by Home System Payment ID, data element 33A.	This field is no longer collected by Open Payments and has been replaced by Home System Payment ID, data element 33A.	This field is no longer collected by Open Payments and has been replaced by Home System Payment ID, data element 33A.	This field is no longer collected by Open Payments and has been replaced by Home System Payment ID, data element 33A.	N/A
8	**Submission Record Information (all sections from here to the end of this table contain data elements that are reported once per payment/transfer of value)**											
9	**Recipient Demographic Information**											
10	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
11	6	Covered Recipient Type	Indicator showing if the recipient of the payment or other transfer of value is a physician covered recipient or a teaching hospital.	Enumeration	"1" = Physician "2" = Teaching Hospital	Yes	1 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	COVERED_RECIPIENT_TYPE	No notes	No, only values given in Format Column E are allowed.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
12	7	Teaching Hospital Name	The "doing business as" name of the Teaching Hospital receiving the payment or other transfer of value. This can be found under the "Hospital Name" field on the CMS-provided Teaching Hospital List. A standardized list of covered Teaching Hospital names and information is provided on the CMS Open Payments website.	Text	Text from Standardized Selection	Yes IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital) IF DE# 6 Covered Recipient Type = "1" (Physician), this field **must** be blank.	≤ 100 Char	Validated against data type, format, and field size (columns D, E, G) A standardized list of covered Teaching Hospital names and information is provided on the CMS Open Payments website. Hospital name submitted is matched against this list. Use the "Hospital Name" value in the list for the correct name. (Records for program year 2013 only must use the "PECOS Legal Name" instead) Value must match the hospital name associated with the TIN (DE #8) as per the Teaching Hospital List	Yes	TEACHING_HOSPITAL_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
13	8	Teaching Hospital Tax ID Number (TIN)	Tax Identification Number (TIN) of the Teaching Hospital receiving the payment or other transfer of value.	Numeric	999999999	Yes IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital) IF DE# 6 Covered Recipient Type = "1" (Physician), this field **must** be blank.	9 Char	Validated against data type, format, and field size (columns D, E, G) A standardized list of covered Teaching Hospital names and information is provided on the CMS Open Payments website. Value must match the TIN associated with the teaching hospital name (DE #7) as per the Teaching Hospital List	No	TEACHING_HOSPITAL_TAX_ID_NUMBER_TIN	No notes	No, only numeric values are allowed.
14	9	Physician First Name	Textual first name of the physician (covered recipient) receiving the payment or other transfer of value. If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).	Text	Free form text	Yes IF DE# 6 Covered Recipient Type = "1" (Physician) IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this field **must** be blank.	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G) Validated against CMS-approved data sources	Yes	PHYSICIAN_FIRST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
15	10	Physician Middle Name	Textual middle initial or middle name of the physician (covered recipient) receiving the payment or other transfer of value. If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).	Text	Free form text	No IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this field **must** be blank.	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PHYSICIAN_MIDDLE_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
16	11	Physician Last Name	Textual last name of the physician (covered recipient) receiving the payment or other transfer of value. If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).	Text	Free form text	Yes IF DE# 6 Covered Recipient Type = "1" (Physician) IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this field **must** be blank.	≤ 35 Char	Validated against data type, format, and field size (columns D, E, G) Validated against CMS-approved data sources	Yes	PHYSICIAN_LAST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
17	12	Physician Name Suffix	Name suffix of the physician (covered recipient) receiving the payment or other transfer of value chosen from a constrained list of values (Examples: Jr., Sr., III). If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).	Text	Free form text	No IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this field **must** be blank.	≤ 5 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PHYSICIAN_NAME_SUFFIX	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
18	13	Recipient Primary Business Street Address Line 1	The first line of the primary practice/business street address of the physician or teaching hospital (covered recipient) receiving the payment or other transfer of value.	Text	Two line address format; First line contains building number, street name, street identifier	Yes	≤ 55 Char	Validated against data type, format, and field size (columns D, E, G) If the Covered Recipient Type (DE#6) has a value of "2" (Teaching Hospital), NPPES Address Line 1 from the CMS-provided Teaching Hospital list should be used for this data element	Yes	RECIPIENT_PRIMARY_BUSINESS_STREET_ADDRESS_LINE_1	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
19	14	Recipient Primary Business Street Address Line 2	The second line of the primary practice/business street address of the physician or teaching hospital (covered recipient) 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	≤ 55 Char	Validated against data type, format, and field size (columns D, E, G) If the Covered Recipient Type (DE#6) has a value of "2" (Teaching Hospital), NPPES Address Line 2 from the CMS-provided Teaching Hospital list should be used for this data element	Yes	RECIPIENT_PRIMARY_BUSINESS_STREET_ADDRESS_LINE_2	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
20	15	Recipient City	The primary practice/business city of the physician or teaching hospital (covered recipient) receiving the payment or other transfer of value.	Text	Free form text	Yes	≤ 40 Char	Validated against data type, format, and field size (columns D, E, G) If the Covered Recipient Type (DE#6) has a value of "2" (Teaching Hospital), NPPES Address City from the CMS-provided Teaching Hospital list should be used for this data element	Yes	RECIPIENT_CITY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
21	16	Recipient State	The primary practice/business state or territory abbreviation of the physician or teaching hospital (covered recipient) receiving the payment or other transfer of value, if the primary practice/business address is in the United States.	Enumeration	2 character U.S. state or territory alpha abbreviation	Yes IF Recipient Country, DE# 18 = "US" or "United States" IF DE# 18 is any other value, this field **must** be blank.	2 Char	Validated against data type, format, and field size (columns D, E, G) Limited to list of state abbreviations and territories per US Postal Service If the Covered Recipient Type (DE#6) has a value of "2" (Teaching Hospital), NPPES Address State from the CMS-provided Teaching Hospital list should be used for this data element	Yes	RECIPIENT_STATE	No notes	No, only values given in Format Column E are allowed.
22	17	Recipient Zip Code	The 5- or 9-digit zip code for the primary practice/business location of the physician or teaching hospital (covered recipient) receiving the payment or other transfer of value, if the primary practice/business address is in the United States.	Numeric	5- or 9-digit numeric zip code	Yes IF Recipient Country, DE# 18 = "US" or "United States" IF DE# 18 is any other value, this field **must** be blank.	≤ 9 Char	Validated against data type, format, and field size (columns D, E, G) If the Covered Recipient Type (DE#6) has a value of "2" (Teaching Hospital), NPPES Address Zip Code from the CMS-provided Teaching Hospital list should be used for this data element	Yes	RECIPIENT_ZIP_CODE	No notes	No, only numeric values are allowed.
23	18	Recipient Country	The primary practice/business address country name of the physician or teaching hospital (covered recipient) receiving the payment or other transfer of value.	Text	Free form text	Yes	2 Char * For US only, you can enter either US or United States	Validated against data type, format, and field size (columns D, E, G) Must be exactly 2 char abbreviation of country * For US only, you can enter US or United States	Yes	RECIPIENT_COUNTRY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
24	19	Recipient Province	The primary practice/business province name of the physician or teaching hospital (covered recipient) receiving the payment or other transfer of value, if the primary practice/business address is outside the United States, and if applicable.	Text	Free form text	No	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	RECIPIENT_PROVINCE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
25	20	Recipient Postal Code	The international postal code for the primary practice/business location of the physician or teaching hospital (covered recipient) receiving the payment or other transfer of value, if the primary practice/business address is outside the United States.	Text	Alphanumeric	Yes IF Recipient Country, DE# 18, is outside the United States IF DE# 18 = "US" or "United States", this field **must** be blank	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G) Proper length and format validated for each country	Yes	RECIPIENT_POSTAL_CODE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
26	21	Recipient Email Address	The primary email address for this payment recipient to be used for communication purposes.	Text	Email Address	No	≤ 100 Char	Validated against data type, format, and field size (columns D, E, G) Proper email format enforced	No	RECIPIENT_EMAIL_ADDRESS	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
27	22	Physician Primary Type	Primary type of medicine practiced by the physician covered recipient.	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 DE# 6 Covered Recipient Type = "1" (Physician) IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this field **must** be blank.	1 Char	Allowed values limited to "1", "2", "3", "4", "5", or "6"	Yes	PHYSICIAN_PRIMARY_TYPE	No notes	No, only values given in Format Column E are allowed.
28	23	Physician NPI	Individual NPI for the Physician (not the NPI of a group the physician belongs to).	Numeric	Numeric digits only	Yes IF Physician has an NPI IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this field **must** be blank.	10 Char	Validated against data type, format, and field size (columns D, E, G) Validated against CMS-approved data sources	No	PHYSICIAN_NPI	No notes	No, only numeric values are allowed.
29	24	Physician Specialty	Taxonomy code for the physician's specialty, chosen from the standardized "provider taxonomy" code list.	Text	Text from Standardized Selection	Yes IF DE# 6 Covered Recipient Type = "1" (Physician) IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this field **must** be blank.	10 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PHYSICIAN_SPECIALTY	Refer to the Open Payments Physician Taxonomy Code list on the CMS Open Payments website for a list of accepted taxonomy codes.	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
30	25	Physician License State and License Number	Paired state and official state license number of the covered recipient physician. May include up to 5 "Physician License State and License Number" pairs, if a physician is licensed in multiple states.	Text	Maximum of 5 unique pairs of the state and license number: AA-99999999999999999999	Yes IF DE# 6 Covered Recipient Type = "1" (Physician) IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this field **must** be blank.	≤ 28 Char	Validated against data type, format, and field size (columns D, E, G) The pairing includes the 2-letter state abbreviation, followed by a hyphen, followed by the state license number	Yes, for the State AND No, for the License #	PHYSICIAN_LICENSE_STATE_AND_LICENSE_NUMBER_1 PHYSICIAN_LICENSE_STATE_AND_LICENSE_NUMBER_2 PHYSICIAN_LICENSE_STATE_AND_LICENSE_NUMBER_3 PHYSICIAN_LICENSE_STATE_AND_LICENSE_NUMBER_4 PHYSICIAN_LICENSE_STATE_AND_LICEN	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
31	**Associated Drug, Device, Biological, or Medical Supply Information**											

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
32	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
33	26	Related Product Indicator	Identifies whether the payment or other transfer of value is related to one or more product(s) (drugs, devices, biologicals, or medical supplies). If the payment was not made in relation to a product, select "No". If the payment was related to one or more product, select "Yes".	Boolean	"Y" = Yes; "N" = No	Yes	1 Char	Validates that only character "Y" or "N" is provided	Yes	RELATED_PRODUCT_INDICATOR	If reporting multiple products, the information in DE# 27-31 must be reported for one product before moving on to the next product in the record (i.e., report all information for one product, then all information for the next product, etc.)	No, only values given in Format Column E are allowed.
34	27	Covered or Non covered Product Indicator	For each product listed in relation to the payment or other transfer of value, indicate if the product is a covered or non covered product per the covered product definition in the Open Payments final rule. Do not report this element if the payment is not related to any products.	Enumeration	"1" for covered "2" for non covered	Yes IF Related Product Indicator (DE #26) is "Yes" IF DE# 26 = "N", this field **must** be blank.	1 Char	Allowed values limited to "1" or "2"	Yes	COVERED_OR_NONCOVERED_INDICATOR_1 COVERED_OR_NONCOVERED_INDICATOR_2 COVERED_OR_NONCOVERED_INDICATOR_3 COVERED_OR_NONCOVERED_INDICATOR_4 COVERED_OR_NONCOVERED_INDICATO	No notes	No, only values given in Format Column E are allowed.
35	28	Indicate Drug, Device, Biological, or Medical Supply	For each product listed in relation to the payment or other transfer of value, indicate if the product is a drug, device, biological, or medical supply. Do not report this element if the payment is not related to any products.	Enumeration	"1" for drug "2" for device "3" for biological "4" for medical supply	Yes IF Related Product Indicator (DE #26) is "Yes" and Covered or Non covered Product Indicator (DE #27) is "Covered" OR Related Product Indicator (DE #26) is "Yes", Covered or Non covered Product Indicator (DE #27) is "Non-covered", and an Associated Drug or Biological NDC (DE#31) has been provided. In this case, this field **must** be "1" or "3". IF DE# 26 = "N", this field **must** be blank.	1 Char	Allowed values limited to "1", "2", "3", or "4"	Yes	INDICATE_DRUG_OR_BIOLOGICAL_OR_DEVICE_OR_MEDICAL_SUPPLY_1 INDICATE_DRUG_OR_BIOLOGICAL_OR_DEVICE_OR_MEDICAL_SUPPLY_2 INDICATE_DRUG_OR_BIOLOGICAL_OR_DEVICE_OR_MEDICAL_SUPPLY_3 INDICATE_DRUG_OR_BIOLOGICAL_OR_DEVICE_OR_MEDICAL_SUPPLY_4 INDICATE_DRUG_OR_BIOLOGICAL_OR_DEVICE_OR_MEDICAL_SUPPLY_5	No notes	No, only values given in Format Column E are allowed.
36	29	Product Category or Therapeutic Area	Provide the product category or therapeutic area for the covered drug, device, biological, or medical supply listed in relation to the payment or other transfer of value. Do not report this element if the payment or other transfer of value is not related to any products.	Text	Free form text	Yes IF Related Product Indicator (DE #26) is "Yes" and Covered or Non covered Product Indicator (DE #27) is "Covered" IF DE# 26 = "N", this field **must** be blank.	<u>≤</u>100 Char	Validated against data type, format, and field size (columns D, E, G) The values in this field may not consist of only zeroes	Yes	PRODUCT_CATEGORY_OR_THERAPEUTIC_AREA_1 PRODUCT_CATEGORY_OR_THERAPEUTIC_AREA_2 PRODUCT_CATEGORY_OR_THERAPEUTIC_AREA_3 PRODUCT_CATEGORY_OR_THERAPEUTIC_AREA_4 PRODUCT_CATEGORY_OR_THERAPEUTIC	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
37	30	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) associated with the payment or other transfer of value. If the drug or biological associated with this payment or other transfer of value does not have a marketed name, report the drug or biological name as it is registered on www.clinicaltrials.gov. If the device or medical supply associated with this payment does not have a marketed name, this field may be left blank. Do not report this element if the payment is not related to any products.	Text	Free form text	Yes IF Related Product Indicator (DE #26) is "Yes" and Covered or Non covered Product Indicator (DE #27) is "Covered" and Indicate Drug, Device, Biological, or Medical Supply (DE#28) is "1" or "3" OR Related Product Indicator (DE #26) is "Yes", Covered or Non covered Product Indicator (DE #27) is "Non-covered", Indicate Drug, Device, Biological, or Medical Supply (DE#28) is "1" or "3" and an Associated Drug or Biological NDC (DE#31) has been provided IF DE# 26 = "N", this field **must** be blank.	<u>≤</u>100 Char	Validated against data type, format, and field size (columns D, E, G) The values in this field may not consist of only zeroes	Yes	NAME_OF_DRUG_OR_BIOLOGICAL_OR_DEVICE_OR_MEDICAL_SUPPLY_1 NAME_OF_DRUG_OR_BIOLOGICAL_OR_DEVICE_OR_MEDICAL_SUPPLY_2 NAME_OF_DRUG_OR_BIOLOGICAL_OR_DEVICE_OR_MEDICAL_SUPPLY_3 NAME_OF_DRUG_OR_BIOLOGICAL_OR_DEVICE_OR_MEDICAL_SUPPLY_4 NAME_OF_DRUG_OR_BIOLOGICAL_OR_DEVICE_OR_MEDICAL_SUPPLY_5	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
38	31	Associated Drug or Biological NDC	For each covered drug or covered biological listed in relation to the payment or other transfer of value, provide the associated National Drug Code (NDC) (if applicable). Up to 5 NDCs can be provided. NDCs are required for all drugs and biologicals that have NDCs. If the reported drug or biological does not have an NDC this field may be left blank. Report this element for drugs and biologicals only. Do not report this element if the payment or other transfer of value is not related to any products.	Text	10-digit numeric code with three segments divided by dashes, grouped in one of three ways: 9999-9999-99 99999-999-99 99999-9999-9	Yes IF Related Product Indicator (DE #26) is "Yes" and Covered or Non covered Product Indicator (DE #27) is "Covered" and when the reported drug or biological has an NDC IF DE# 26 = "N" or if DE# 28 = "2" or "4", this field **must** be blank.	12 Char (including dashes)	Validated against format and field size (columns E and G) If a drug or biological named in the record (DE#30) has an NDC, the NDC must be reported with the same record. The order of NDCs provided must match the order of named drugs or biologicals in DE#30. If no NDC exists for a named drug or biological in DE#30, leave the corresponding NDC field blank for that drug or biological. The numeric values in this field may not consist of only zeroes	Yes	ASSOCIATED_DRUG_OR_BIOLOGICAL_NDC_1 ASSOCIATED_DRUG_OR_BIOLOGICAL_NDC_2 ASSOCIATED_DRUG_OR_BIOLOGICAL_NDC_3 ASSOCIATED_DRUG_OR_BIOLOGICAL_NDC_4 ASSOCIATED_DRUG_OR_BIOLOGICAL_NDC_5	No notes	Minus sign/hyphen (-)
39	**Transfer of Value (Payment) Information**											
40	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
41	32	Applicable Manufacturer or Applicable GPO Making Payment Name	Textual proper name of either the Applicable Manufacturer or Applicable GPO making the payment or other transfer of value being reported in this record.	Text	Free form text	Yes	≤ 100 Char	Validated against data type, format, and field size (columns D, E, G) Matches Applicable AM/Applicable GPO names specified at registration for associated Registration IDs If DE# 3 (Consolidated Report Indicator) = "N", the value provided for this data element must be the same as the value provided for DE# 1 (Applicable Manufacturer or Applicable GPO Name).	Yes	APPLICABLE_MANUFACTURER_OR_APPLICABLE_GPO_MAKING_PAYMENT_NAME	Published as "Making Payment Applicable Manufacturer or Applicable GPO Name"	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
42	33	Applicable Manufacturer or Applicable GPO Making Payment Registration ID	Open Payments system-generated identifier for this Applicable Manufacturer or Applicable GPO issued during the registration process.	Numeric	System generated	Yes	System generated : ≤ 38 digits	Validated against data type, format, and field size (columns D, E, G) Matches Registration ID(s) on file If DE# 3 (Consolidated Report Indicator) = "N", the value provided for this data element must be the same as the value provided for DE# 2 (Applicable Manufacturer or Applicable GPO Registration ID).	Yes	APPLICABLE_MANUFACTURER_OR_APPLICABLE_GPO_MAKING_PAYMENT_REGISTRATION_ID	Published as "Applicable_Manufacturer_or_Applicable_GPO_Making_Payment_ID"	System generated value only.
43	33A	Home System Payment ID	The identifier associated with the payment transaction in the applicable manufacturer or applicable GPO home system	Text	Text	No	≤ 50 Char	Validated against data type, format, and field size (columns D, E, G)	No	HOME_SYSTEM_PAYMENT_ID	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet
44	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 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 CMS Open Payments System.	Numeric	System generated	Yes IF DE# 4 Resubmission File Indicator = "Y", "R" or "D"	System generated : ≤ 38 digits	Validated against data type, format, and field size (columns D, E, G) If reported, matches Initial Payment Record ID for given Original File Submission ID	No	RESUBMITTED_PAYMENT_RECORD_ID	No notes	System generated value only.
45	35	Total Amount of Payment	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" DE#39).	Fixed point	Currency (US dollars) 9999999999.99	Yes	≤ 13 Char (including decimal point)	Validated against data type, format, and field size (columns D, E, G) Must have 2 digits after decimal The value in this field cannot be 0.00. The value entered must be greater than zero dollars	Yes	TOTAL_AMOUNT_OF_PAYMENT	No notes	No, only values given in Format Column E are allowed.
46	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	Yes	8 Char	Validated against data type, format, and field size (columns D, E, G) Is within correct reporting year	Yes	DATE_OF_PAYMENT	No notes	No, only values given in Format Column E are allowed.
47	37	Number of Payments Included in Total Amount	The number of discrete payments being reported in the "Total Amount of Payment" data element (#35). 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.	Numeric	Integer	Yes	3 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	NUMBER_OF_PAYMENTS_INCLUDED_IN_TOTAL_AMOUNT	No notes	No, only values given in Format Column E are allowed.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
48	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.	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	1 Char	Allowed values limited to "1", "2", "3","4", "5", or "6"	Yes	FORM_OF_PAYMENT_OR_TRANSFER_OF_VALUE	No notes	No, only values given in Format Column E are allowed.
49	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.	Enumeration	"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;	Yes	≤ 2 Char	Limited to numeric characters 1 through 15	Yes	NATURE_OF_PAYMENT_OR_TRANSFER_OF_VALUE	No notes	No, only values given in Format Column E are allowed.
50	40	City of Travel	For "Travel and Lodging" payments, destination city where covered recipient traveled.	Text	Free form text	Yes IF DE# 39 Nature of Payment = "7" Travel and Lodging If DE# 39 Nature of Payment is any other value, this field **must**	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	CITY_OF_TRAVEL	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
51	41	State of Travel	For "Travel and Lodging" payments, destination state where covered recipient traveled.	Enumeration	2 character U.S. state or territory alpha abbreviation	Yes IF DE# 39 Nature of Payment = "7" Travel and Lodging AND DE# 42 Country of Travel = "US" or "United States" For all other conditions, this field	2 Char	Limited to list of state abbreviations and territories per US Postal Service	Yes	STATE_OF_TRAVEL	No notes	No, only values given in Format Column E are allowed.
52	42	Country of Travel	For "Travel and Lodging" payments, destination country where covered recipient traveled.	Text	Free form text	Yes IF DE# 39 Nature of Payment = "7" Travel and Lodging If DE# 39 Nature of Payment is any other value, this field **must**	13 Char * For US only, you can enter US or United States	Must be exactly 2 char abbreviation of country * For US only, you can enter US or United States	Yes	COUNTRY_OF_TRAVEL	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
53	**General Record Information**											
54	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
55	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.	Boolean	"Y" = Yes; "N" = No	Yes IF DE# 6 Covered Recipient Type = "1" (Physician) IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this field **must** be blank.	1 Char	Validates that only character "Y" or "N" is provided	Yes	PHYSICIAN_OWNERSHIP_INDICATOR	No notes	No, only values given in Format Column E are allowed.
56	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).	Enumeration	"1" = "Entity" "2" = "Individual" "3" = "No Third Party Payment"	Yes	1 Char	Limited to numeric characters "1," "2," or "3"	Yes	THIRD_PARTY_PAYMENT_RECIPIENT_INDICATOR	No notes	No, only values given in Format Column E are allowed.
57	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.	Text	Free form text	Yes IF DE# 44, Third Party Payment Recipient Indicator = "1" (Entity) IF DE# 44 is any other value, this field **must** be blank.	≤ 50 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	NAME_OF_THIRD_PARTY_ENTITY_RECEIVING_PAYMENT_OR_TRANSFER_OF_VALUE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
58	46	Charity Indicator	Indicates the third party entity that received the payment or other transfer of value is a charity.	Boolean	"Y" = Yes; "N" = No	No	1 Char	Validates that only character "Y" or "N" is provided If reported, Third Party Payment Recipient Indicator = 1 (Entity)	Yes	CHARITY_INDICATOR	No notes	No, only values given in Format Column E are allowed.
59	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.	Boolean	"Y" = Yes; "N" = No	Yes IF DE# 44, Third Party Payment Recipient Indicator = "1"(Entity) or "2"(Individual) IF DE# 44 is any other value, this field **must** be blank.	1 Char	Validates that only character "Y" or "N" is provided	Yes	THIRD_PARTY_EQUALS_COVERED_RECIPIENT_INDICATOR	No notes	No, only values given in Format Column E are allowed.
60	48	Contextual Information	Any free text which the reporting entity deems helpful or appropriate regarding this payment or other transfer of value.	Text	Free form text	Yes IF DE#49, Delay in Publication of Research Payment Indicator = "1" or "2"	≤ 500 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	CONTEXTUAL_INFORMATION	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
61	49	Delay in Publication of Research Payment Indicator	Indicator showing if an Applicable Manufacturer/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 product (drug, device, biological, or medical supply) or (2) clinical investigation regarding a new product (drug, device, biological, or medical supply). If the Delay in Publication of Research Payment Indicator equals "1" or "2", indicate the name of the related research study in DE#48, "Contextual information." 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.	Enumeration	"1" = R&D on New Product "2" = Clinical Investigation on New Product "3" = No Delay Requested	Yes	1 Char	Limited to numeric characters "1," "2," or "3" Validated against CMS-approved data sources	Yes	DELAY_IN_PUBLICATION_OF_RESEARCH_PAYMENT_INDICATOR	Delay in publication must be re-requested annually and can only be requested for a total of four years. This can be done by resubmitting the record and requesting a delay in publication again. To determine if a record that has been delayed in publication requires renewal to remain delayed, go to the Review Records page and select the payment category to view. Use the filter tools on the next page to search for records with a "Delay in Publication" status of "Renew"	No, only values given in Format Column E are allowed.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
3	1	Applicable Manufacturer or Applicable GPO Name	Textual proper name of either the Submitting Applicable Manufacturer or Submitting Applicable Group Purchasing Organization (GPO). If this submission file contains records of payment(s) and/or other transfer(s) of value made by only one Applicable Manufacturer/Applicable GPO, enter that Applicable Manufacturer's/Applicable GPO's name in this data field for all records in the submission file. If this submission file contains records of payment(s) and/or other transfer(s) of value from multiple Applicable Manufacturers/Applicable GPOs, enter the name of the Applicable Manufacturer/Applicable GPO submitting the consolidated report in this field. The name of the Applicable Manufacturer/Applicable GPO that made the payment for each record is entered in the "Applicable Manufacturer or Applicable GPO Making Payment Name" (DE#33) field of that record.	Text	Free form text	Yes	≤ 100 Char	Validated against data type, format, and field size (columns D, E, G) Match the name on file for associated Registration ID	Yes	APPLICABLE_MANUFACTURER_OR_APPLICABLE_GPO_NAME	Published as "Submitting Applicable Manufacturer or Applicable GPO Name"	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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 submission file contains records of payment(s) and/or other transfers of value made by only one Applicable Manufacturer/Applicable GPO, enter that Applicable Manufacturer's/Applicable GPO's Registration ID in this data field for all records in the submission file. If this submission file contains records of payment(s) and/or other transfer(s) of value from multiple Applicable Manufacturers/Applicable GPOs, enter the Record ID of the Applicable Manufacturer/Applicable GPO submitting the consolidated report. The Record ID of the Applicable Manufacturer/Applicable GPO that made the payment for each record is entered in the "Applicable Manufacturer or Applicable GPO Making Payment Registration ID" (DE#34) field of that record.	Numeric	System generated	Yes	System generated ; ≤ 38 digits	Validated against data type, format, and field size (columns D, E, G) Match the Registration ID on file	No	APPLICABLE_MANUFACTURER_OR_APPLICABLE_GPO_ID	No notes	System generated value only.
5	3	Consolidated Report Indicator	Indicator showing if this submission file constitutes a Consolidated Report.	Boolean	"Y" = Yes; "N" = No	Yes	1 Char	Validates that only character "Y" or "N" is provided	No	CONSOLIDATED_REPORT_INDICATOR	For more information on Consolidated Reporting, consult the Quick Reference Guide on Consolidated Reporting, located on the CMS Open Payments website.	No, only values given in Format Column E are allowed.
6	4	Resubmission File Indicator	Indicator showing if this submission file contains payment(s) and/or other transfer(s) of value that are all new records, amended or corrected versions of previously submitted records, previously submitted records for which a delay in publication has been requested that you now wish to update, or previously submitted records that you now wish to delete.	Enumeration	"N" = New Submission "Y" = Resubmission "R" = Renew Delay in Publication "D" = Delete	Yes	1 Char	Validates that only character "N","Y","R", or "D" is provided If "R" is provided, only DE# 2, 3, 4, 34, 35, 36A, and 40 are required for the record. All other fields are optional. If "D" is provided, only DE# 2, 3, 4, 34, 35, and 36A are required for the record. All other fields are optional.	No	RESUBMISSION_FILE_INDICATOR	No notes	No, only values given in Format Column E are allowed.
7	5	Original File Submission ID	This field is no longer collected by Open Payments and is replaced by Home System Payment ID, data element 34A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID, data element 34A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID, data element 34A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID, data element 34A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID, data element 34A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID, data element 34A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID, data element 34A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID, data element 34A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID, data element 34A.	N/A
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**											
10	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
11	6	Covered Recipient Type	Indicator showing if the recipient of the payment or other transfer of value is a covered physician, a covered teaching hospital, a non-covered entity, or a non-covered individual.	Enumeration	"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	Validates that only 1, 2, 3, or 4 is provided	Yes	COVERED_RECIPIENT_TYPE	No notes	No, only values given in Format Column E are allowed.
12	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 DE# 6 Covered Recipient Type = "3" (Non-covered Recipient Entity) IF DE# 6 is any other value, this field **must** be blank.	≤ 100 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	NON_COVERED_RECIPIENT_ENTITY_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet
13	8	Covered Recipient Teaching Hospital Name	The "doing business as" name 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.	Text	Text of Standardized Selection from approved list of Teaching Hospitals	Yes IF DE# 6 Covered Recipient Type = "2" (Covered Recipient Teaching Hospital) IF DE# 6 is any other value, this field **must** be blank.	≤ 100 Char	Validated against data type, format, and field size (columns D, E, G) A standardized list of covered Teaching Hospital names and information is provided on the CMS Open Payments website. Hospital name submitted is matched against this list. Use the "Hospital Name" value in the list for the correct name. (Records for program year 2013 only must use the "PECOS Legal Name" instead) Value must match the hospital name associated with the TIN (DE #8) as per the	Yes	COVERED_RECIPIENT_TEACHING_HOSPITAL_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
14	9	Covered Recipient Teaching Hospital Tax ID Number (TIN)	Tax Identification Number (TIN) of Teaching Hospital receiving the payment or other transfer of value.	Numeric	999999999	Yes IF DE# 6 Covered Recipient Type = "2" (Covered Recipient Teaching Hospital) IF DE# 6 is any other value, this field **must** be blank.	9 Char	Validated against data type, format, and field size (columns D, E, G) A standardized list of covered Teaching Hospital names and information is provided on the CMS Open Payments website. Value must match the TIN associated with the teaching hospital name (DE #8) as per the Teaching HospitalList	No	COVERED_RECIPIENT_TEACHING_HOSPITAL_TAX_ID_NUMBER	No notes	No, only numeric values are allowed.
15	10	Covered Recipient Physician First Name	Textual first name of the physician (covered recipient) receiving the payment or other transfer of value. If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).	Text	Free form text	Yes IF DE# 6 Covered Recipient Type = "1" (Covered Recipient Physician) IF DE# 6 is any other value, this field **must** be blank.	≤ 20 Char	Validated against CMS-approved data sources	Yes	COVERED_RECIPIENT_PHYSICIAN_FIRST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
16	11	Covered Recipient Physician Middle Name	Textual middle initial or middle name of the physician (covered recipient) receiving the payment or other transfer of value. If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).	Text	Free form text	No IF DE# 6 Covered Recipient Type = "2" (Covered Recipient Teaching Hospital), "3" (Non-covered Recipient Entity), or "4" (Non-covered Recipient Individual), this field **must** be blank.	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	COVERED_RECIPIENT_PHYSICIAN_MIDDLE_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
17	12	Covered Recipient Physician Last Name	Textual last name of the physician (covered recipient) receiving the payment or other transfer of value. If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).	Text	Free form text	Yes IF DE# 6 Covered Recipient Type = "1" (Covered Recipient Physician) IF DE# 6 is any other value, this field **must** be blank.	≤ 35 Char	Validated against data type, format, and field size (columns D, E, G) Validated against CMS-approved data sources	Yes	COVERED_RECIPIENT_PHYSICIAN_LAST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
18	13	Covered Recipient Physician Name Suffix	Name suffix of the physician (covered recipient) receiving the payment or other transfer of value chosen from a constrained list of values (Examples: Jr., Sr., III). If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).	Text	Free form text	No IF DE# 6 Covered Recipient Type = "2" (Covered Recipient Teaching Hospital), "3" (Non-covered Recipient Entity), or "4" (Non-covered Recipient Individual), this field **must** be blank.	≤ 5 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	COVERED_RECIPIENT_PHYSICIAN_NAME_SUFFIX	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
19	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 DE# 6 Covered Recipient Type = "1" (Covered Recipient Physician), OR "2" (Covered Recipient Teaching Hospital), OR "3" (Non-covered Recipient Entity) IF DE# 6 is any other value, this field **must** be blank.	≤ 55 Char	Validated against data type, format, and field size (columns D, E, G) If the Covered Recipient Type (DE#6) has a value of "2" (Teaching Hospital), NPPES Address Line 1 from the CMS-provided Teaching Hospital list should be used for this data element	Yes	RECIPIENT_BUSINESS_STREET_ADDRESS_LINE_1	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
20	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	≤ 55 Char	Validated against data type, format, and field size (columns D, E, G) If the Covered Recipient Type (DE#6) has a value of "2" (Teaching Hospital), NPPES Address Line 2 from the CMS-provided Teaching Hospital List should be used for	Yes	RECIPIENT_BUSINESS_STREET_ADDRESS_LINE_2	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
21	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 DE# 6 Covered Recipient Type = "1" (Covered Recipient Physician), OR "2" (Covered Recipient Teaching Hospital), OR "3" (Non-covered Recipient Entity) IF DE# 6 is any other value, this field **must** be blank.	≤ 40 Char	Validated against data type, format, and field size (columns D, E, G) If the Covered Recipient Type (DE#6) has a value of "2" (Teaching Hospital), NPPES Address City from the CMS-provided Teaching Hospital list should be used for this data element	Yes	RECIPIENT_CITY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
22	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 DE# 19 = "US" or "United States" IF DE# 19 is any other value, this field **must** be blank.	2 Char	Validated against data type, format, and field size (columns D, E, G) Limited to list of state abbreviations and territories per US Postal Service If the Covered Recipient Type (DE#6) has a value of "2" (Teaching Hospital), NPPES Address State from the CMS-provided Teaching Hospital list should be used for	Yes	RECIPIENT_STATE	No notes	No, only values given in Format Column E are allowed.
23	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 DE# 19 = "US" or "United States" IF DE# 19 is any other value, this field **must** be blank.	≤ 9 Char	Validated against data type, format, and field size (columns D, E, G) Either exactly 5 or exactly 9 numeric digits If the Covered Recipient Type (DE#6) has a value of "2" (Teaching Hospital), NPPES Address Zip code from the CMS-provided Teaching Hospital list should be used for this data element	Yes	RECIPIENT_ZIP_CODE	No notes	No, only numeric values are allowed.
24	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 DE# 6 Covered Recipient Type= "1" (Covered Recipient Physician), OR "2" (Covered Recipient Teaching Hospital), OR "3" (Non-covered Recipient Entity) IF DE# 6 is any other value, this field **must** be blank.	2 Char * For US only, you can enter US or United States	Validated against data type, format, and field size (columns D, E, G) Must be exactly 2 char abbreviation of country * For US only, you can enter US or United States	Yes	RECIPIENT_COUNTRY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
25	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	No	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	RECIPIENT_PROVINCE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
26	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 DE# 19 is outside the United States AND DE# 6 = "1", OR "2", OR "3" For all other conditions, this field **must** be blank.	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G) Proper length and format validated for each country	Yes	RECIPIENT_POSTAL_CODE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
27	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	Validated against data type, format, and field size (columns D, E, G) Proper email format enforced	No	RECIPIENT_EMAIL_ADDRESS	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
28	23	Covered Recipient Physician NPI	Individual NPI for Physician (not the NPI of any group the physician belongs to). **Required, if physician has an NPI.**	Numeric	Numeric digits only	Yes IF the Covered Recipient Physician has an NPI IF DE# 6 Covered Recipient Type = "2" (Covered Recipient Teaching Hospital), "3" (Non-covered Recipient Entity), or "4" (Non-covered Recipient Individual), this field **must** be blank.	10 Char	Validated against data type, format, and field size (columns D, E, G) Validated against CMS-approved data sources	No	COVERED_RECIPIENT_PHYSICIAN_NPI	No notes	No, only numeric values are allowed.
29	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 DE# 6 Covered Recipient Type = "1" (Covered Recipient Physician) IF DE# 6 is any other value, this field **must** be blank.	1 Char	Limited to numeric characters 1 through 6	Yes	COVERED_RECIPIENT_PHYSICIAN_PRIMARY_TYPE	No notes	No, only values given in Format Column E are allowed.
30	25	Covered Recipient Physician Specialty	Taxonomy code for the physician's specialty, chosen from the standardized "provider taxonomy" code list.	Text	Text from Standardized Selection	Yes IF DE# 6 Covered Recipient Type = "1" (Covered Recipient Physician) IF DE# 6 is any other value, this field **must** be blank.	10 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	COVERED_RECIPIENT_PHYSICIAN_SPECIALTY	Refer to the Open Payments Physician Taxonomy Code list on the CMS Open Payments website for a list of accepted taxonomy codes.	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
31	26	Covered Recipient Physician License State and License Number	Paired state and official state license number of the covered recipient physician. May include up to 5 "Physician License State and License Number" pairs, if the physician is licensed in multiple states.	Text	Maximum of 5 unique pairs of the state and license number: AA-99999999999999999999	Yes IF DE# 6 Covered Recipient Type = "1" (Covered Recipient Physician) IF DE# 6 is any other value, this field **must** be blank.	≤ 28 Char	Validated against data type, format, and field size (columns D, E, G) Proper length and format validated for each state The pairing includes the 2 letter state abbreviation, followed by a hyphen, followed by the state license number	Yes, for the State AND No, for the License #	COVERED_RECIPIENT_PHYSICIAN_LICENSE_STATE_AND_LICENSE_NUMBER_1 COVERED_RECIPIENT_PHYSICIAN_LICENSE_STATE_AND_LICENSE_NUMBER_2 COVERED_RECIPIENT_PHYSICIAN_LICENSE_STATE_AND_LICENSE_NUMBER_3 COVERED_RECIPIENT_PHYSICIAN_LICENSE_STATE_AND_LICENSE_NUMBER_4 COVERED_RECIPIENT_PHYSICIAN_LICENSE_	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
32	**Associated Drug, Device, Biological, or Medical Supply Information**											
33	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
34	27	Related Product Indicator	An indicator for whether the payment or other transfer of value is related to one or more product(s) (drugs, devices, biologicals, or medical supplies). If the payment was not made in relation to a product, select "No". If the payment was related to one or more product, select "Yes".	Boolean	"Y" = Yes; "N" = No	Yes	1 Char	Validates that only character "Y" or "N" is provided	Yes	RELATED_PRODUCT_INDICATOR	If reporting multiple products, the information in DE# 28-32 must be reported for one product before moving on to the next product in the record (i.e., report all information for one product, then all information for the next product, etc.)	No, only values given in Format Column E are allowed.
35	28	Covered or Non covered Product Indicator	For each product listed in relation to the payment or other transfer of value, indicate if the product is a covered or non covered product per the covered product definition in the Open Payments final rule. Do not report this element if the payment is not related to any products.	Enumeration	"1" for covered "2" for non covered	Yes IF Related Product Indicator (DE #27) is "Yes" IF DE# 27 = "N", this field **must** be blank.	1 Char	Allowed values limited to "1" or "2"	Yes	COVERED_OR_NONCOVERED_INDICATOR_1 COVERED_OR_NONCOVERED_INDICATOR_2 COVERED_OR_NONCOVERED_INDICATOR_3 COVERED_OR_NONCOVERED_INDICATOR_4 COVERED_OR_NONCOVERED_INDICATOR_5	No notes	No, only values given in Format Column E are allowed.
36	29	Indicate Drug, Device, Biological, or Medical Supply	For each product listed in relation to the payment or other transfer of value, indicate if the product is a drug, device, biological or medical supply. Do not report this element if the payment is not related to any products.	Enumeration	"1" for drug "2" for device "3" for biological "4" for medical supply	Yes IF - Related Product Indicator (DE #27) is "Yes" and Covered or Non covered Product Indicator (DE #28) is "Covered" OR - Related Product Indicator (DE #27) is "Yes", Covered or Non covered Product Indicator (DE #28) is "Non-covered", and an Associated Drug or Biological NDC (DE#32) has been provided. In this case, this field must be "1" or "3." IF DE# 27 = "N", this field **must** be blank.	1 Char	Allowed values limited to "1", "2", "3", or "4"	Yes	INDICATE_DRUG_OR_BIOLOGICAL_OR_DEVICE_OR_MEDICAL_SUPPLY_1 INDICATE_DRUG_OR_BIOLOGICAL_OR_DEVICE_OR_MEDICAL_SUPPLY_2 INDICATE_DRUG_OR_BIOLOGICAL_OR_DEVICE_OR_MEDICAL_SUPPLY_3 INDICATE_DRUG_OR_BIOLOGICAL_OR_DEVICE_OR_MEDICAL_SUPPLY_4 INDICATE_DRUG_OR_BIOLOGICAL_OR_DEVICE_OR_MEDICAL_SUPPLY_5	No notes	No, only values given in Format Column E are allowed.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
37	30	Product Category or Therapeutic Area	Provide the product category or therapeutic area for the covered drug, device, biological, or medical supply listed in relation to the payment or other transfer of value. Do not report this element if the payment or other transfer of value is not related to any products.	Text	Free form text	Yes IF - Related Product Indicator (DE #27) is "Yes" and Covered or Non covered Product Indicator (DE #28) is "Covered" IF DE# 27 = "N", this field **must** be blank.	< 100 Char	Validated against data type, format, and field size (columns D, E, G) The values in this field may not consist of only zeroes	Yes	PRODUCT_CATEGORY_OR_THERAPEUTIC_AREA_1 PRODUCT_CATEGORY_OR_THERAPEUTIC_AREA_2 PRODUCT_CATEGORY_OR_THERAPEUTIC_AREA_3 PRODUCT_CATEGORY_OR_THERAPEUTIC_AREA_4 PRODUCT_CATEGORY_OR_THERAPEUTIC_AREA_5	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
38	31	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) associated with the payment or other transfer of value. If the drug or biological associated with this payment or other transfer of value does not have a marketed name, report the drug or biological name as it is registered on www.clinicaltrials.gov. If the device or medical supply associated with this payment does not have a marketed name, this field may be left blank. Do not report this element if the payment is not related to any products.	Text	Free form text	Yes IF - Related Product Indicator (DE #27) is "Yes" and Covered or Non covered Product Indicator (DE #28) is "Covered" and Indicate Drug, Device, Biological, or Medical Supply (DE#29) is "1" or "3" OR - Related Product Indicator (DE #27) is "Yes", Covered or Non covered Product Indicator (DE #28) is "Non-covered", Indicate Drug, Device, Biological, or Medical Supply (DE#29) is "1" or "3" and an Associated Drug or Biological NDC (DE#32) has been provided	< 100 Char	Validated against data type, format, and field size (columns D, E, G) The values in this field may not consist of only zeroes	Yes	NAME_OF_DRUG_OR_BIOLOGICAL_OR_DEVICE_OR_MEDICAL_SUPPLY_1 NAME_OF_DRUG_OR_BIOLOGICAL_OR_DEVICE_OR_MEDICAL_SUPPLY_2 NAME_OF_DRUG_OR_BIOLOGICAL_OR_DEVICE_OR_MEDICAL_SUPPLY_3 NAME_OF_DRUG_OR_BIOLOGICAL_OR_DEVICE_OR_MEDICAL_SUPPLY_4 NAME_OF_DRUG_OR_BIOLOGICAL_OR_DEVICE_OR_MEDICAL_SUPPLY_5	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
39	32	Associated Drug or Biological NDC	For each covered drug or covered biological listed in relation to the payment or other transfer of value, provide the associated National Drug Code (NDC) (if applicable). Up to 5 NDCs can be provided. NDCs are required for all drugs and biologicals that have NDCs. If the reported drug or biological does not have an NDC this field may be left blank. Report this element for drugs and biologicals only. Do not report this element if the payment or other transfer of value is not related to any products.	Text	10-digit numeric code with three segments divided by dashes, grouped in one of three ways: 9999-9999-99 99999-999-99 99999-9999-9	Yes IF - Related Product Indicator (DE #27) is "Yes" and Covered or Non covered Product Indicator (DE #28) is "Covered" and when the reported drug or biological has an NDC IF DE# 27 = "N" or if DE# 29 = "2" or "4", this field **must** be blank.	12 Char (including dashes)	Validated against format and field size (columns E and G) If a drug or biological named in the record (DE#31) has an NDC, the NDC must be reported with the same record. The order of NDCs provided must match the order of named drugs or biologicals in DE#31. If no NDC exists for a named drug or biological in DE#31, leave the corresponding NDC field blank for that drug or biological. The numeric values in this field may not consist of only zeroes	Yes	ASSOCIATED_DRUG_OR_BIOLOGICAL_NDC_1 ASSOCIATED_DRUG_OR_BIOLOGICAL_NDC_2 ASSOCIATED_DRUG_OR_BIOLOGICAL_NDC_3 ASSOCIATED_DRUG_OR_BIOLOGICAL_NDC_4 ASSOCIATED_DRUG_OR_BIOLOGICAL_NDC_5	No notes	Minus sign/hyphen (-)
40	**Transfer of Value (Research Payment) Information**											
41	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
42	33	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.	Text	Free form text	Yes	≤ 100 Char	Validated against data type, format, and field size (columns D, E, G) If DE# 3 (Consolidated Report Indicator) = "N", the value provided for this data element must be the same as the value provided for DE# 1 (Applicable Manufacturer or Applicable GPO Name).	Yes	APPLICABLE_MANUFACTURER_OR_APPLICABLE_GPO_MAKING_PAYMENT_NAME	Published as "Making Payment Applicable Manufacturer or Applicable GPO Name"	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
43	34	Applicable Manufacturer or Applicable GPO Making Payment Registration ID	Open Payments system-generated identifier for this Applicable Manufacturer or Applicable GPO issued during the registration process.	Numeric	System generated	Yes	System generated: ≤ 38 digits	Validated against data type, format, and field size (columns D, E, G) If DE# 3 (Consolidated Report Indicator) = "N", the value provided for this data element must be the same as the value provided for DE# 2 (Applicable Manufacturer or Applicable GPO Registration ID).	Yes	APPLICABLE_MANUFACTURER_OR_APPLICABLE_GPO_MAKING_PAYMENT_REGISTRATION_ID	Published as Published as "Applicable_Manufacturer_or_Applicable_GPO_Making_Payment_ID"	System generated value only.
44	34A	Home System Payment ID	The identifier associated with the payment transaction in the Applicable Manufacturer or Applicable GPO home system.	Text	Text	No	≤ 50 Char	Validated against data type, format, and field size (columns D, E, G)	No	HOME_SYSTEM_PAYMENT_ID	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
45	35	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	Numeric	System generated	Yes IF DE# 4 Resubmission File Indicator = "Y", "R" or "D"	System generated: ≤ 38 digits	Validated against data type, format, and field size (columns D, E, G)	No	RESUBMITTED_PAYMENT_RECORD_ID	No notes	System generated value only.
46	36	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) 9999999999.99	Yes	12 Char	Validated against data type, format, and field size (columns D, E, G) The value in this field cannot be 0.00. The value entered must be greater than zero dollars	Yes	TOTAL_AMOUNT_OF_RESEARCH_PAYMENT_U_S_DOLLARS	No notes	No, only values given in Format Column E are allowed.

DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
36A	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	Validated against data type, format, and field size (columns D, E, G) Is within correct reporting year	Yes	DATE_OF_PAYMENT	No notes	No, only values given in Format Column E are allowed.
37	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; "4" = Stock option; "5" = Any other ownership interest; "6" = Dividend, profit or other return on investment	Yes	1 Char	Limited to numeric characters 1 through 6	Yes	FORM_OF_PAYMENT_OR_TRANSFER_OF_VALUE	No notes	No, only values given in Format Column E are allowed.
38	Expenditure Category	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.	Enumeration	Format: 9-999 "1" = Professional Salary Support; "2" = Medical Research Writing or Publication; "3" = Patient Care; "4" = Non-patient Care; "5" = Overhead; "6" = Other	No	≤ 5 Char	Validated against data type, format, and field size (columns D, E, G) Category number represented as a single number (per the format column) followed by the 2- or 3-digit percentage of the value of that category for this payment (e.g., 1-90 or 1-100)	Yes	EXPENDITURE_CATEGORY	No notes	No, only values given in Format Column E are allowed.

Research Related Information

DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
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	1 Char	Validates that only character "Y" or "N" is provided	Yes	PRE_CLINICAL_RESEARCH_INDICATOR	No notes	No, only values given in Format Column E are allowed.
40	Delay in Publication of Research Payment Indicator	Indicator showing if an Applicable Manufacturer/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 product (drug, device, biological, or medical supply) or (2) clinical investigation regarding a new product (drug, device, biological, or medical supply). Applicable Manufacturers/Applicable 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.	Enumeration	"1" = R&D on New Product "2" = Clinical Investigation on New Product "3" = No Delay Requested	Yes	1 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	DELAY_IN_PUBLICATION_OF_RESEARCH_PAYMENT_INDICATOR	Delay in publication must be re-requested annually and can only be requested for a total of four years. This can be done by resubmitting the record and requesting a delay in publication again. To determine if a record that has been delayed in publication requires renewal to remain delayed, go to the Review Records page and select the payment category to view. Use the filter tools on the next page to search for records with a "Delay in Publication" status of "Renew."	No, only values given in Format Column E are allowed.
41	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 DE# 39 Pre-clinical Research Indicator = "N"	≤ 500 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	NAME_OF_STUDY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
42	Context of Research	Textual description of research context or research objectives.	Text	Free form text	No	≤ 500 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	CONTEXT_OF_RESEARCH	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
43	ClinicalTrials.Gov Identifier	Identifier assigned if research study is registered on ClinicalTrials.gov.	Text	11 character alphanumeric, first 3 characters alpha	No	11 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	CLINICALTRIALS_GOV_IDENTIFIER	No notes	No, only values given in Format Column E are allowed.
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	≤ 2083 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	RESEARCH_INFORMATION_LINK	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
45	Principal Investigator Covered Recipient Physician Indicator	Indicator showing if the payment or other transfer of value is associated with a research study that employed at least one Principal Investigator who is a covered recipient physician in addition to the covered recipient who received the payment.	Boolean	"Y" = Yes; "N" = No	Yes	1 Char	Validates that only character "Y" or "N" is provided If there is a covered recipient principal investigator, set this field to "Y" and enter identifying information for at least one covered recipient Principal Investigator in the fields below. Up to five (5) Principal Investigator covered recipient physicians can be entered. The principal investigator(s) entered must be unique individuals. The individual identified as the covered recipient physician cannot be entered as a principal investigator. If the Covered Recipient Type (DE#6) is set to "3" or "4," the Principal Investigator Covered Recipient Physician Indicator must be set to "Y." If there is not a covered recipient principal investigator, set this field to "N" and do not enter any information in the Principal Investigator fields below If the covered recipient physician receiving the payment is also the only Principal Investigator, set this field to "N." You do not need to duplicate that physician's information.	No	PRINCIPAL_INVESTIGATOR_COVERED_RECIPIENT_PHYSICIAN_INDICATOR	No notes	No, only values given in Format Column E are allowed.
46	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.	Text	Free form text	Yes IF DE# 45, "Principal Investigator Physician Covered Recipient Indicator" = "Y"	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL1_INVESTIGATOR_FIRST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
60	47	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	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL1_INVESTIGATOR_MIDDLE_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
61	48	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 DE# 45, "Principal Investigator Physician Covered Recipient Indicator" = "Y"	≤ 35 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL1_INVESTIGATOR_LAST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
62	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	≤ 5 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL1_INVESTIGATOR_NAME_SUFFIX	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
63	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 DE# 45, "Principal Investigator Physician Covered Recipient Indicator" = "Y"	≤ 55 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL1_INVESTIGATOR_BUSINESS_STREET_ADDRESS_LINE_1	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
64	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	≤ 55 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL1_INVESTIGATOR_BUSINESS_STREET_ADDRESS_LINE_2	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
65	52	Principal Investigator City	The primary business address city of the Principal Investigator of the research study.	Text	Free form text	Yes IF DE# 45, "Principal Investigator Physician Covered Recipient Indicator" = "Y"	≤ 40 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL1_INVESTIGATOR_CITY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
66	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 DE# 45, "Principal Investigator Physician Covered Recipient Indicator" = "Y" AND Principal Investigator Country, DE# 55 is the United States	2 Char	Validated against data type, format, and field size (columns D, E, G) Limited to list of state abbreviations and territories per US Postal Service	Yes	PRINCIPAL1_INVESTIGATOR_STATE	No notes	No, only values given in Format Column E are allowed.
67	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 DE# 45, "Principal Investigator Physician Covered Recipient Indicator" = "Y" AND Principal Investigator Country, DE# 55 is the United States	≤ 9 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL1_INVESTIGATOR_ZIP_CODE	No notes	No, only numeric values are allowed.
68	55	Principal Investigator Country	The primary business address country name of the Principal investigator of the research study.	Text	Free form text	Yes IF DE# 45, "Principal Investigator Physician Covered Recipient Indicator" = "Y"	2 Char * For US only, you can enter US or United States	Must be exactly 2 char abbreviation of country * For US only, you can enter US or United States	Yes	PRINCIPAL1_INVESTIGATOR_COUNTRY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
69	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	No	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL1_INVESTIGATOR_PROVINCE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
70	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 DE# 55 is outside the United States	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL1_INVESTIGATOR_POSTAL_CODE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
71	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 DE# 45, "Principal Investigator Physician Covered Recipient Indicator" = "Y"	1 Char	Allowed values limited to "1", "2", "3", "4", "5", or "6"	Yes	PRINCIPAL1_INVESTIGATOR_PHYSICIAN_PRIMARY_TYPE	No notes	No, only values given in Format Column E are allowed.
72	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	10 Char	Validated against data type, format, and field size (columns D, E, G) Validated against CMS-approved data sources	No	PRINCIPAL1_INVESTIGATOR_NPI	No notes	No, only numeric values are allowed.
73	60	Principal Investigator Specialty	Taxonomy code for Principal Investigator's specialty, chosen from "provider taxonomy" code list.	Text	Text from Standardized Selection	Yes IF DE# 45, "Principal Investigator Physician Covered Recipient Indicator" = "Y"	10 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL1_INVESTIGATOR_SPECIALTY	Refer to the Open Payments Physician Taxonomy Code list on the CMS Open Payments website for a list of accepted taxonomy codes.	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
74	61	Principal Investigator License State and License Number	Paired state and state license number of the Principal Investigator, who is a physician covered recipient. May include up to 5 "Physician License State and License Number" pairs. D	Text	Maximum of 5 unique pairs of the state and license number: AA-99999999999999999999	Yes IF DE# 45, "Principal Investigator Physician Covered Recipient Indicator" = "Y"	≤ 28 Char	Validated against data type, format, and field size (columns D, E, G) Proper length and format validated for each state The pairing includes the 2 letter state abbreviation, followed by a hyphen, followed by the state license number	Yes, for the State AND No, for the License #	PRINCIPAL1_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_1 PRINCIPAL1_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_2 PRINCIPAL1_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_3 PRINCIPAL1_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_4 PRINCIPAL1_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_5	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
75	**Multiple Principal Investigators: For DE# 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 in DE# 46-61.**											
76	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
77	62	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.	Text	Free form text	No, unless indicating multiple Principal Investigators	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL2_INVESTIGATOR_FIRST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
78	63	Principal Investigator Middle Name	Textual 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	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL2_INVESTIGATOR_MIDDLE_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
79	64	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	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL2_INVESTIGATOR_LAST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
80	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	≤ 5 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL2_INVESTIGATOR_NAME_SUFFIX	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
81	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.	Text	Two line address format; First line contains building number, street name, street identifier	No, unless indicating multiple Principal Investigators	≤ 55 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL2_INVESTIGATOR_BUSINESS_STREET_ADDRESS_LINE_1	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
82	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	≤ 55 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL2_INVESTIGATOR_BUSINESS_STREET_ADDRESS_LINE_2	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
83	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	≤ 40 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL2_INVESTIGATOR_CITY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
84	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	2 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL2_INVESTIGATOR_STATE	No notes	No, only values given in Format Column E are allowed.
85	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	≤ 9 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL2_INVESTIGATOR_ZIP_CODE	No notes	No, only numeric values are allowed.
86	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	2 Char * For US only, you can enter US or United States	Validated against data type, format, and field size (columns D, E, G) Must be exactly 2 char abbreviation of country * For US only, you can enter US or United States	Yes	PRINCIPAL2_INVESTIGATOR_COUNTRY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
87	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	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL2_INVESTIGATOR_PROVINCE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
88	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 DE# 71 is outside the United States	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL2_INVESTIGATOR_POSTAL_CODE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
89	74	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)	No, unless indicating multiple Principal Investigators	1 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL2_INVESTIGATOR_PHYSICIAN_PRIMARY_TYPE	No notes	No, only values given in Format Column E are allowed.
90	75	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 the physician has an NPI.**	Numeric	Numeric digits only	No, unless indicating multiple Principal Investigators	10 Char	Validated against data type, format, and field size (columns D, E, G)	No	PRINCIPAL2_INVESTIGATOR_NPI	No notes	No, only numeric values are allowed.
91	76	Principal Investigator Specialty	Taxonomy code for Principal Investigator's specialty, chosen from "provider taxonomy" code list.	Text	Text from Standardized Selection	No, unless indicating multiple Principal Investigators	10 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL2_INVESTIGATOR_SPECIALTY	Refer to the Open Payments Physician Taxonomy Code list on the CMS Open Payments website for a list of accepted taxonomy codes.	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
92	77	Principal Investigator License State and License Number	Paired state and state license number of the Principal Investigator, who is a physician covered recipient. May include up to 5 "Physician License State and License Number" pairs.	Text	Maximum of 5 unique pairs of the state and license number: AA-999999999999999999999999	No, unless indicating multiple Principal Investigators	≤ 28 Char	Validated against data type, format, and field size (columns D, E, G) The pairing includes the 2 letter state abbreviation, followed by a hyphen, followed by the state license number	Yes, for the State AND No, for the License #	PRINCIPAL2_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_1 PRINCIPAL2_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_2 PRINCIPAL2_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_3 PRINCIPAL2_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_4 PRINCIPAL2_INVESTIGATOR_LICENSE_STAT	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
93	78	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.	Text	Free form text	No, unless indicating multiple Principal Investigators	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL3_INVESTIGATOR_FIRST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
94	79	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	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL3_INVESTIGATOR_MIDDLE_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
95	80	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	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL3_INVESTIGATOR_LAST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
96	81	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	≤ 5 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL3_INVESTIGATOR_NAME_SUFFIX	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
97	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.	Text	Two line address format; First line contains building number, street name, street identifier	No, unless indicating multiple Principal Investigators	≤ 55 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL3_INVESTIGATOR_BUSINESS_STREET_ADDRESS_LINE_1	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
98	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	≤ 55 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL3_INVESTIGATOR_BUSINESS_STREET_ADDRESS_LINE_2	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
99	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	≤ 40 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL3_INVESTIGATOR_CITY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
100	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	2 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL3_INVESTIGATOR_STATE	No notes	No, only values given in Format Column E are allowed.
101	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	≤ 9 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL3_INVESTIGATOR_ZIP_CODE	No notes	No, only numeric values are allowed.
102	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	2 Char * For US only, you can enter US or United States	Validated against data type, format, and field size (columns D, E, G) Must be exactly 2 char abbreviation of country * For US only, you can enter US or United	Yes	PRINCIPAL3_INVESTIGATOR_COUNTRY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
103	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	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL3_INVESTIGATOR_PROVINCE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
104	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 DE# 87 is outside the United States	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL3_INVESTIGATOR_POSTAL_CODE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
105	90	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)	No, unless indicating multiple Principal Investigators	1 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL3_INVESTIGATOR_PHYSICIAN_PRIMARY_TYPE	No notes	No, only values given in Format Column E are allowed.
106	91	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 the physician has an NPI.**	Numeric	Numeric digits only	No, unless indicating multiple Principal Investigators	10 Char	Validated against data type, format, and field size (columns D, E, G)	No	PRINCIPAL3_INVESTIGATOR_NPI	No notes	No, only numeric values are allowed.
107	92	Principal Investigator Specialty	Taxonomy code for Principal Investigator's specialty, chosen from "provider taxonomy" code list.	Text	Text from Standardized Selection	No, unless indicating multiple Principal Investigators	10 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL3_INVESTIGATOR_SPECIALTY	Refer to the Open Payments Physician Taxonomy Code list on the CMS Open Payments website for a list of accepted taxonomy codes.	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
108	93	Principal Investigator License State and License Number	Paired state and state license number of the Principal Investigator, who is a physician covered recipient. May include up to 5 "Physician License State and License Number" pairs.	Text	Maximum of 5 unique pairs of the state and license number: AA-999999999999999999999999	No, unless indicating multiple Principal Investigators	≤ 28 Char	Validated against data type, format, and field size (columns D, E, G) The pairing includes the 2 letter state abbreviation, followed by a hyphen, followed by the state license number	Yes, for the State AND No, for the License #	PRINCIPAL3_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_1 PRINCIPAL3_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_2 PRINCIPAL3_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_3 PRINCIPAL3_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_4 PRINCIPAL3_INVESTIGATOR_LICENSE_STAT	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
109	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.	Text	Free form text	No, unless indicating multiple Principal Investigators	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL4_INVESTIGATOR_FIRST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
110	95	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	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL4_INVESTIGATOR_MIDDLE_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
111	96	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	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL4_INVESTIGATOR_LAST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
112	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	≤ 5 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL4_INVESTIGATOR_NAME_SUFFIX	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
113	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.	Text	Two line address format; First line contains building number, street name, street identifier	No, unless indicating multiple Principal Investigators	≤ 55 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL4_INVESTIGATOR_BUSINESS_STREET_ADDRESS_LINE_1	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
114	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	≤ 55 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL4_INVESTIGATOR_BUSINESS_STREET_ADDRESS_LINE_2	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
115	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	≤ 40 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL4_INVESTIGATOR_CITY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
116	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	2 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL4_INVESTIGATOR_STATE	No notes	No, only values given in Format Column E are allowed.
117	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	≤ 9 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL4_INVESTIGATOR_ZIP_CODE	No notes	No, only numeric values are allowed.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
118	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	2 Char * For US only, you can enter US or United States	Must be exactly 2 char abbreviation of country * For US only, you can enter US or United States	Yes	PRINCIPAL4_INVESTIGATOR_COUNTRY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
119	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	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL4_INVESTIGATOR_PROVINCE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
120	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 DE# 103 is outside the United States	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL4_INVESTIGATOR_POSTAL_CODE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
121	106	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)	No, unless indicating multiple Principal Investigators	1 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL4_INVESTIGATOR_PHYSICIAN_PRIMARY_TYPE	No notes	No, only values given in Format Column E are allowed.
122	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 the physician has an NPI.**	Numeric	Numeric digits only	No, unless indicating multiple Principal Investigators	10 Char	Validated against data type, format, and field size (columns D, E, G)	No	PRINCIPAL4_INVESTIGATOR_NPI	No notes	No, only numeric values are allowed.
123	108	Principal Investigator Specialty	Taxonomy code for Principal Investigator's specialty, chosen from "provider taxonomy" code list.	Text	Text from Standardized Selection	No, unless indicating multiple Principal Investigators	10 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL4_INVESTIGATOR_SPECIALTY	Refer to the Open Payments Physician Taxonomy Code list on the CMS Open Payments website for a list of accepted taxonomy codes.	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
124	109	Principal Investigator License State and License Number	Paired state and state license number of the Principal Investigator, who is a physician covered recipient. May include up to 5 "Physician License State and License Number" pairs.	Text	Maximum of 5 unique pairs of the state and license number: AA- 99999999999999999999	No, unless indicating multiple Principal Investigators	≤ 28 Char	Validated against data type, format, and field size (columns D, E, G) The pairing includes the 2 letter state abbreviation, followed by a hyphen, followed by the state license number	Yes, for the State AND No, for the License #	PRINCIPAL4_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_1 PRINCIPAL4_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_2 PRINCIPAL4_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_3 PRINCIPAL4_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_4 PRINCIPAL4_INVESTIGATOR_LICENSE_STAT	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
125	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.	Text	Free form text	No, unless indicating multiple Principal Investigators	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL5_INVESTIGATOR_FIRST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
126	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	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL5_INVESTIGATOR_MIDDLE_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
127	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	≤ 35 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL5_INVESTIGATOR_LAST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
128	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	≤ 5 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL5_INVESTIGATOR_NAME_SUFFIX	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
129	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.	Text	Two line address format; First line contains building number, street name, street identifier	No, unless indicating multiple Principal Investigators	≤ 55 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL5_INVESTIGATOR_BUSINESS_STREET_ADDRESS_LINE_1	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
130	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	≤ 55 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL5_INVESTIGATOR_BUSINESS_STREET_ADDRESS_LINE_2	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
131	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	≤ 40 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL5_INVESTIGATOR_CITY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
132	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	2 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL5_INVESTIGATOR_STATE	No notes	No, only values given in Format Column E are allowed.
133	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	≤ 9 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL5_INVESTIGATOR_ZIP_CODE	No notes	No, only numeric values are allowed.
134	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	2 Char * For US only, you can enter US or United States	Must be exactly 2 char abbreviation of country * For US only, you can enter US or United States	Yes	PRINCIPAL5_INVESTIGATOR_COUNTRY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
135	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	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL5_INVESTIGATOR_PROVINCE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
136	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 DE# 119 is outside the United States	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL5_INVESTIGATOR_POSTAL_CODE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
137	122	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);	No, unless indicating multiple Principal Investigators	1 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL5_INVESTIGATOR_PHYSICIAN_PRIMARY_TYPE	No notes	No, only values given in Format Column E are allowed.
138	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 the physician has an NPI.**	Numeric	Numeric digits only	No, unless indicating multiple Principal Investigators	10 Char	Validated against data type, format, and field size (columns D, E, G)	No	PRINCIPAL5_INVESTIGATOR_NPI	No notes	No, only numeric values are allowed.
139	124	Principal Investigator Specialty	Taxonomy code for Principal Investigator's specialty, chosen from "provider taxonomy" code list.	Text	Text from Standardized Selection	No, unless indicating multiple Principal Investigators	10 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL5_INVESTIGATOR_SPECIALTY	Refer to the Open Payments Physician Taxonomy Code list on the CMS Open Payments website for a list of accepted taxonomy codes.	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
140	125	Principal Investigator License State and License Number	Paired state and state license number of the Principal Investigator, who is a physician covered recipient. May include up to 5 "Physician License State and License Number" pairs.	Alphanumeric	Maximum of 5 unique pairs of the state and license number: AA-999999999999999999999	No, unless indicating multiple Principal Investigators	≤ 28 Char	Validated against data type, format, and field size (columns D, E, G) The pairing includes the 2 letter state abbreviation, followed by a hyphen, followed by the state license number	Yes, for the State AND No, for the License #	PRINCIPAL5_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_1 PRINCIPAL5_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_2 PRINCIPAL5_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_3 PRINCIPAL5_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_4 PRINCIPAL5_INVESTIGATOR_LICENSE_STAT	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
3	1	Applicable Manufacturer or Applicable GPO Name	Textual proper name of either the Submitting Applicable Manufacturer or Submitting Applicable Group Purchasing Organization (GPO). If this submission file contains records of payment(s) and/or other transfer(s) of value made by only one Applicable Manufacturer/Applicable GPO, enter that Applicable Manufacturer's/Applicable GPO's name in this data field for all records in the submission file. If this submission file contains records of payment(s) and/or other transfer(s) of value from multiple Applicable Manufacturers/Applicable GPOs, enter the name of the Applicable Manufacturer/Applicable GPO submitting the consolidated report in this field. The name of the Applicable Manufacturer/Applicable GPO that made the payment for each record is entered in the "Applicable Manufacturer or Applicable GPO Making Payment Name" (DE#23) field of that record.	Text	Free form text	Yes	≤ 100 Char	Validated against data type, format, and field size (columns D, E, G) Match the name on file for associated Registration ID	Yes	APPLICABLE_MANUFACTURER_OR_APPLICABLE_GPO_NAME	Published as "Submitting Applicable Manufacturer or Applicable GPO Name"	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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 submission file contains records of payment(s) and/or other transfers of value made by only one Applicable Manufacturer/Applicable GPO, enter that Applicable Manufacturer's/Applicable GPO's Registration ID in this data field for all records in the submission file. If this submission file contains records of payment(s) and/or other transfer(s) of value from multiple Applicable Manufacturers/Applicable GPOs, enter the Record ID to be entered of the Applicable Manufacturer/Applicable GPO submitting the consolidated report. The Record ID of the Applicable Manufacturer/Applicable GPO that made the payment for each record is entered in the "Applicable Manufacturer or Applicable GPO Making Payment Registration ID" (DE#24) field of that record.	Numeric	System generated	Yes	System generated : ≤ 38 digits	Validated against data type, format, and field size (columns D, E, G) Match the Registration ID on file	No	APPLICABLE_MANUFACTURER_OR_APPLICABLE_GPO_ID	No notes	System generated value only.
5	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	CONSOLIDATED_REPORT_INDICATOR	For more information on Consolidated Reporting, consult the Quick Reference Guide on Consolidated Reporting, located on the CMS Open	No, only values given in Format Column E are allowed.
6	4	Resubmission File Indicator	Indicator showing if this submission file contains payment(s) and/or other transfer(s) of value that are all new records, amended or corrected versions of previously submitted records, or previously submitted records that you now wish to delete.	Enumeration	"N" = New Submission "Y" = Resubmission "D" = Delete	Yes	1 Char	Validates that only character "N","Y", or "D" is provided If "D" is provided, only DE# 2, 3, 4, 24, and 25 are required for the record. All other fields are optional.	No	RESUBMISSION_FILE_INDICATOR	No notes	No, only values given in Format Column E are allowed.
7	5	Original File Submission ID	This field is no longer collected by Open Payments and is replaced by Home System Payment ID data element 24A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID data element 24A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID data element 24A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID data element 24A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID data element 24A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID data element 24A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID data element 24A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID data element 24A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID data element 24A.	N/A
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	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
11	6	Ownership/Investment Physician's First Name	Textual first name of the physician with the ownership or investment interest being reported. If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).	Text	Free form text	Yes	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G) Validated against CMS-approved data sources Applicable GPOs cannot submit general or research payment records for physicians without submitting an ownership/investment interest record about that	Yes	OWNERSHIP_INVESTMENT_PHYSICIAN_S_FIRST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
12	7	Ownership/Investment Physician's Middle Name	Textual middle initial or middle name of the physician with the ownership or investment interest being reported. If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES)	Text	Free form text	No	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	OWNERSHIP_INVESTMENT_PHYSICIAN_S_MIDDLE_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
13	8	Ownership/Investment Physician's Last Name	Textual last name of the physician with the ownership or investment interest being reported. If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).	Text	Free form text	Yes	≤ 35 Char	Validated against data type, format, and field size (columns D, E, G) Validated against CMS-	Yes	OWNERSHIP_INVESTMENT_PHYSICIAN_S_LAST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
14	9	Ownership/Investment Physician's Name Suffix	Name suffix of the physician with the ownership or investment interest being reported. If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).	Text	Free form text	No	≤ 5 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	OWNERSHIP_INVESTMENT_PHYSICIAN_S_NAME_SUFFIX	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
15	10	Ownership/Investment Physician's 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	≤ 55 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	OWNERSHIP_INVESTMENT_PHYSICIAN_S_BUSINESS_STREET_ADDRESS_LINE_1	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
16	11	Ownership/Investment Physician's 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	No	≤ 55 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	OWNERSHIP_INVESTMENT_PHYSICIAN_S_BUSINESS_STREET_ADDRESS_LINE_2	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
17	12	Ownership/Investment Physician's City	The primary practice city of the physician with the ownership or investment interest being reported.	Text	Free form text	Yes	≤ 40 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	OWNERSHIP_INVESTMENT_PHYSICIAN_S_CITY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
18	13	Ownership/Investment Physician's 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 IF DE# 15 Ownership/Investment Physician's Country = "US" or "United States" IF DE# 15 is any other value, this field **must** be blank.	2 Char	Validated against data type, format, and field size (columns D, E, G) Limited to list of state abbreviations and territories	Yes	OWNERSHIP_INVESTMENT_PHYSICIAN_S_STATE	No notes	No, only values given in Format Column E are allowed.
19	14	Ownership/Investment Physician's 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 IF DE# 15 Ownership/Investment Physician's Country = "US" or "United States" IF DE# 15 is any other value, this field **must** be blank.	≤ 9 Char	Validated against data type, format, and field size (columns D, E, G) Either exactly 5 or exactly 9 numeric digits	Yes	OWNERSHIP_INVESTMENT_PHYSICIAN_S_ZIP_CODE	No notes	No, only numeric values are allowed.
20	15	Ownership/Investment Physician' s Country	The primary practice/business address country name of the physician with the ownership or investment interest being reported.	Text	Free form text	Yes	2 Char * For US only, you can enter US or United States	Validated against data type, format, and field size (columns D, E, G) Must be exactly 2 char abbreviation of country * For US only, you can	Yes	OWNERSHIP_INVESTMENT_PHYSICIAN__S_COUNTRY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
21	16	Ownership/Investment Physician's 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	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	OWNERSHIP_INVESTMENT_PHYSICIAN__PROVINCE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
22	17	Ownership/Investment Physician's 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 DE# 15 Ownership/Investment Physician's Country is outside the United States IF DE# 15 = "US" or "United States", this field **must** be blank.	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G) Proper length and format validated for each country	Yes	OWNERSHIP_INVESTMENT_PHYSICIAN_S_POSTAL_CODE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
23	18	Ownership/Investment Physician's Email Address	The primary email address of the physician with the ownership or investment interest being reported.	Text	Email Address	No	≤ 100 Char	Validated against data type, format, and field size (columns D, E, G) Proper email format	No	OWNERSHIP_INVESTMENT_PHYSICIAN_S_EMAIL_ADDRESS	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
24	19	Ownership/Investment Physician's 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	1 Char	Allowed values limited to "1", "2", "3", "4", "5", or "6"	Yes	OWNERSHIP_INVESTMENT_PHYSICIAN_S_PRIMARY_TYPE	No notes	No, only values given in Format Column E are allowed.
25	20	Ownership/Investment Physician's NPI	Individual NPI for the Physician (not the NPI of any group the physician belongs to) D	Text	Numeric digits only	Yes if Physician has an NPI	10 Char	Validated against data type, format, and field size (columns D, E, G) Validated against CMS-approved data sources	No	OWNERSHIP_INVESTMENT_PHYSICIAN_S_OR_TEACHING_HOSPITAL_NPI	No notes	No, only numeric values are allowed.
26	21	Ownership/Investment Physician's Specialty	Taxonomy code for the physician's specialty, chosen from the standardized "provider taxonomy" code list.	Text	Text from Standardized Selection	Yes	10 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	OWNERSHIP_INVESTMENT_PHYSICIAN_S_SPECIALTY	Refer to the Open Payments Physician Taxonomy Code list on the CMS Open Payments website for a list of accepted taxonomy	None
27	22	Ownership/Investment Physician's License State and License Number	Paired state and official state license number of the physician with the ownership or investment interest being reported. May include up to 5 "Physician License State and License Number" pairs, if a physician is licensed in multiple states.	Text	Maximum of 5 unique pairs of the state and license number: AA-999999999999999999999999	Yes	≤ 28 Char	Validated against data type, format, and field size (columns D, E, G) Proper length and format validated for each state The pairing includes the 2 letter state abbreviation, followed by a hyphen, followed by the state license number	No	OWNERSHIP_INVESTMENT_PHYSICIAN_S_LICENSE_STATE_AND_LICENSE_NUMBER_1 OWNERSHIP_INVESTMENT_PHYSICIAN_S_LICENSE_STATE_AND_LICENSE_NUMBER_2 OWNERSHIP_INVESTMENT_PHYSICIAN_S_LICENSE_STATE_AND_LICENSE_NUMBER_3 OWNERSHIP_INVESTMENT_PHYSICIAN_S_LICENSE_STATE_AND_LICENSE_NUMBER_4 OWNERSHIP_INVESTMENT_PHYSICIAN_S_LICENSE_STATE_AND_LICENSE_N	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
28	**Ownership/Investment Information**											
29	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
30	23	Applicable Manufacturer or Applicable GPO Reporting Ownership Name	Textual proper name of either the Applicable Manufacturer or Applicable GPO reporting the ownership or investment interest being reported in this record.	Text	Free form text	Yes	≤ 100 Char	Validated against data type, format, and field size (columns D, E, G) Matches Applicable /Applicable GPO names specified at registration for associated Registration IDs If DE# 3 (Consolidated Report Indicator) = "N", the value provided for this data element must	Yes	APPLICABLE_MANUFACTURER_OR_APPLICABLE_GPO_REPORTING_OWNERSHIP_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
31	24	Applicable Manufacturer or Applicable GPO Reporting Ownership Registration ID	Open Payments system-generated identifier for this Applicable Manufacturer or Applicable GPO issued during the registration process.	Numeric	System generated	Yes	System generated : ≤ 38 digits	Validated against data type, format, and field size (columns D, E, G) Matches Registration ID(s) on file If DE# 3 (Consolidated Report Indicator) = "N", the value provided for this data element must be the same as the value provided for DE #2 (Applicable Manufacturer or Applicable GPO Registration ID).	Yes	APPLICABLE_MANUFACTURER_OR_APPLICABLE_GPOREPORTING_OWNERSHIP_REGISTRATION_ID	Published as "Applicable_Manufacturer_or_Applicable_GPO_Making_Payment_ID"	System generated value only.
32	24A	Home System Payment ID	The identifier associated with the payment transaction in the Applicable Manufacturer or Applicable GPO home system	Text	Text	No	≤ 50 Char	Validated against data type, format, and field size (columns D, E, G)	No	HOME_SYSTEM_PAYMENT_ID	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
33	25	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 DE# 4 Resubmission File Indicator = "Y" or "D"	System generated : ≤ 38 digits	Validated against data type, format, and field size (columns D, E, G) If reported, matches Initial Payment Record ID for given Original File Submission ID	No	RESUBMITTED_PAYMENT_RECORD_ID	No notes	System generated value only.
34	26	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 Covered Recipient; "2" = Immediate family member	Yes	1 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	INTEREST_HELD_BY_PHYSICIAN_OR_AN_IMMEDIATE_FAMILY_MEMBER	No notes	No, only values given in Format Column E are allowed.
35	27	Dollar Amount Invested	For Ownership interests: The total dollar value, in US dollars, of the ownership interest gained by the physician (or the physician's immediate family members) in the Applicable Manufacturer or Applicable GPO during the reporting year only. Value reported should be for the entire calendar year. For Investment interests: The total dollar amount, in US dollars, the physician (or the physician's immediate family members) has invested in the Applicable Manufacturer or Applicable GPO during the reporting year only. Value reported should be for the entire calendar year. Convert values to US dollar currency if necessary.	Fixed point	Currency (US dollars) 9999999999.99	Yes	12 Char	Validated against data type, format, and field size (columns D, E, G) The dollar amount invested cannot be 0.00 if the Value of Interest (DE#28) is also 0.00.	Yes	DOLLAR_AMOUNT_INVESTED	No notes	No, only values given in Format Column E are allowed.
36	28	Value of Interest	The current cumulative value, in US dollars, of ownership or investment interest held by the physician (or the physician's immediate family members) in the Applicable Manufacturer or Applicable GPO as of the most recent feasible valuation date preceding the reporting date. Please note that this amount represents the cumulative current value of all ownership or investment interests held by the physician (or the physician's immediate family members in the Applicable Manufacturer or Applicable GPO. Convert values to US dollar currency if necessary.	Fixed point	Currency (US dollars) 9999999999.99	Yes	12 Char	Validated against data type, format, and field size (columns D, E, G) The value of interest cannot be 0.00 if the Dollar Amount Invested (DE#27) is also 0.00.	Yes	VALUE_OF_INTEREST	No notes	No, only values given in Format Column E are allowed.
37	29	Terms of Interest	Description of any applicable terms of the ownership or investment interest.	Text	Free form text	Yes	500 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	TERMS_OF_INTEREST	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet

ALLOWED SPECIAL CHARACTERS

Special Character	Name
+	Plus sign
&	Ampersand
'	Apostrophe
*	Asterisk
@	At sign
\	Backslash
^	Caret
:	Colon
,	Comma
$	Dollar sign
Space	Space character
=	Equal
!	Exclamation mark
/	Forward slash
`	Grave accent
>	Greater than
–	Minus sign/hyphen
(	Left parenthesis
{	Left curly brackets
[	Left square brackets
<	Less than
%	Percent
.	Period
#	Pound
?	Question mark
"	Quotation marks
)	Right parenthesis
}	Right curly brackets
]	Right square brackets
;	Semi-colon
|	Pipe
_	Underscore
~	Tilde

Version	Date Published	Description
1.0	Dec 2013/Jan 2014	Initial Release
1.1	April/May 2014	Updated and corrected throughout
1.2	May/June 2014	Updated and corrected throughout
1.3	June 2014	Updated and corrected throughout
1.4	October 2014	Physician Ownership: Updated "Terms of Interest" data element, "Publicly Displayed" field from 'No' to 'Yes'
1.5	February 2015	Updated per Program Year 2014 changes.
1.6	March 2015	Updated descriptions for DE 43: Principal Investigator Covered Recipient Physician Indicator and DE 6: Covered Recipient Type in the Research payment spreadsheet
1.7	November 2015	Updated per Program Year 2015 changes.
1.8	January 2016	Updated per Program Year 2016 changes.
1.9	April 2016	Corrected a typo in the "CSV Field Name" column for DE 27 and DE 29 in the General Payments tab and DE 28 and DE 30 in the Research Payments tab.
2.0	August 2016	Updated per Program Year 2016 changes.

Version Updates
Initial Release
April/May 2014 version
May/June 2014 version
June 2014 version
October 2014 version
January 2015 version
March 2015 version
November 2015 version

Screen Shots Submission Flow – 2016 And Forward

The screen shots below illustrate the submission workflow for users entering General Payments, Research Payments, and Physician Ownership Payments on the "Open Payments" Web Portal:

Section 1: Bulk Entry

Select Submissions from the landing page (Yellow Arrow)

Open Payments (Sunshine Act)

Manufacturer or Group Purchasing Organization Switch User Type

Home | Submissions: Submit, Review, Attest | Manage Entities: Register, Edit, Nominate Roles | My Profile: Account, Roles, Nominations | Resources

Welcome to the Open Payments System

Announcements

Program Year 2015 Data Published - The complete data set for program year 2015 has been published. Also published are refreshes of the 2013 and 2014 program year data sets. You can view the data sets at https://openpaymentsdata.cms.gov/. For assistance with navigating the publication, refer to the "Methodology Overview and Data Dictionary," available on the Open Payments website at https://www.cms.gov/OpenPayments/Downloads/OpenPaymentsDataDictionary.pdf.

Reporting entities may continue to resolve disputes through the end of the calendar year. CMS will publish a refreshed data set in early 2017.

Visit the Open Payments website at www.cms.gov/openpayments for more information. For questions, contact the Open Payments Help Desk by email at openpayments@cms.hhs.gov or by phone at 1-855-326-8366.

Entity Status

The following are entities you are affiliated with that are currently undergoing vetting or have failed vetting. Select the "Refresh Entity Status" button below to refresh the status of all entities listed. Note: You will not be able to take any actions in the Open Payments system for an entity listed below until vetting has been successfully completed.

Your entity's name will display with a hyperlink on the home page only if vetting fails after the first or second attempt. After the third failed attempt, the name will display without a hyperlink and you will no longer be able to edit the entity details. At this point, please contact Help Desk to resolve the issue.

Refresh Entity Status

Name	Vetting Status

Access the Open Payments User Guide [PDF, 37.3 MB]

Need help with the website? **Contact Us** by email

Review the Open Payments Privacy Policy [PDF, 102 KB]

Choose “Bulk File Upload”

Open Payments (Sunshine Act)

Manufacturer or Group Purchasing Organization Switch User Type

Submissions

A field with an asterisk (*) is required.

Applicable manufacturers and applicable GPOs must submit payments, or other transfers of value, and ownership or investment interests to the Open Payments system.

Data Submission

Only users who hold the role of submitter can submit information about payments, or other transfers of value, and ownership or investment interests to the Open Payments system via bulk file upload or manual data entry.

Bulk file upload allows you to submit multiple records in a single CSV file. Manual data entry allows you to submit records manually using the Open Payments system graphic user interface (GUI) rather than creating a data file.

Select Data Submission Method:

Select your preferred method of data submission below.

Bulk File Upload

Manual Data Entry

Review Submitted Records

Once data has been submitted, any active user associated with that entity can review all records submitted for that entity. To review records, select the entity whose records you wish to review and the program year for the records from the drop-down lists below, then select "Review Records."

*Select Entity: Please Select

*Select Program Year: Please Select

Review Records

Access the Open Payments User Guide [PDF, 37.3 MB]

Need help with the website? **Contact Us** by email

Review the Open Payments Privacy Policy [PDF, 102 KB]

Download Physician List

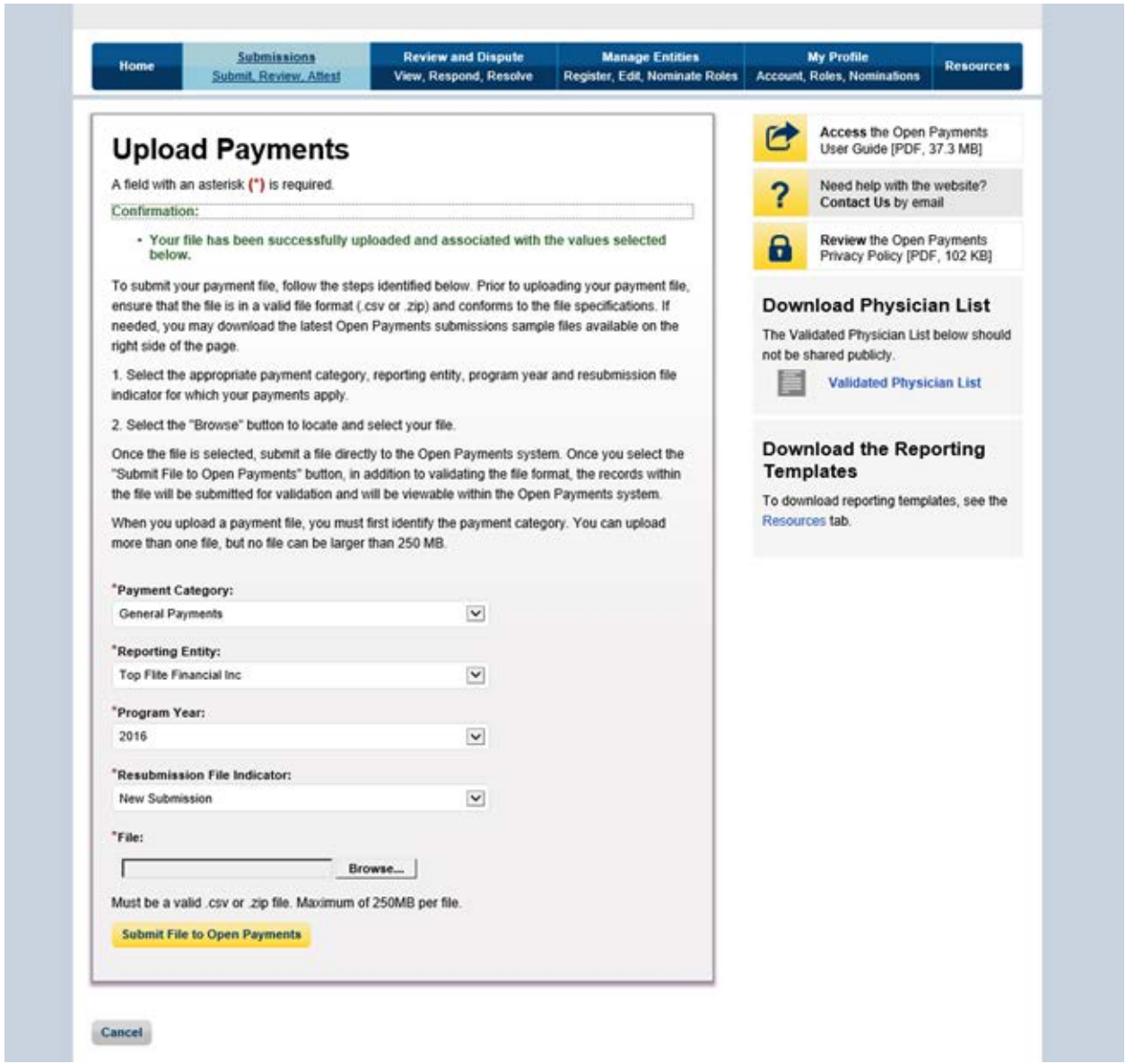
The Validated Physician List below should not be shared publicly.

Validated Physician List

Download the Reporting Templates

To download reporting templates, see the Resources tab.

Select the “Payment Category”, “Reporting Entity”, “Program Year”, “Resubmission File Indicator”, and then hit the “Browse” button and choose the file on your computer that you wish to upload. Then the “Submit File to Open Payments” button to finish the upload.


Home
Submissions
Submit, Review, Attest
Review and Dispute
View, Respond, Resolve
Manage Entities
Register, Edit, Nominate Roles
My Profile
Account, Roles, Nominations
Resources
Upload Payments
A field with an asterisk (*) is required.
Confirmation:
Your file has been successfully uploaded and associated with the values selected below.
To submit your payment file, follow the steps identified below. Prior to uploading your payment file, ensure that the file is in a valid file format (.csv or .zip) and conforms to the file specifications. If needed, you may download the latest Open Payments submissions sample files available on the right side of the page.
1. Select the appropriate payment category, reporting entity, program year and resubmission file indicator for which your payments apply.
2. Select the "Browse" button to locate and select your file.
Once the file is selected, submit a file directly to the Open Payments system. Once you select the "Submit File to Open Payments" button, in addition to validating the file format, the records within the file will be submitted for validation and will be viewable within the Open Payments system.
When you upload a payment file, you must first identify the payment category. You can upload more than one file, but no file can be larger than 250 MB.
*Payment Category:
General Payments
*Reporting Entity:
Top Flite Financial Inc
*Program Year:
2016
*Resubmission File Indicator:
New Submission
*File:
Browse...
Must be a valid .csv or .zip file. Maximum of 250MB per file.
Submit File to Open Payments
Cancel
Access the Open Payments User Guide [PDF, 37.3 MB]
Need help with the website? Contact Us by email
Review the Open Payments Privacy Policy [PDF, 102 KB]
Download Physician List
The Validated Physician List below should not be shared publicly.
Validated Physician List
Download the Reporting Templates
To download reporting templates, see the Resources tab.

Section 2: Manual Entry

General Payments

Select “Manual Data Entry” where the yellow arrow is below.

Open Payments (Sunshine Act)

Manufacturer or Group Purchasing Organization Switch User Type

Home	Submissions Submit, Review, Attest	Review and Dispute View, Respond, Resolve	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Nominations	Resources

Submissions

A field with an asterisk (*) is required.

Applicable manufacturers and applicable GPOs must submit payments, or other transfers of value, and ownership or investment interests to the Open Payments system.

Data Submission

Only users who hold the role of submitter can submit information about payments, or other transfers of value, and ownership or investment interests to the Open Payments system via bulk file upload or manual data entry.

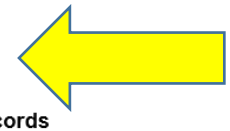
Bulk file upload allows you to submit multiple records in a single CSV file. Manual data entry allows you to submit records manually using the Open Payments system graphic user interface (GUI) rather than creating a data file.

Select Data Submission Method:

Select your preferred method of data submission below.

Bulk File Upload

Manual Data Entry



Review Submitted Records

Once data has been submitted, any active user associated with that entity can review all records submitted for that entity. To review records, select the entity whose records you wish to review and the program year for the records from the drop-down lists below, then select "Review Records."

*Select Entity: Please Select

*Select Program Year: Please Select

Review Records

Access the Open Payments User Guide [PDF, 37.3 MB]

Need help with the website? **Contact Us** by email

Review the Open Payments Privacy Policy [PDF, 102 KB]

Download Physician List

The Validated Physician List below should not be shared publicly.

Validated Physician List

Download the Reporting Templates

To download reporting templates, see the Resources tab.

Choose the “Payment Category”, “Entity”, and “Program Year”, then hit continue.

Open Payments (Sunshine Act)

Manufacturer or Group Purchasing Organization Switch User Type

Home | Submissions: Submit, Review, Attest | Review and Dispute: View, Respond, Resolve | Manage Entities: Register, Edit, Nominate Roles | My Profile: Account, Roles, Nominations | Resources

Enter Records Manually

A field with an asterisk (*) is required.

To enter a payment, transfer of value, or ownership or investment interest enter the following information below:

- Payment Category - select the appropriate payment category
- Entity - select the Applicable Manufacturer or Applicable GPO which made the payment
- Program Year - select the program year that the payment, transfer of value, or ownership or investment interest was made
- Home System Payment ID - optionally enter an internal identifier that corresponds to your system

*Payment Category:
Please Select

*Entity:
Please Select

*Program Year:
Please Select

Home System Payment ID:

Cancel Continue

Access the Open Payments User Guide [PDF, 37.3 MB]

Need help with the website? Contact Us by email

Review the Open Payments Privacy Policy [PDF, 102 KB]

Select the “Covered Recipient Type”

Open Payments (Sunshine Act)

Manufacturer or Group Purchasing Organization Switch User Type

Home | Submissions: Submit, Review, Attest | Review and Dispute: View, Respond, Resolve | Manage Entities: Register, Edit, Nominate Roles | My Profile: Account, Roles, Nominations | Resources

Enter Payments Manually

1. Recipient Demographic Information
2. Associated Drug, Device, Biological, or Medical Supply Information
3. Transfer of Value (Payment) Information
4. General Record Information
5. Review and Submit

Access the Open Payments User Guide [PDF, 37.3 MB]

Need help with the website? Contact Us by email

Review the Open Payments Privacy Policy [PDF, 102 KB]

Covered Recipient Demographic Information

A field with an asterisk (*) is required.

Select the recipient type for the payment, other transfer of value, or ownership or investment interest being made. Then enter the demographic information.

Note: Once a record has undergone final submission, the covered recipient identifying information in that record (e.g., physician first name and last name, NPI, license information) is locked and cannot be edited. To change covered recipient identifying information in a record that has undergone final submission, you must delete the original record and submit a new record with updated covered recipient identifying information.

To assist with filling out this page, CMS has provided a Teaching Hospital List and a Validated Physician List. You can use them to find correct information when preparing your payment data.

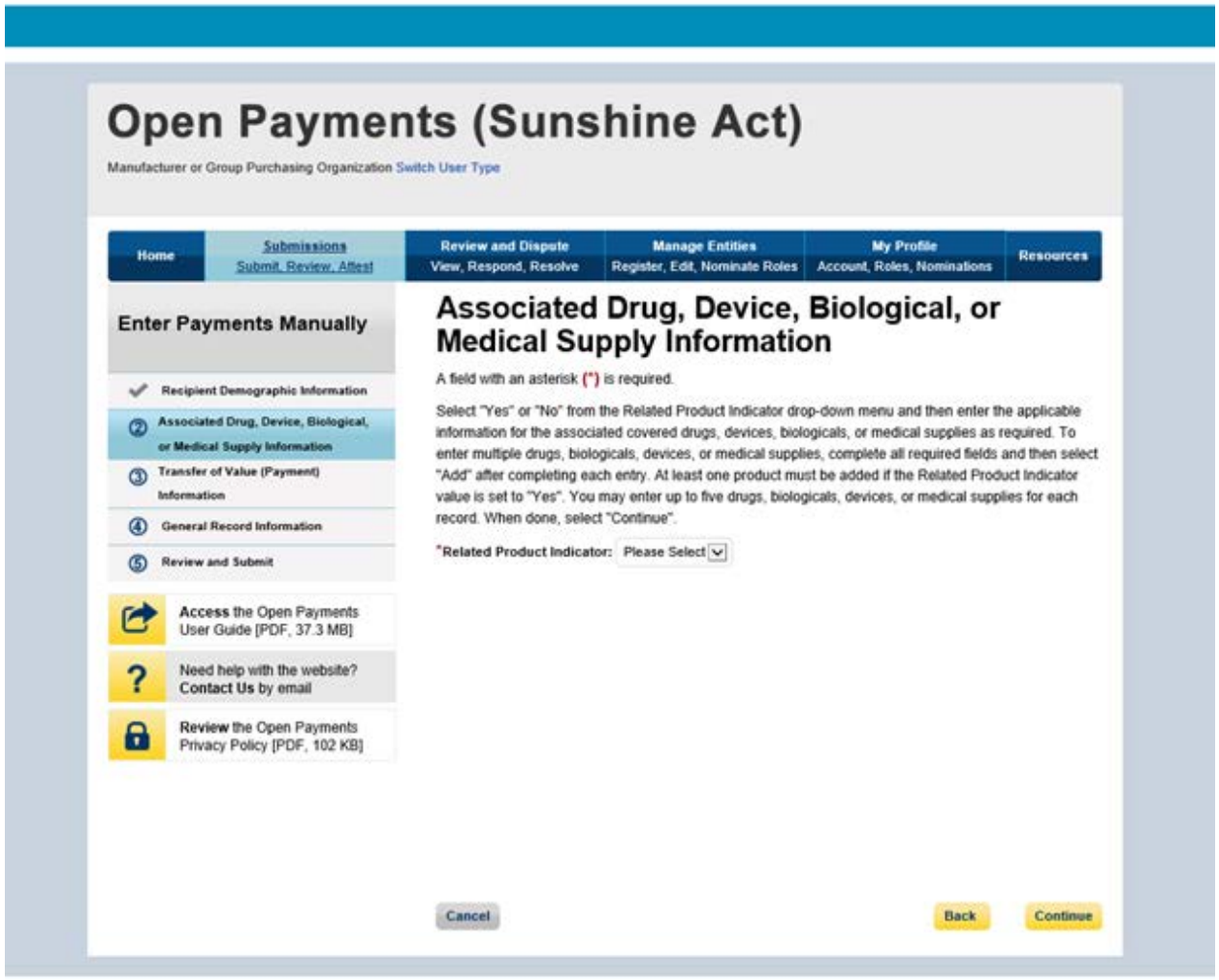
- The Teaching Hospital List is on the CMS Open Payments website. The list is updated annually and can be searched by program year. If a teaching hospital you want to cite as a covered recipient does not appear on the Teaching Hospital List, contact the Open Payments Help Desk openpayments@cms.hhs.gov for assistance.
- The Teaching Hospital Lists for all program years are available on the CMS Open Payments website at www.cms.gov/openpayments.
- If a payment or other transfer of value was made to a teaching hospital that does not appear on the Teaching Hospital List for the year in which the payment was made, the payment or other transfer of value does not have to be reported.
- For program year 2013, submitted records must use the Legal Business Name (listed as "PECOS Legal Business Name" in the Teaching Hospital List) of that hospital in the Teaching Hospital Name field. For all subsequent program years, submitted records must use the Doing Business As Name (listed as "Hospital Name" in the Teaching Hospital List) in the Teaching Hospital Name field.
- The Validated Physician List can be found on the Submissions page of the Open Payments system. This list contains first and last names (with variations), NPIs, and state license numbers for physicians who have been reported upon in the Open Payments system. CMS encourages applicable manufacturers and GPOs to use the list to avoid inconsistencies in reporting. This list should not be shared publicly.

*Covered Recipient Type:

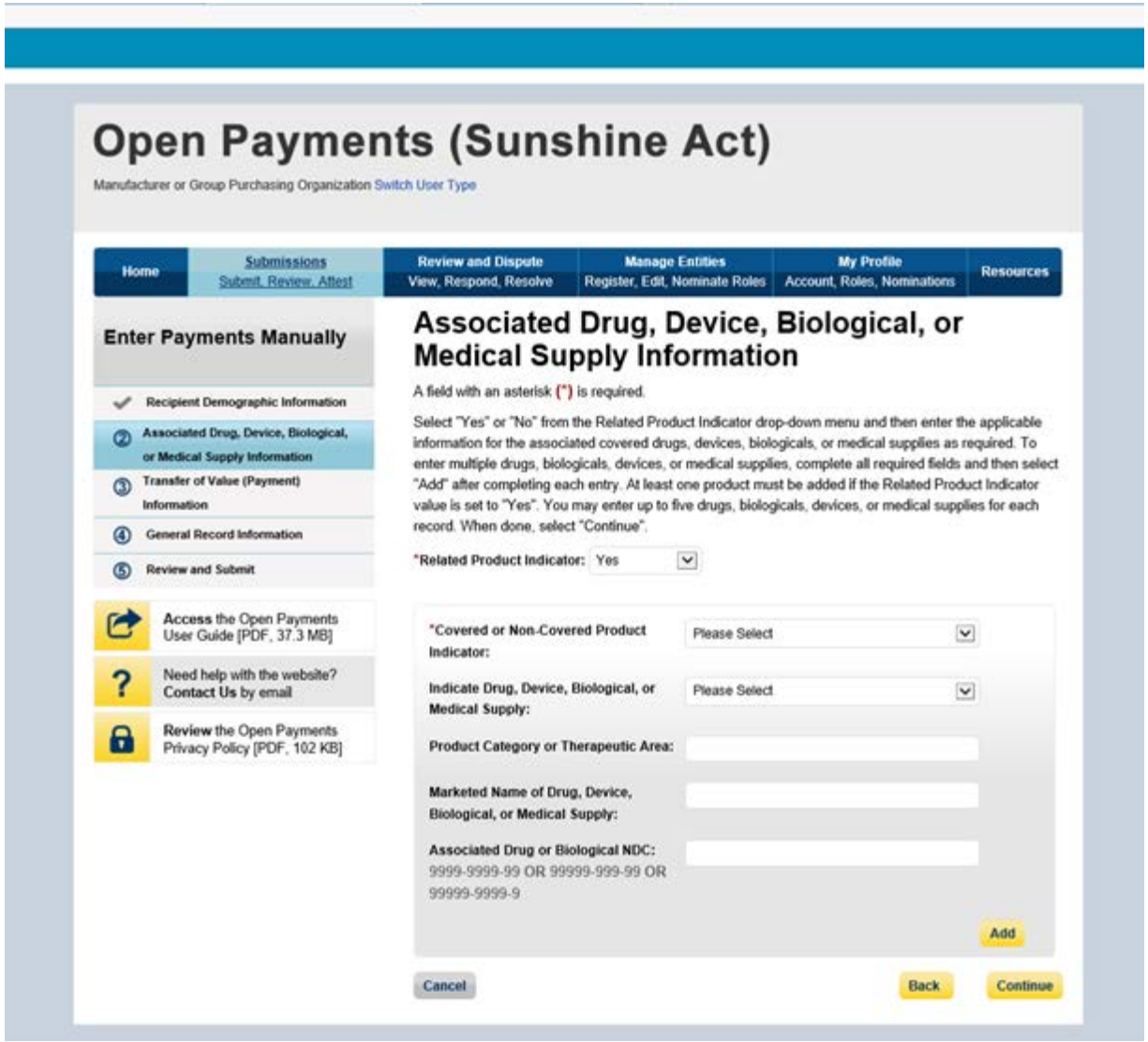
Please Select

Cancel | Back | Continue

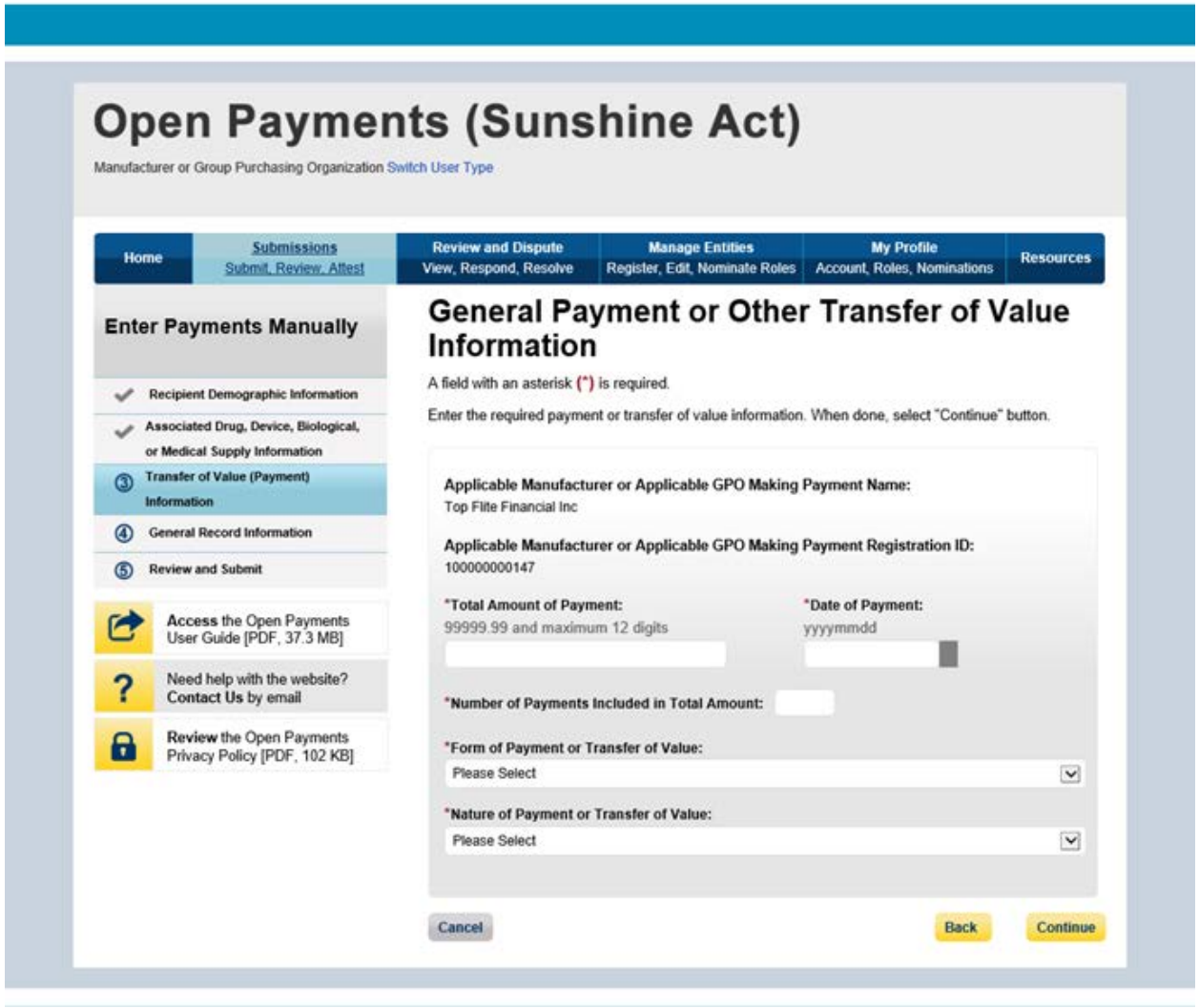
Enter the “Related Product Indicator”


Open Payments (Sunshine Act)
Manufacturer or Group Purchasing Organization Switch User Type
Home
Submissions
Submit, Review, Attest
Review and Dispute
View, Respond, Resolve
Manage Entities
Register, Edit, Nominate Roles
My Profile
Account, Roles, Nominations
Resources
Enter Payments Manually
Recipient Demographic Information
Associated Drug, Device, Biological, or Medical Supply Information
Transfer of Value (Payment) Information
General Record Information
Review and Submit
Access the Open Payments User Guide [PDF, 37.3 MB]
Need help with the website? Contact Us by email
Review the Open Payments Privacy Policy [PDF, 102 KB]
Associated Drug, Device, Biological, or Medical Supply Information
A field with an asterisk (*) is required.
Select "Yes" or "No" from the Related Product Indicator drop-down menu and then enter the applicable information for the associated covered drugs, devices, biologicals, or medical supplies as required. To enter multiple drugs, biologicals, devices, or medical supplies, complete all required fields and then select "Add" after completing each entry. At least one product must be added if the Related Product Indicator value is set to "Yes". You may enter up to five drugs, biologicals, devices, or medical supplies for each record. When done, select "Continue".
*Related Product Indicator:
Please Select
Cancel
Back
Continue

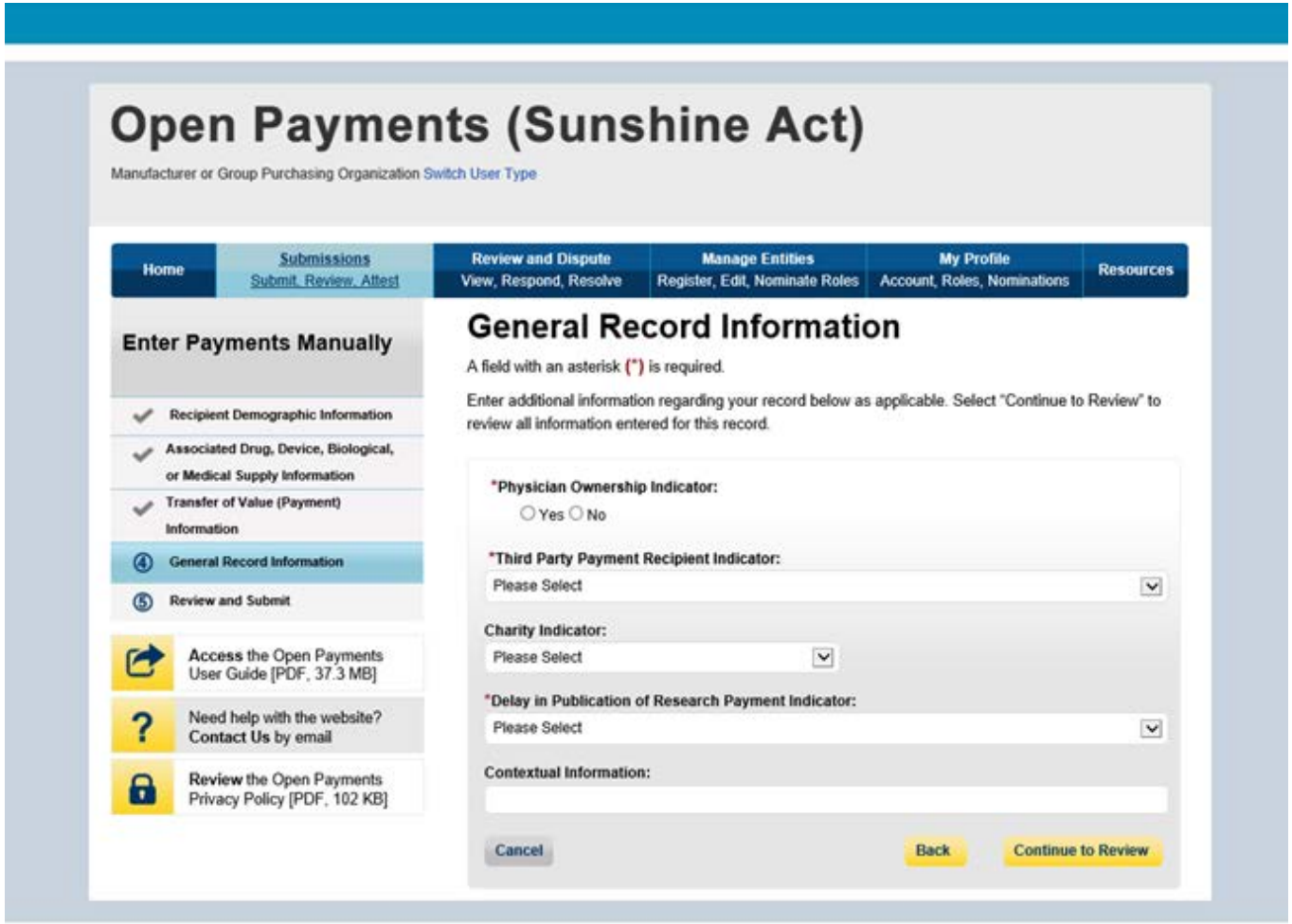
If there is a related product, enter the mandatory fields below:


Open Payments (Sunshine Act)
Manufacturer or Group Purchasing Organization Switch User Type
Home
Submissions
Submit, Review, Attest
Review and Dispute
View, Respond, Resolve
Manage Entities
Register, Edit, Nominate Roles
My Profile
Account, Roles, Nominations
Resources
Enter Payments Manually
Recipient Demographic Information
Associated Drug, Device, Biological, or Medical Supply Information
Transfer of Value (Payment) Information
General Record Information
Review and Submit
Access the Open Payments User Guide [PDF, 37.3 MB]
Need help with the website? Contact Us by email
Review the Open Payments Privacy Policy [PDF, 102 KB]
Associated Drug, Device, Biological, or Medical Supply Information
A field with an asterisk (*) is required.
Select "Yes" or "No" from the Related Product Indicator drop-down menu and then enter the applicable information for the associated covered drugs, devices, biologicals, or medical supplies as required. To enter multiple drugs, biologicals, devices, or medical supplies, complete all required fields and then select "Add" after completing each entry. At least one product must be added if the Related Product Indicator value is set to "Yes". You may enter up to five drugs, biologicals, devices, or medical supplies for each record. When done, select "Continue".
*Related Product Indicator: Yes
*Covered or Non-Covered Product Indicator:
Please Select
Indicate Drug, Device, Biological, or Medical Supply:
Please Select
Product Category or Therapeutic Area:
Marketed Name of Drug, Device, Biological, or Medical Supply:
Associated Drug or Biological NDC:
9999-9999-99 OR 99999-999-99 OR 99999-9999-9
Add
Cancel
Back
Continue

Enter your data in the mandatory fields below, and then hit “Continue”


Open Payments (Sunshine Act)
Manufacturer or Group Purchasing Organization Switch User Type
Home
Submissions
Submit, Review, Attest
Review and Dispute
View, Respond, Resolve
Manage Entities
Register, Edit, Nominate Roles
My Profile
Account, Roles, Nominations
Resources
Enter Payments Manually
Recipient Demographic Information
Associated Drug, Device, Biological, or Medical Supply Information
3 Transfer of Value (Payment) Information
4 General Record Information
5 Review and Submit
Access the Open Payments User Guide [PDF, 37.3 MB]
Need help with the website? Contact Us by email
Review the Open Payments Privacy Policy [PDF, 102 KB]
General Payment or Other Transfer of Value Information
A field with an asterisk (*) is required.
Enter the required payment or transfer of value information. When done, select "Continue" button.
Applicable Manufacturer or Applicable GPO Making Payment Name:
Top Flite Financial Inc
Applicable Manufacturer or Applicable GPO Making Payment Registration ID:
100000000147
*Total Amount of Payment:
99999.99 and maximum 12 digits
*Date of Payment:
yyyymmdd
*Number of Payments Included in Total Amount:
*Form of Payment or Transfer of Value:
Please Select
*Nature of Payment or Transfer of Value:
Please Select
Cancel
Back
Continue

Complete the fields below, hit “Continue to Review”. This will take you to a screen that will show you everything you have entered for this record, and then hit submit.


Open Payments (Sunshine Act)
Manufacturer or Group Purchasing Organization Switch User Type
Home
Submissions
Submit, Review, Attest
Review and Dispute
View, Respond, Resolve
Manage Entities
Register, Edit, Nominate Roles
My Profile
Account, Roles, Nominations
Resources
Enter Payments Manually
Recipient Demographic Information
Associated Drug, Device, Biological, or Medical Supply Information
Transfer of Value (Payment) Information
4 General Record Information
5 Review and Submit
Access the Open Payments User Guide [PDF, 37.3 MB]
Need help with the website? Contact Us by email
Review the Open Payments Privacy Policy [PDF, 102 KB]
General Record Information
A field with an asterisk (*) is required.
Enter additional information regarding your record below as applicable. Select "Continue to Review" to review all information entered for this record.
*Physician Ownership Indicator:
Yes No
*Third Party Payment Recipient Indicator:
Please Select
Charity Indicator:
Please Select
*Delay in Publication of Research Payment Indicator:
Please Select
Contextual Information:
Cancel
Back
Continue to Review

Research Payments

Select the payment type from the below screen complete the other items.

Open Payments (Sunshine Act)

Manufacturer or Group Purchasing Organization Switch User Type

Home | Submissions: Submit, Review, Attest | Review and Dispute: View, Respond, Resolve | Manage Entities: Register, Edit, Nominate Roles | My Profile: Account, Roles, Nominations | Resources

Enter Records Manually

A field with an asterisk (*) is required.

To enter a payment, transfer of value, or ownership or investment interest enter the following information below:

- Payment Category - select the appropriate payment category
- Entity - select the Applicable Manufacturer or Applicable GPO which made the payment
- Program Year - select the program year that the payment, transfer of value, or ownership or investment interest was made
- Home System Payment ID - optionally enter an internal identifier that corresponds to your system

*Payment Category:
Please Select

*Entity:
Please Select

*Program Year:
Please Select

Home System Payment ID:

Cancel Continue

Access the Open Payments User Guide [PDF, 37.3 MB]

Need help with the website? Contact Us by email

Review the Open Payments Privacy Policy [PDF, 102 KB]

Select the “Covered Recipient Type”

Open Payments (Sunshine Act)

Manufacturer or Group Purchasing Organization Switch User Type

Home | Submissions: Submit, Review, Attest | Review and Dispute: View, Respond, Resolve | Manage Entities: Register, Edit, Nominate Roles | My Profile: Account, Roles, Nominations | Resources

Enter Payments Manually

1. Recipient Demographic Information
2. Associated Drug, Device, Biological, or Medical Supply Information
3. Transfer of Value (Payment) Information
4. General Record Information
5. Review and Submit

Access the Open Payments User Guide [PDF, 37.3 MB]

Need help with the website? Contact Us by email

Review the Open Payments Privacy Policy [PDF, 102 KB]

Covered Recipient Demographic Information

A field with an asterisk (*) is required.

Select the recipient type for the payment, other transfer of value, or ownership or investment interest being made. Then enter the demographic information.

Note: Once a record has undergone final submission, the covered recipient identifying information in that record (e.g., physician first name and last name, NPI, license information) is locked and cannot be edited. To change covered recipient identifying information in a record that has undergone final submission, you must delete the original record and submit a new record with updated covered recipient identifying information.

To assist with filling out this page, CMS has provided a Teaching Hospital List and a Validated Physician List. You can use them to find correct information when preparing your payment data.

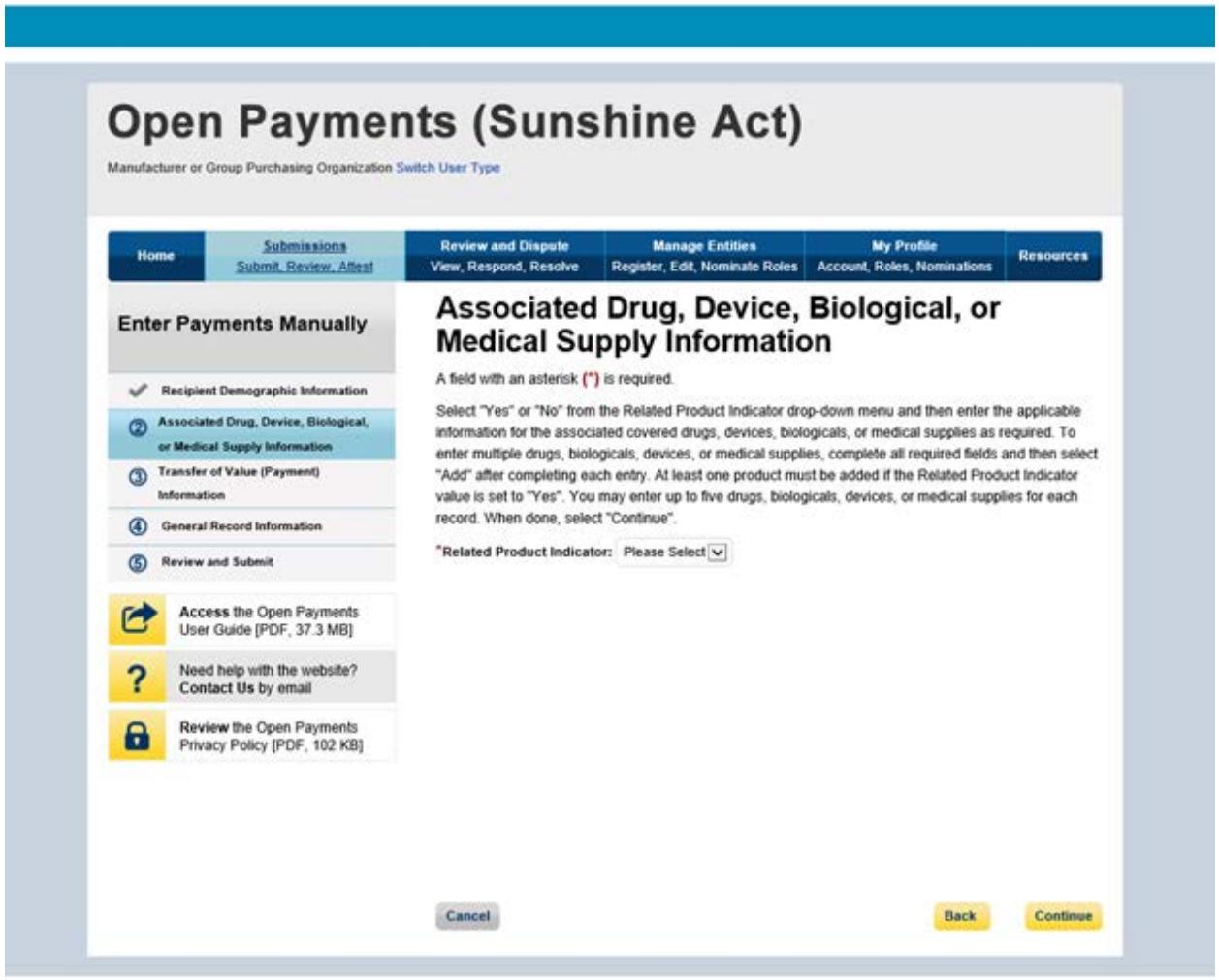
- The Teaching Hospital List is on the CMS Open Payments website. The list is updated annually and can be searched by program year. If a teaching hospital you want to cite as a covered recipient does not appear on the Teaching Hospital List, contact the Open Payments Help Desk openpayments@cms.hhs.gov for assistance.
- The Teaching Hospital Lists for all program years are available on the CMS Open Payments website at www.cms.gov/openpayments.
- If a payment or other transfer of value was made to a teaching hospital that does not appear on the Teaching Hospital List for the year in which the payment was made, the payment or other transfer of value does not have to be reported.
- For program year 2013, submitted records must use the Legal Business Name (listed as "PECOS Legal Business Name" in the Teaching Hospital List) of that hospital in the Teaching Hospital Name field. For all subsequent program years, submitted records must use the Doing Business As Name (listed as "Hospital Name" in the Teaching Hospital List) in the Teaching Hospital Name field.
- The Validated Physician List can be found on the Submissions page of the Open Payments system. This list contains first and last names (with variations), NPIs, and state license numbers for physicians who have been reported upon in the Open Payments system. CMS encourages applicable manufacturers and GPOs to use the list to avoid inconsistencies in reporting. This list should not be shared publicly.

*Covered Recipient Type:

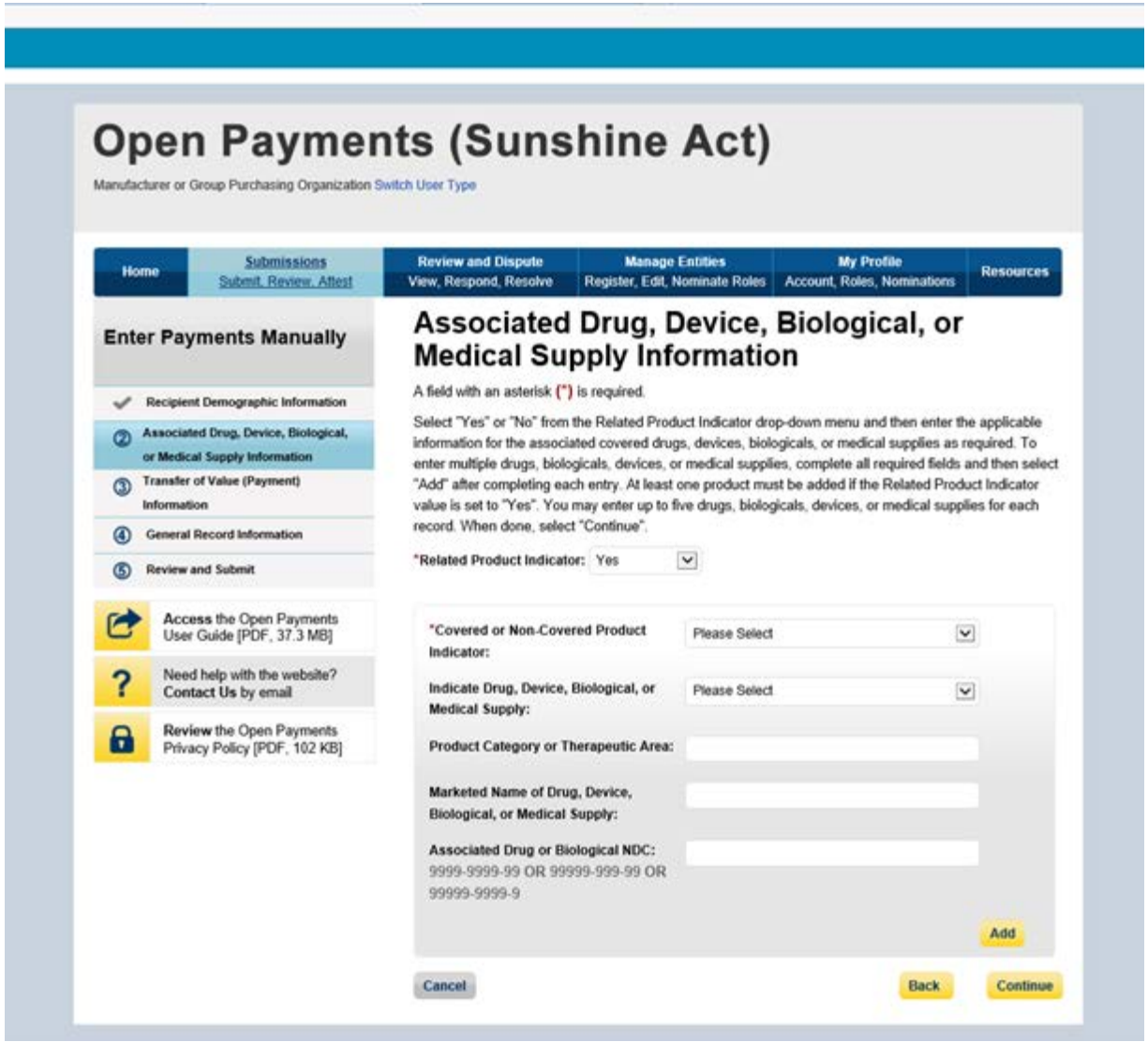
Please Select

Cancel | Back | Continue

Enter the “Related Product Indicator”


Open Payments (Sunshine Act)
Manufacturer or Group Purchasing Organization Switch User Type
Home
Submissions
Submit, Review, Attest
Review and Dispute
View, Respond, Resolve
Manage Entities
Register, Edit, Nominate Roles
My Profile
Account, Roles, Nominations
Resources
Enter Payments Manually
Recipient Demographic Information
Associated Drug, Device, Biological, or Medical Supply Information
Transfer of Value (Payment) Information
General Record Information
Review and Submit
Access the Open Payments User Guide [PDF, 37.3 MB]
Need help with the website? Contact Us by email
Review the Open Payments Privacy Policy [PDF, 102 KB]
Associated Drug, Device, Biological, or Medical Supply Information
A field with an asterisk (*) is required.
Select "Yes" or "No" from the Related Product Indicator drop-down menu and then enter the applicable information for the associated covered drugs, devices, biologicals, or medical supplies as required. To enter multiple drugs, biologicals, devices, or medical supplies, complete all required fields and then select "Add" after completing each entry. At least one product must be added if the Related Product Indicator value is set to "Yes". You may enter up to five drugs, biologicals, devices, or medical supplies for each record. When done, select "Continue".
*Related Product Indicator:
Please Select
Cancel
Back
Continue

If there is a related product, enter the mandatory fields below:


Open Payments (Sunshine Act)
Manufacturer or Group Purchasing Organization Switch User Type
Home
Submissions
Submit, Review, Attest
Review and Dispute
View, Respond, Resolve
Manage Entities
Register, Edit, Nominate Roles
My Profile
Account, Roles, Nominations
Resources
Enter Payments Manually
Recipient Demographic Information
Associated Drug, Device, Biological, or Medical Supply Information
Transfer of Value (Payment) Information
General Record Information
Review and Submit
Access the Open Payments User Guide [PDF, 37.3 MB]
Need help with the website? Contact Us by email
Review the Open Payments Privacy Policy [PDF, 102 KB]
Associated Drug, Device, Biological, or Medical Supply Information
A field with an asterisk (*) is required.
Select "Yes" or "No" from the Related Product Indicator drop-down menu and then enter the applicable information for the associated covered drugs, devices, biologicals, or medical supplies as required. To enter multiple drugs, biologicals, devices, or medical supplies, complete all required fields and then select "Add" after completing each entry. At least one product must be added if the Related Product Indicator value is set to "Yes". You may enter up to five drugs, biologicals, devices, or medical supplies for each record. When done, select "Continue".
*Related Product Indicator: Yes
*Covered or Non-Covered Product Indicator:
Please Select
Indicate Drug, Device, Biological, or Medical Supply:
Please Select
Product Category or Therapeutic Area:
Marketed Name of Drug, Device, Biological, or Medical Supply:
Associated Drug or Biological NDC:
9999-9999-99 OR 99999-999-99 OR 99999-9999-9
Add
Cancel
Back
Continue

Enter your data in the mandatory fields below, and then hit “Continue to Review”. The next screen will allow you to view your input before you submit the final record.

Open Payments (Sunshine Act)
Manufacturer or Group Purchasing Organization Switch User Type
Home
Submissions
Submit, Review, Attest
Review and Dispute
View, Respond, Resolve
Manage Entities
Register, Edit, Nominate Roles
My Profile
Account, Roles, Nominations
Resources
Enter Payments Manually
Recipient Demographic Information
Associated Drug, Device, Biological, or Medical Supply Information
Transfer of Value (Payment) Information
Review and Submit
Access the Open Payments User Guide [PDF, 37.3 MB]
Need help with the website? Contact Us by email
Review the Open Payments Privacy Policy [PDF, 102 KB]
Research Payment or Other Transfer of Value Information
A field with an asterisk (*) is required.
Enter the required payment or transfer of value information. When done, select the "Continue" button.
Applicable Manufacturer or Applicable GPO Making Payment Name: Top Flite Financial Inc
Applicable Manufacturer or Applicable GPO Making Payment Registration ID: 100000000147
*Total Amount of Research Payment:
99999.99 and maximum 12 digits
*Date of Payment:
yyyymmdd
*Form of Payment or Transfer of Value:
Please Select
Expenditure Category: Enter the percent for each of the following expenditure categories
Professional Salary Support:
Medical Research Writing or Publication:
Patient Care:
Non-patient Care:
Overhead:
Other:
*Pre-clinical Research Indicator:
Please Select
*Delay in Publication of Research Payment Indicator:
Please Select
Name of Study:
Context of Research:
ClinicalTrials.Gov Identifier:
Maximum 11 characters, first 3 must be letters
Research Information Link:
http://www. or https://www. or www
* Principal Investigator Covered Recipient Physician Indicator:
Please Select
Cancel
Back
Continue to Review

Ownership Payments

Select “Manual Data Entry” where the yellow arrow is below.

Open Payments (Sunshine Act)

Manufacturer or Group Purchasing Organization Switch User Type

Home	Submissions Submit, Review, Attest	Review and Dispute View, Respond, Resolve	Manage Entities Register, Edit, Nominate Roles	My Profile Account, Roles, Nominations	Resources

Submissions

A field with an asterisk (*) is required.

Applicable manufacturers and applicable GPOs must submit payments, or other transfers of value, and ownership or investment interests to the Open Payments system.

Data Submission

Only users who hold the role of submitter can submit information about payments, or other transfers of value, and ownership or investment interests to the Open Payments system via bulk file upload or manual data entry.

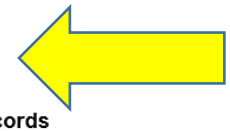
Bulk file upload allows you to submit multiple records in a single CSV file. Manual data entry allows you to submit records manually using the Open Payments system graphic user interface (GUI) rather than creating a data file.

Select Data Submission Method:

Select your preferred method of data submission below.

Bulk File Upload

Manual Data Entry



Review Submitted Records

Once data has been submitted, any active user associated with that entity can review all records submitted for that entity. To review records, select the entity whose records you wish to review and the program year for the records from the drop-down lists below, then select "Review Records."

*Select Entity: Please Select

*Select Program Year: Please Select

Review Records

Access the Open Payments User Guide [PDF, 37.3 MB]

Need help with the website? **Contact Us** by email

Review the Open Payments Privacy Policy [PDF, 102 KB]

Download Physician List

The Validated Physician List below should not be shared publicly.

Validated Physician List

Download the Reporting Templates

To download reporting templates, see the Resources tab.

Choose the “Payment Category”, “Entity”, and “Program Year”, then hit continue.

Open Payments (Sunshine Act)

Manufacturer or Group Purchasing Organization Switch User Type

Home | Submissions: Submit, Review, Attest | Review and Dispute: View, Respond, Resolve | Manage Entities: Register, Edit, Nominate Roles | My Profile: Account, Roles, Nominations | Resources

Enter Records Manually

A field with an asterisk (*) is required.

To enter a payment, transfer of value, or ownership or investment interest enter the following information below:

- Payment Category - select the appropriate payment category
- Entity - select the Applicable Manufacturer or Applicable GPO which made the payment
- Program Year - select the program year that the payment, transfer of value, or ownership or investment interest was made
- Home System Payment ID - optionally enter an internal identifier that corresponds to your system

*Payment Category:
Please Select

*Entity:
Please Select

*Program Year:
Please Select

Home System Payment ID:

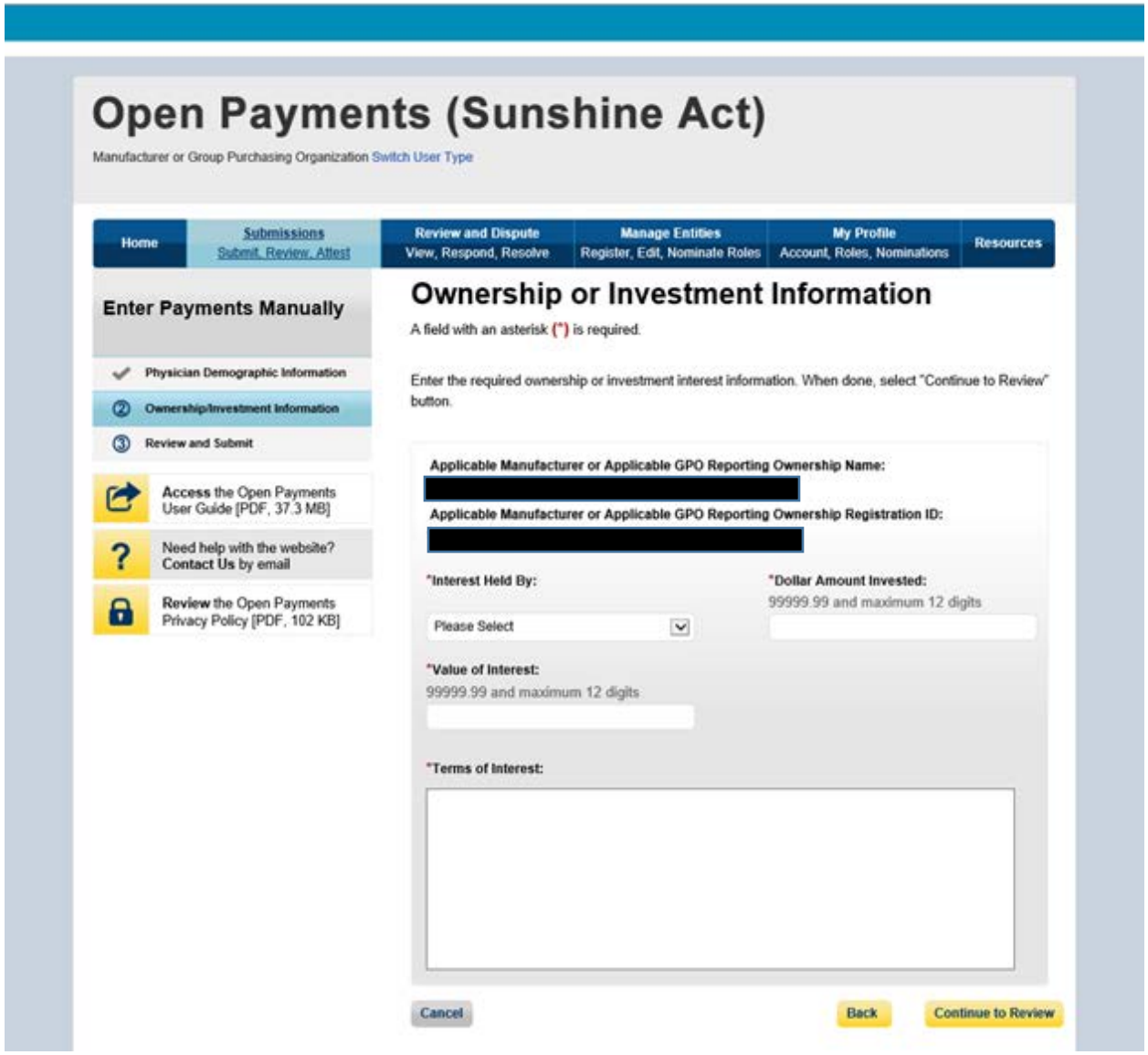
Cancel Continue

Access the Open Payments User Guide [PDF, 37.3 MB]

Need help with the website? Contact Us by email

Review the Open Payments Privacy Policy [PDF, 102 KB]

Enter your data into the appropriate fields below, and hit “Continue to Review”. This will take you to a review screen where you can then submit this for our records.


Open Payments (Sunshine Act)
Manufacturer or Group Purchasing Organization Switch User Type
Home
Submissions
Submit, Review, Attest
Review and Dispute
View, Respond, Resolve
Manage Entities
Register, Edit, Nominate Roles
My Profile
Account, Roles, Nominations
Resources
Enter Payments Manually
Physician Demographic Information
Ownership/Investment Information
Review and Submit
Access the Open Payments User Guide [PDF, 37.3 MB]
Need help with the website? Contact Us by email
Review the Open Payments Privacy Policy [PDF, 102 KB]
Ownership or Investment Information
A field with an asterisk (*) is required.
Enter the required ownership or investment interest information. When done, select "Continue to Review" button.
Applicable Manufacturer or Applicable GPO Reporting Ownership Name:
Applicable Manufacturer or Applicable GPO Reporting Ownership Registration ID:
*Interest Held By:
Please Select
*Dollar Amount Invested:
99999.99 and maximum 12 digits
*Value of Interest:
99999.99 and maximum 12 digits
*Terms of Interest:
Cancel
Back
Continue to Review

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
3	1	Applicable Manufacturer or Applicable GPO Name	Textual proper name of either the Submitting Applicable Manufacturer or Submitting Applicable Group Purchasing Organization (GPO). If this submission file contains records of payment(s) and/or other transfer(s) of value made by only one Applicable Manufacturer/Applicable GPO, enter that Applicable Manufacturer's/Applicable GPO's name in this data field for all records in the submission file. If this submission file contains records of payment(s) and/or other transfer(s) of value from multiple Applicable Manufacturers/Applicable GPOs, enter the name of the Applicable Manufacturer/Applicable GPO submitting the consolidated report in this field. The name of the Applicable Manufacturer/Applicable GPO that made the payment for each record is entered in the "Applicable Manufacturer or Applicable GPO Making Payment Name" (DE#30) field of that record.	Text	Free form text	Yes	≤ 100 Char	Validated against data type, format, and field size (columns D, E, G) Match the name on file for associated Registration ID	Yes	APPLICABLE_MANUFACTURER_OR_APPLICABLE_GPO_NAME	Published as "Submitting Applicable Manufacturer or Applicable GPO Name"	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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 submission file contains records of payment(s) and/or other transfers of value made by only one Applicable Manufacturer/Applicable GPO, enter that Applicable Manufacturer's/Applicable GPO's Registration ID in this data field for all records in the submission file. If this submission file contains records of payment(s) and/or other transfer(s) of value from multiple Applicable Manufacturers/Applicable GPOs, enter the Record ID to be entered of the Applicable Manufacturer/Applicable GPO submitting the consolidated report. The Record ID of the Applicable Manufacturer/Applicable GPO that made the payment for each record is entered in the "Applicable Manufacturer or Applicable GPO Making Payment Registration ID" (DE#31) field of that record.	Numeric	System generated	Yes	System generated : ≤ 38 digits	Validated against data type, format, and field size (columns D, E, G) Match the Registration ID on file	No	APPLICABLE_MANUFACTURER_OR_APPLICABLE_GPO_ID	No notes	System generated value only.
5	3	Consolidated Report Indicator	Indicator showing if this submission file constitutes a Consolidated Report.	Boolean	"Y" = Yes; "N" = No	Yes	1 Char	Validates that only character "Y" or "N" is provided	No	CONSOLIDATED_REPORT_INDICATOR	For more information on Consolidated Reporting, consult the Quick Reference Guide on Consolidated Reporting, located on the CMS Open Payments website.	No, only values given in Format Column E are allowed.
6	4	Resubmission File Indicator	Indicator showing if this submission file contains payment(s) and/or other transfer(s) of value that are all new records, amended or corrected versions of previously submitted records, previously submitted records for which a delay in publication has been requested that you now wish to update, or previously submitted records that you now wish to delete.	Enumeration	"N" = New Submission "Y" = Resubmission "R" = Renew Delay in Publication "D" = Delete	Yes	1 Char	Validates that only character "N","Y","R", or "D" is provided If "R" is provided, only DE# 2, 3, 4, 31, 32, 34, and 47 are required for the record. All other fields are optional. If "D" is provided, only DE# 2, 3, 4, 31, 32, and 34 are required for the record. All other fields are optional.	No	RESUBMISSION_FILE_INDICATOR	No notes	No, only values given in Format Column E are allowed.
7	5	Original File Submission ID	This field is no longer collected by Open Payments and has been replaced by Home System Payment ID, data element 31A.	This field is no longer collected by Open Payments and has been replaced by Home System Payment ID, data element 31A.	This field is no longer collected by Open Payments and has been replaced by Home System Payment ID, data element 31A.	This field is no longer collected by Open Payments and has been replaced by Home System Payment ID, data element 31A.	This field is no longer collected by Open Payments and has been replaced by Home System Payment ID, data element 31A.	This field is no longer collected by Open Payments and has been replaced by Home System Payment ID, data element 31A.	This field is no longer collected by Open Payments and has been replaced by Home System Payment ID, data element 31A.	This field is no longer collected by Open Payments and has been replaced by Home System Payment ID, data element 31A.	This field is no longer collected by Open Payments and has been replaced by Home System Payment ID, data element 31A.	N/A
8	**Submission Record Information (all sections from here to the end of this table contain data elements that are reported once per payment/transfer of value)**											
9	**Recipient Demographic Information**											
10	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
11	6	Covered Recipient Type	Indicator showing if the recipient of the payment or other transfer of value is a physician covered recipient or a teaching hospital. A standardized list of covered Teaching Hospital names and information is provided on the CMS Open Payments website.	Enumeration	"1" = Physician "2" = Teaching Hospital	Yes	1 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	COVERED_RECIPIENT_TYPE	No notes	No, only values given in Format Column E are allowed.
12	7	Teaching Hospital Name	The "doing business as" name of the Teaching Hospital receiving the payment or other transfer of value. This can be found under the "Hospital Name" field on the CMS-provided Teaching Hospital List.	Text	Text from Standardized Selection	Yes IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital) IF DE# 6 Covered Recipient Type = "1" (Physician), this field **must** be blank.	≤ 100 Char	Validated against data type, format, and field size (columns D, E, G) A standardized list of covered Teaching Hospital names and information is provided on the CMS Open Payments website. Hospital name submitted is matched against this list. Use the "Hospital Name" value in the list for the correct name. (Records for program year 2013 only must use the "PECOS Legal Name" instead) Value must match the hospital name associated with the TIN (DE #8) as per the Teaching Hospital List	Yes	TEACHING_HOSPITAL_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
13	8	Teaching Hospital Tax ID Number (TIN)	Tax Identification Number (TIN) of the Teaching Hospital receiving the payment or other transfer of value.	Numeric	999999999	Yes IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital) IF DE# 6 Covered Recipient Type = "1" (Physician), this field **must** be blank.	9 Char	Validated against data type, format, and field size (columns D, E, G) A standardized list of covered Teaching Hospital names and information is provided on the CMS Open Payments website. Value must match the TIN associated with the teaching hospital name (DE #7) as per the Teaching Hospital List	No	TEACHING_HOSPITAL_TAX_ID_NUMBER_TIN	No notes	No, only numeric values are allowed.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
14	9	Physician First Name	Textual first name of the physician (covered recipient) receiving the payment or other transfer of value. If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).	Text	Free form text	Yes IF DE# 6 Covered Recipient Type = "1" (Physician) IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this field **must** be blank.	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G) Validated against CMS-approved data sources	Yes	PHYSICIAN_FIRST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
15	10	Physician Middle Name	Textual middle initial or middle name of the physician (covered recipient) receiving the payment or other transfer of value. If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).	Text	Free form text	No IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this field **must** be blank.	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G) IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this field **must** be blank.	Yes	PHYSICIAN_MIDDLE_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
16	11	Physician Last Name	Textual last name of the physician (covered recipient) receiving the payment or other transfer of value. If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).	Text	Free form text	Yes IF DE# 6 Covered Recipient Type = "1" (Physician) IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this field **must** be blank.	≤ 35 Char	Validated against data type, format, and field size (columns D, E, G) Validated against CMS-approved data sources	Yes	PHYSICIAN_LAST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
17	12	Physician Name Suffix	Name suffix of the physician (covered recipient) receiving the payment or other transfer of value chosen from a constrained list of values (Examples: Jr., Sr., III). If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).	Text	Free form text	No IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this field **must** be blank.	≤ 5 Char	Validated against data type, format, and field size (columns D, E, G) IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this field **must** be blank.	Yes	PHYSICIAN_NAME_SUFFIX	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
18	13	Recipient Primary Business Street Address Line 1	The first line of the primary practice/business street address of the physician or teaching hospital (covered recipient) receiving the payment or other transfer of value.	Text	Two line address format; First line contains building number, street name, street identifier	Yes	≤ 55 Char	Validated against data type, format, and field size (columns D, E, G) If the Covered Recipient Type (DE#6) has a value of "2" (Teaching Hospital), NPPES Address Line 1 from the CMS-provided Teaching Hospital list should be used for this data element	Yes	RECIPIENT_PRIMARY_BUSINESS_STREET_ADDRESS_LINE_1	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
19	14	Recipient Primary Business Street Address Line 2	The second line of the primary practice/business street address of the physician or teaching hospital (covered recipient) 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	≤ 55 Char	Validated against data type, format, and field size (columns D, E, G) If the Covered Recipient Type (DE#6) has a value of "2" (Teaching Hospital), NPPES Address Line 2 from the CMS-provided Teaching Hospital list should be used for this data element	Yes	RECIPIENT_PRIMARY_BUSINESS_STREET_ADDRESS_LINE_2	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
20	15	Recipient City	The primary practice/business city of the physician or teaching hospital (covered recipient) receiving the payment or other transfer of value.	Text	Free form text	Yes	≤ 40 Char	Validated against data type, format, and field size (columns D, E, G) If the Covered Recipient Type (DE#6) has a value of "2" (Teaching Hospital), NPPES Address City from the CMS-provided Teaching Hospital list should be used for this data element	Yes	RECIPIENT_CITY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
21	16	Recipient State	The primary practice/business state or territory abbreviation of the physician or teaching hospital (covered recipient) receiving the payment or other transfer of value, if the primary practice/business address is in the United States.	Enumeration	2 character U.S. state or territory alpha abbreviation	Yes IF Recipient Country, DE# 18 = "US" or "United States" IF DE# 18 is any other value, this field **must** be blank.	2 Char	Validated against data type, format, and field size (columns D, E, G) Limited to list of state abbreviations and territories per US Postal Service If the Covered Recipient Type (DE#6) has a value of "2" (Teaching Hospital), NPPES Address State from the CMS-provided Teaching Hospital list should be used for this data element	Yes	RECIPIENT_STATE	No notes	No, only values given in Format Column E are allowed.
22	17	Recipient Zip Code	The 5- or 9-digit zip code for the primary practice/business location of the physician or teaching hospital (covered recipient) receiving the payment or other transfer of value, if the primary practice/business address is in the United States.	Numeric	5- or 9-digit numeric zip code	Yes IF Recipient Country, DE# 18 = "US" or "United States" IF DE# 18 is any other value, this field **must** be blank	≤ 9 Char	Validated against data type, format, and field size (columns D, E, G) If the Covered Recipient Type (DE#6) has a value of "2" (Teaching Hospital), NPPES Address Zip Code from the CMS-provided Teaching Hospital list should be used for this data element	Yes	RECIPIENT_ZIP_CODE	No notes	No, only numeric values are allowed.
23	18	Recipient Country	The primary practice/business address country name of the physician or teaching hospital (covered recipient) receiving the payment or other transfer of value.	Text	Free form text	Yes	2 Char * For US only, you can enter either US or United States	Validated against data type, format, and field size (columns D, E, G) Must be exactly 2 char abbreviation of country * For US only, you can enter US or United States	Yes	RECIPIENT_COUNTRY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
24	19	Recipient Province	The primary practice/business province name of the physician or teaching hospital (covered recipient) receiving the payment or other transfer of value, if the primary practice/business address is outside the United States, and if applicable.	Text	Free form text	No	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	RECIPIENT_PROVINCE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
25	20	Recipient Postal Code	The international postal code for the primary practice/business location of the physician or teaching hospital (covered recipient) receiving the payment or other transfer of value, if the primary practice/business address is outside the United States.	Text	Alphanumeric	Yes IF Recipient Country, DE# 18, is outside the United States IF DE# 18 = "US" or "United States", this field **must** be blank.	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G) Proper length and format validated for each country	Yes	RECIPIENT_POSTAL_CODE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
26	21	Recipient Email Address	The primary email address for this payment recipient to be used for communication purposes.	Text	Email Address	No	≤ 100 Char	Validated against data type, format, and field size (columns D, E, G) Proper email format enforced	No	RECIPIENT_EMAIL_ADDRESS	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
27	22	Physician Primary Type	Primary type of medicine practiced by the physician covered recipient.	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 DE# 6 Covered Recipient Type = "1" (Physician) IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this field **must** be blank.	1 Char	Allowed values limited to "1", "2", "3", "4", "5", or "6"	Yes	PHYSICIAN_PRIMARY_TYPE	No notes	No, only values given in Format Column E are allowed.
28	23	Physician NPI	Individual NPI for the Physician (not the NPI of a group the physician belongs to).	Numeric	Numeric digits only	Yes IF Physician has an NPI IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this field **must** be left blank.	10 Char	Validated against data type, format, and field size (columns D, E, G) Validated against CMS-approved data sources	No	PHYSICIAN_OR_TEACHING_HOSPITAL_NPI	No notes	No, only numeric values are allowed.
29	24	Physician Specialty	Taxonomy code for the physician's specialty, chosen from the standardized "provider taxonomy" code list.	Text	Text from Standardized Selection	Yes IF DE# 6 Covered Recipient Type = "1" (Physician) IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this	10 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PHYSICIAN_SPECIALTY	Refer to the Open Payments Physician Taxonomy Code list on the CMS Open Payments website for a list of accepted taxonomy codes.	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
30	25	Physician License State and License Number	Paired state and official state license number of the covered recipient physician. May include up to 5 "Physician License State and License Number" pairs, if a physician is licensed in multiple states.	Text	Maximum of 5 unique pairs of the state and license number: AA-99999999999999999999	Yes IF DE# 6 Covered Recipient Type = "1" (Physician) IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this	≤ 28 Char	Validated against data type, format, and field size (columns D, E, G) The pairing includes the 2-letter state abbreviation, followed by a hyphen, followed by the state license number	Yes, for the State AND No, for the License #	PHYSICIAN_LICENSE_STATE_AND_LICENSE_NUMBER_1 PHYSICIAN_LICENSE_STATE_AND_LICENSE_NUMBER_2 PHYSICIAN_LICENSE_STATE_AND_LICENSE_NUMBER_3 PHYSICIAN_LICENSE_STATE_AND_LICENSE_NUMBER_4 PHYSICIAN_LICENSE_STATE_AND_LICEN	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
31	**Associated Drug, Device, Biological, or Medical Supply Information**											
32	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
33	26	Product Indicator	Indicator allows the Applicable Manufacturer or Applicable 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 nor 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	PRODUCT_INDICATOR	No notes	No, only values given in Format Column E are allowed.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
34	27	Name of Associated Covered Drug or Biological	The marketed name of the drug or biological associated with this payment or transfer of value. May report the marketed name of up to 5 covered products (drugs, devices, biologicals, or medical supplies) provided in either DE#27 or DE#29. 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 ClinicalTrials.gov.	Text	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	Yes IF DE# 26 "Product Indicator" is "1" (Covered) OR is "4" (Combination) AND there is not at least 1 covered device or medical supply provided in DE# 29 (Name of Associated Covered Device or Medical Supply) OR DE#28 "NDC of Associated Covered Drug or Biological" contains a value IF DE# 26 Product Indicator = "3" (None), this field **must** be blank.	≤ 100 Char	Validated against data type, format, and field size (columns D, E, G) Validated against CMS-approved data sources	Yes	NAME_OF_ASSOCIATED_COVERED_DRUG_OR_BIOLOGICAL_1 NAME_OF_ASSOCIATED_COVERED_DRUG_OR_BIOLOGICAL_2 NAME_OF_ASSOCIATED_COVERED_DRUG_OR_BIOLOGICAL_3 NAME_OF_ASSOCIATED_COVERED_DRUG_OR_BIOLOGICAL_4 NAME_OF_ASSOCIATED_COVERED_DRUG_OR_BIOLOGICAL_5	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
35	28	NDC of Associated Covered Drug or Biological	The National Drug Code (NDC), 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 of the named covered drug(s) or biological(s) in DE#27, leave blank.	Text	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 NDC's must be entered in one of the following formats: 9999-9999-99 99999-999-99 99999-9999-9	No	12 Char (including dashes)	Validated against format and field size (columns E and G) If a drug or biological named in the record (DE#27) has an NDC, the NDC must be reported with the same record. The order of NDCs provided must match the order of named drugs or biologicals in DE#27. If no NDC exists for a named drug or biological in DE#27, leave the corresponding NDC field blank for that drug or biological. IF DE# 26 Product Indicator = "3" (None), this field **must** be blank. The numeric values in this field may not consist of only zeroes	Yes	NDC_OF_ASSOCIATED_COVERED_DRUG_OR_BIOLOGICAL_1 NDC_OF_ASSOCIATED_COVERED_DRUG_OR_BIOLOGICAL_2 NDC_OF_ASSOCIATED_COVERED_DRUG_OR_BIOLOGICAL_3 NDC_OF_ASSOCIATED_COVERED_DRUG_OR_BIOLOGICAL_4 NDC_OF_ASSOCIATED_COVERED_DRUG_OR_BIOLOGICAL_5	No notes	Minus sign/hyphen (-)
36	29	Name of Associated Covered Device or Medical Supply	The marketed name of the device or medical supply associated with this payment or transfer of value. May report the marketed name of up to 5 covered products (drugs, devices, biologicals, or medical supplies) provided in either DE#27 or DE#29. 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.	Text	Element 29 can repeat a maximum of 5 times for covered devices or medical supplies	Yes IF DE# 26 "Product Indicator" is "1" (Covered) OR is "4" (Combination) AND there is not at least 1 covered drug or biological provided in DE# 27 (Name of Associated Covered Drug or Biological) IF DE# 26 Product Indicator = "3" (None), this field **must** be blank.	≤ 100 Char	Validated against data type, format, and field size (columns D, E, G) Validated against CMS-approved data sources	Yes	NAME_OF_ASSOCIATED_COVERED_DEVICE_OR_MEDICAL_SUPPLY_1 NAME_OF_ASSOCIATED_COVERED_DEVICE_OR_MEDICAL_SUPPLY_2 NAME_OF_ASSOCIATED_COVERED_DEVICE_OR_MEDICAL_SUPPLY_3 NAME_OF_ASSOCIATED_COVERED_DEVICE_OR_MEDICAL_SUPPLY_4 NAME_OF_ASSOCIATED_COVERED_DEVICE_OR_MEDICAL_SUPPLY_5	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
37	**Transfer of Value (Payment) Information**											
38	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
39	30	Applicable Manufacturer or Applicable GPO Making Payment Name	Textual proper name of either the Applicable Manufacturer or Applicable GPO making the payment or other transfer of value being reported in this record.	Text	Free form text	Yes	≤ 100 Char	Validated against data type, format, and field size (columns D, E, G) Matches Applicable AM/Applicable GPO names specified at registration for associated Registration IDs If DE# 3 (Consolidated Report Indicator) = "N", the value provided for this data element must be the same as the value provided for DE# 1 (Applicable Manufacturer or Applicable GPO Name).	Yes	APPLICABLE_MANUFACTURER_OR_APPLICABLE_GPO_MAKING_PAYMENT_NAME	Published as "Making Payment Applicable Manufacturer or Applicable GPO Name"	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
40	31	Applicable Manufacturer or Applicable GPO Making Payment Registration ID	Open Payments system-generated identifier for this Applicable Manufacturer or Applicable GPO issued during the registration process.	Numeric	System generated	Yes	System generated : ≤ 38 digits	Validated against data type, format, and field size (columns D, E, G) Matches Registration ID(s) on file If DE# 3 (Consolidated Report Indicator) = "N", the value provided for this data element must be the same as the value provided for DE# 2 (Applicable	Yes	APPLICABLE_MANUFACTURER_OR_APPLICABLE_GPO_MAKING_PAYMENT_REGISTRATION_ID	Published as "Applicable_Manufacturer_or_Applicable_GPO_Making_Payment_ID"	System generated value only.
41	31A	Home System Payment ID	The identifier associated with the payment transaction in the applicable manufacturer or applicable GPO home system	Text	Text	No	≤ 50 Char	Validated against data type, format, and field size (columns D, E, G)	No	HOME_SYSTEM_PAYMENT_ID	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
42	32	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 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 CMS Open Payments System.	Numeric	System generated	Yes IF DE# 4 Resubmission File Indicator = "Y", "R", or "D"	System generated : ≤ 38 digits	Validated against data type, format, and field size (columns D, E, G) If reported, matches Initial Payment Record ID for given Original File Submission ID	No	RESUBMITTED_PAYMENT_RECORD_ID	No notes	System generated value only.
43	33	Total Amount of Payment	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" DE#37).	Fixed point	Currency (US dollars) 9999999999.99	Yes	≤ 13 Char (including decimal point)	Validated against data type, format, and field size (columns D, E, G) Must have 2 digits after decimal The value in this field cannot be 0.00. The value entered must be greater than zero dollars	Yes	TOTAL_AMOUNT_OF_PAYMENT	No notes	No, only values given in Format Column E are allowed.
44	34	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	Validated against data type, format, and field size (columns D, E, G) Is within correct reporting year	Yes	DATE_OF_PAYMENT	No notes	No, only values given in Format Column E are allowed.
45	35	Number of Payments 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	Numeric	Integer	Yes	3 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	NUMBER_OF_PAYMENTS_INCLUDED_IN_TOTAL_AMOUNT	No notes	No, only values given in Format Column E are allowed.
46	36	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	Allowed values limited to "1", "2", "3", or "4"	Yes	FORM_OF_PAYMENT_OR_TRANSFER_OF_VALUE	No notes	No, only values given in Format Column E are allowed.
47	37	Nature of Payment or Transfer of Value	The nature of payment used to pay the covered recipient or to make the transfer of value.	Enumeration	"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	Yes	≤ 2 Char	Limited to numeric characters 1 through 15	Yes	NATURE_OF_PAYMENT_OR_TRANSFER_OF_VALUE	No notes	No, only values given in Format Column E are allowed.
48	38	City of Travel	For "Travel and Lodging" payments, destination city where covered recipient traveled.	Text	Free form text	Yes IF DE# 37 Nature of Payment = "7" Travel and Lodging If DE# 37 Nature of Payment is any other value, this field **must** be left blank.	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	CITY_OF_TRAVEL	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
49	39	State of Travel	For "Travel and Lodging" payments, destination state where covered recipient traveled.	Enumeration	2 character U.S. state or territory alpha abbreviation	Yes IF DE# 37 Nature of Payment = "7" Travel and Lodging AND DE# 40 Country of Travel = "US" or "United States" For all other conditions, this field **must** be blank.	2 Char	Limited to list of state abbreviations and territories per US Postal Service	Yes	STATE_OF_TRAVEL	No notes	No, only values given in Format Column E are allowed.
50	40	Country of Travel	For "Travel and Lodging" payments, destination country where covered recipient traveled.	Text	Free form text	Yes IF DE# 37 Nature of Payment = "7" Travel and Lodging If DE# 37 Nature of Payment is any other value, this field **must** be left blank.	13 Char * For US only, you can enter US or United States	Must be exactly 2 char abbreviation of country * For US only, you can enter US or United States	Yes	COUNTRY_OF_TRAVEL	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
51	**General Record Information**											
52	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
53	41	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.	Boolean	"Y" = Yes; "N" = No	Yes IF DE# 6 Covered Recipient Type = "1" (Physician) IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this field **must** be blank.	1 Char	Validates that only character "Y" or "N" is provided	Yes	PHYSICIAN_OWNERSHIP_INDICATOR	No notes	No, only values given in Format Column E are allowed.
54	42	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).	Enumeration	"1" = "Entity" "2" = "Individual" "3" = "No Third Party Payment"	Yes	1 Char	Limited to numeric characters "1," "2," or "3"	Yes	THIRD_PARTY_PAYMENT_RECIPIENT_INDICATOR	No notes	No, only values given in Format Column E are allowed.
55	43	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.	Text	Free form text	Yes IF DE# 42, Third Party Payment Recipient Indicator = "1" (Entity) IF DE# 42 is any other value, this field **must** be blank.	≤ 50 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	NAME_OF_THIRD_PARTY_ENTITY_RECEIVING_PAYMENT_OR_TRANSFER_OF_VALUE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
56	44	Charity Indicator	Indicates the third party entity that received the payment or other transfer of value is a charity.	Boolean	"Y" = Yes; "N" = No	No	1 Char	Validates that only character "Y" or "N" is provided If reported, Third Party Payment Recipient Indicator = 1 (Entity)	Yes	CHARITY_INDICATOR	No notes	No, only values given in Format Column E are allowed.
57	45	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.	Boolean	"Y" = Yes; "N" = No	Yes IF DE# 42, Third Party Payment Recipient Indicator = "1" (Entity) or "2" (Individual) IF DE# 42 is any other value, this field **must** be blank.	1 Char	Validates that only character "Y" or "N" is provided	Yes	THIRD_PARTY_EQUALS_COVERED_RECIPIENT_INDICATOR	No notes	No, only values given in Format Column E are allowed.
58	46	Contextual Information	Any free text which the reporting entity deems helpful or appropriate regarding this payment or other transfer of value.	Text	Free form text	Yes IF DE#47, Delay in Publication of Research Payment Indicator = "1" or "2"	≤ 500 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	CONTEXTUAL_INFORMATION	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
59	47	Delay in Publication of Research Payment Indicator	Indicator showing if an Applicable Manufacturer/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 product (drug, device, biological, or medical supply) or (2) clinical investigation regarding a new product (drug, device, biological, or medical supply). If the Delay in Publication of Research Payment Indicator equals "1" or "2", indicate the name of the related research study in DE#46, "Contextual information." 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.	Enumeration	"1" = R&D on New Product "2" = Clinical Investigation on New Product "3" = No Delay Requested	Yes	1 Char	Limited to numeric characters "1," "2," or "3" Validated against CMS-approved data sources	Yes	DELAY IN PUBLICATION OF RESEARCH_PAYMENT_INDICATOR	Delay in publication must be re-requested annually and can only be requested for a total of four years. This can be done by resubmitting the record and requesting a delay in publication again. To determine if a record that has been delayed in publication requires renewal to remain delayed, go to the Review Records page and select the payment category to view. Use the filter tools on the next page to search for records with a "Delay in Publication" status of "Renew"	No, only values given in Format Column E are allowed.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
3	1	Applicable Manufacturer or Applicable GPO Name	Textual proper name of either the Submitting Applicable Manufacturer or Submitting Applicable Group Purchasing Organization (GPO). If this submission file contains records of payment(s) and/or other transfer(s) of value made by only one Applicable Manufacturer/Applicable GPO, enter that Applicable Manufacturer's/Applicable GPO's name in this data field for all records in the submission file. If this submission file contains records of payment(s) and/or other transfer(s) of value from multiple Applicable Manufacturers/Applicable GPOs, enter the name of the Applicable Manufacturer/Applicable GPO submitting the consolidated report in this field. The name of the Applicable Manufacturer/Applicable GPO that made the payment for each record is entered in the "Applicable Manufacturer or Applicable GPO Making Payment Name" (DE#31) field of that record.	Text	Free form text	Yes	≤ 100 Char	Validated against data type, format, and field size (columns D, E, G) Match the name on file for associated Registration ID	Yes	APPLICABLE_MANUFACTURER_OR_APPLICABLE_GPO_NAME	Published as "Submitting Applicable Manufacturer or Applicable GPO Name"	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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 submission file contains records of payment(s) and/or other transfers of value made by only one Applicable Manufacturer/Applicable GPO, enter that Applicable Manufacturer's/Applicable GPO's Registration ID in this data field for all records in the submission file. If this submission file contains records of payment(s) and/or other transfer(s) of value from multiple Applicable Manufacturers/Applicable GPOs, enter the Record ID to be entered of the Applicable Manufacturer/Applicable GPO submitting the consolidated report. The Record ID of the Applicable Manufacturer/Applicable GPO that made the payment for each record is entered in the "Applicable Manufacturer or Applicable GPO Making Payment Registration ID" (DE#32) field of that record.	Numeric	System generated	Yes	System generated : ≤ 38 digits	Validated against data type, format, and field size (columns D, E, G) Match the Registration ID on file	No	APPLICABLE_MANUFACTURER_OR_APPLICABLE_GPO_ID	No notes	System generated value only.
5	3	Consolidated Report Indicator	Indicator showing if this submission file constitutes a Consolidated Report.	Boolean	"Y" = Yes; "N" = No	Yes	1 Char	Validates that only character "Y" or "N" is provided	No	CONSOLIDATED_REPORT_INDICATOR	For more information on Consolidated Reporting, consult the Quick Reference Guide on Consolidated Reporting, located on the CMS Open Payments website.	No, only values given in Format Column E are allowed.
6	4	Resubmission File Indicator	Indicator showing if this submission file contains payment(s) and/or other transfer(s) of value that are all new records, amended or corrected versions of previously submitted records, previously submitted records for which a delay in publication has been requested that you now wish to update, or previously submitted records that you now wish to delete.	Enumeration	"N" = New Submission "Y" = Resubmission "R" = Renew Delay in Publication "D" = Delete	Yes	1 Char	Validates that only character "N","Y","R", or "D" is provided If "R" is provided, only DE# 2, 3, 4, 32, 33, 34A, and 38 are required for the record. All other fields are optional. If "D" is provided, only DE# 2, 3, 4, 32, 33, and 34A are required for the record. All other fields are optional. All records in a file must have the same	No	RESUBMISSION_FILE_INDICATOR	No notes	No, only values given in Format Column E are allowed.
7	5	Original File Submission ID	This field is no longer collected by Open Payments and is replaced by Home System Payment ID, data element 32A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID, data element 32A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID, data element 32A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID, data element 32A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID, data element 32A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID, data element 32A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID, data element 32A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID, data element 32A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID, data element 32A.	N/A
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**											
10	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
11	6	Covered Recipient Type	Indicator showing if the recipient of the payment or other transfer of value is a covered physician, a covered teaching hospital, a non-covered entity, or a non-covered individual. A standardized list of covered teaching hospital names and information is provided on the CMS Open Payments website.	Enumeration	"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	Validates that only 1, 2, 3, or 4 is provided	Yes	COVERED_RECIPIENT_TYPE	No notes	No, only values given in Format Column E are allowed.
12	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 DE# 6 Covered Recipient Type = "3" (Non-covered Recipient Entity) IF DE# 6 is any other value, this field **must** be blank.	≤ 100 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	NON_COVERED_RECIPIENT_ENTITY_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet

	A	B	C	D	E	F	G	H	I	J	K	L
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
13	8	Covered Recipient Teaching Hospital Name	The "doing business as" name of Teaching Hospital receiving the payment or other transfer of value.	Text	Text of Standardized Selection from approved list of Teaching Hospitals	Yes IF DE# 6 Covered Recipient Type = "2" (Covered Recipient Teaching Hospital) IF DE# 6 is any other value, this field **must** be blank.	≤ 100 Char	Validated against data type, format, and field size (columns D, E, G) A standardized list of covered Teaching Hospital names and information is provided on the CMS Open Payments website. Hospital name submitted is matched against this list. Use the "Hospital Name" value in the list for the correct name. (Records for program year 2013 only must use the "PECOS Legal Name" instead) Value must match the hospital name associated with the TIN (DE #8) as per the Teaching Hospital List	Yes	COVERED_RECIPIENT_TEACHING_HOSPITAL_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
14	9	Covered Recipient Teaching Hospital Tax ID Number (TIN)	Tax Identification Number (TIN) of Teaching Hospital receiving the payment or other transfer of value.	Numeric	999999999	Yes IF DE# 6 Covered Recipient Type = "2" (Covered Recipient Teaching Hospital) IF DE# 6 is any other value, this field **must** be blank.	9 Char	Validated against data type, format, and field size (columns D, E, G) A standardized list of covered Teaching Hospital names and information is provided on the CMS Open Payments website. Value must match the TIN associated with the teaching hospital name (DE #8) as per the Teaching Hospital List	No	COVERED_RECIPIENT_TEACHING_HOSPITAL_TAX_ID_NUMBER	No notes	No, only numeric values are allowed.
15	10	Covered Recipient Physician First Name	Textual first name of the physician (covered recipient) receiving the payment or other transfer of value. If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).	Text	Free form text	Yes IF DE# 6 Covered Recipient Type = "1" (Covered Recipient Physician) IF DE# 6 is any other value, this field **must** be blank.	≤ 20 Char	Validated against CMS-approved data sources	Yes	COVERED_RECIPIENT_PHYSICIAN_FIRST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
16	11	Covered Recipient Physician Middle Name	Textual middle initial or middle name of the physician (covered recipient) receiving the payment or other transfer of value. If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).	Text	Free form text	No IF DE# 6 Covered Recipient Type = "2" (Covered Recipient Teaching Hospital), "3" (Non-covered Recipient Entity), or "4" (Non-covered Recipient Individual), this field **must** be blank.	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G) IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), "3" (Non-covered Recipient Entity), or "4" (Non-covered Recipient Individual), this field **must** be blank.	Yes	COVERED_RECIPIENT_PHYSICIAN_MIDDLE_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
17	12	Covered Recipient Physician Last Name	Textual last name of the physician (covered recipient) receiving the payment or other transfer of value. If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).	Text	Free form text	Yes IF DE# 6 Covered Recipient Type = "1" (Covered Recipient Physician) IF DE# 6 is any other value, this field **must** be blank.	≤ 35 Char	Validated against data type, format, and field size (columns D, E, G) Validated against CMS-approved data sources	Yes	COVERED_RECIPIENT_PHYSICIAN_LAST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
18	13	Covered Recipient Physician Name Suffix	Name suffix of the physician (covered recipient) receiving the payment or other transfer of value chosen from a constrained list of values (Examples: Jr., Sr., III). If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).	Text	Free form text	No IF DE# 6 Covered Recipient Type = "2" (Covered Recipient Teaching Hospital), "3" (Non-covered Recipient Entity), or "4" (Non-covered Recipient Individual), this field **must** be blank.	≤ 5 Char	Validated against data type, format, and field size (columns D, E, G) IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), "3" (Non-covered Recipient Entity), or "4" (Non-covered Recipient Individual), this field **must** be blank.	Yes	COVERED_RECIPIENT_PHYSICIAN_NAME_SUFFIX	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
19	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 DE# 6 Covered Recipient Type = "1" (Covered Recipient Physician), OR "2" (Covered Recipient Teaching Hospital), OR "3" (Non-covered Recipient Entity) IF DE# 6 is any other value, this field **must** be blank.	≤ 55 Char	Validated against data type, format, and field size (columns D, E, G) If the Covered Recipient Type (DE#6) has a value of "2" (Teaching Hospital), NPPES Address Line 1 from the CMS-provided Teaching Hospital list should be used for this data element	Yes	RECIPIENT_BUSINESS_STREET_ADDRESS_LINE_1	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
20	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	≤ 55 Char	Validated against data type, format, and field size (columns D, E, G) If the Covered Recipient Type (DE#6) has a value of "2" (Teaching Hospital), NPPES Address Line 2 from the CMS-provided Teaching Hospital List should be used for this data element IF DE# 6 Covered Recipient Type = "4" (Non-covered Recipient Individual), this	Yes	RECIPIENT_BUSINESS_STREET_ADDRESS_LINE_2	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
21	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 DE# 6 Covered Recipient Type = "1" (Covered Recipient Physician), OR "2" (Covered Recipient Teaching Hospital), OR "3" (Non-covered Recipient Entity) IF DE# 6 is any other value, this field **must** be blank.	≤ 40 Char	Validated against data type, format, and field size (columns D, E, G) If the Covered Recipient Type (DE#6) has a value of "2" (Teaching Hospital), NPPES Address City from the CMS-provided Teaching Hospital list should be used for this data element	Yes	RECIPIENT_CITY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
22	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 DE# 19 = "US" or "United States" IF DE# 19 is any other value, this field **must** be blank.	2 Char	Validated against data type, format, and field size (columns D, E, G) Limited to list of state abbreviations and territories per US Postal Service If the Covered Recipient Type (DE#6) has a value of "2" (Teaching Hospital), NPPES Address State from the CMS-provided Teaching Hospital list should be used for	Yes	RECIPIENT_STATE	No notes	No, only values given in Format Column E are allowed.
23	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 DE# 19 = "US" or "United States" IF DE# 19 is any other value, this field **must** be blank.	≤ 9 Char	Validated against data type, format, and field size (columns D, E, G) Either exactly 5 or exactly 9 numeric digits If the Covered Recipient Type (DE#6) has a value of "2" (Teaching Hospital), NPPES Address Zip code from the CMS-provided Teaching Hospital list should be used for this data element	Yes	RECIPIENT_ZIP_CODE	No notes	No, only numeric values are allowed.
24	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 DE# 6 Covered Recipient Type = "1" (Covered Recipient Physician), OR "2" (Covered Recipient Teaching Hospital), OR "3" (Non-covered Recipient Entity) IF DE# 6 is any other value, this field **must** be blank.	2 Char * For US only, you can enter US or United States	Validated against data type, format, and field size (columns D, E, G) Must be exactly 2 char abbreviation of country * For US only, you can enter US or United States	Yes	RECIPIENT_COUNTRY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
25	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	No	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	RECIPIENT_PROVINCE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
26	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 DE# 19 is outside the United States AND DE# 6 = "1", OR "2", OR "3" For all other conditions, this	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G) Proper length and format validated for each country	Yes	RECIPIENT_POSTAL_CODE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
27	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	Validated against data type, format, and field size (columns D, E, G) Proper email format enforced	No	RECIPIENT_EMAIL_ADDRESS	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
28	23	Covered Recipient Physician NPI	Individual NPI for Physician (not the NPI of any group the physician belongs to). **Required, if physician has an NPI.**	Numeric	Numeric digits only	Yes IF the Covered Recipient Physician has an NPI IF DE# 6 Covered Recipient Type = "2" (Covered Teaching Hospital), "3" (Non-covered Recipient Entity), or "4" (Non-covered Recipient Individual), this field **must** be blank.	10 Char	Validated against data type, format, and field size (columns D, E, G) Validated against CMS-approved data sources	No	COVERED_RECIPIENT_PHYSICIAN_NPI	No notes	No, only numeric values are allowed.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
29	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 DE# 6 Recipient Type = "1" (Covered Recipient Physician) IF DE# 6 is any other value, this field **must** be blank.	1 Char	Limited to numeric characters 1 through 6	Yes	COVERED_RECIPIENT_PHYSICIAN_PRIMARY_TYPE	No notes	No, only values given in Format Column E are allowed.
30	25	Covered Recipient Physician Specialty	Taxonomy code for the physician's specialty, chosen from the standardized "provider taxonomy" code list.	Text	Text from Standardized Selection	Yes IF DE# 6 Recipient Type = "1" (Covered Recipient Physician) IF DE# 6 is any other value, this field **must** be blank.	10 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	COVERED_RECIPIENT_PHYSICIAN_SPECIALTY	Refer to the Open Payments Physician Taxonomy Code list on the CMS Open Payments website for a list of accepted taxonomy codes.	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
31	26	Covered Recipient Physician License State and License Number	Paired state and official state license number of the covered recipient physician. May include up to 5 "Physician License State and License Number" pairs, if the physician is licensed in multiple states.	Text	Maximum of 5 unique pairs of the state and license number: AA-99999999999999999999999999	Yes IF DE# 6 Recipient Type = "1" (Covered Recipient Physician) IF DE# 6 is any other value, this field **must** be blank.	≤ 28 Char	Validated against data type, format, and field size (columns D, E, G) Proper length and format validated for each state The pairing includes the 2 letter state abbreviation, followed by a hyphen, followed by the state license number	Yes, for the State AND No, for the License #	COVERED_RECIPIENT_PHYSICIAN_LICENSE_STATE_AND_LICENSE_NUMBER_1 COVERED_RECIPIENT_PHYSICIAN_LICENSE_STATE_AND_LICENSE_NUMBER_2 COVERED_RECIPIENT_PHYSICIAN_LICENSE_STATE_AND_LICENSE_NUMBER_3 COVERED_RECIPIENT_PHYSICIAN_LICENSE_STATE_AND_LICENSE_NUMBER_4 COVERED_RECIPIENT_PHYSICIAN_LICENSE_	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
32	**Associated Drug, Device, Biological, or Medical Supply Information**											
33	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
34	27	Product Indicator	Indicator allows the Applicable Manufacturer or Applicable 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	PRODUCT_INDICATOR	No notes	No, only values given in Format Column E are allowed.
35	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 covered 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.	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	Yes IF "Product Indicator" DE# 27 is "1" = "Covered" OR is "4" = "Combination" AND there is not at least 1 covered device or medical supply provided in DE# 30 "Name of Associated Covered Device or Medical Supply" OR DE#29 "NDC of Associated Covered Drug or Biological" contains a value If DE# 27 Product Indicator is "3" (None), this field **must** be blank.	≤ 100 Char	Validated against data type, format, and field size (columns D, E, G) Validated against CMS-approved data sources	Yes	NAME_OF_ASSOCIATED_COVERED_DRUG_OR_BIOLOGICAL_1 NAME_OF_ASSOCIATED_COVERED_DRUG_OR_BIOLOGICAL_2 NAME_OF_ASSOCIATED_COVERED_DRUG_OR_BIOLOGICAL_3 NAME_OF_ASSOCIATED_COVERED_DRUG_OR_BIOLOGICAL_4 NAME_OF_ASSOCIATED_COVERED_DRUG_OR_BIOLOGICAL_5	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
36	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 there is no NDC for any named covered drug or biological in DE#28, 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. NDC's must be entered in one of the following formats: 9999-9999-99 99999-999-99 99999-9999-9	No	12 Char (including dashes)	Validated against format and field size (columns E and G) If a drug or biological named in the record (DE#28) has an NDC, the NDC must be reported with the same record. The order of NDCs provided must match the order of named drugs or biologicals in DE#28. If no NDC exists for a named drug or biological in DE#28, leave the corresponding NDC field blank for that drug or biological. If DE# 27 Product Indicator is "3" (None), this field **must** be blank. The numeric values in this field may not consist of only zeroes	Yes	NDC_OF_ASSOCIATED_COVERED_DRUG_OR_BIOLOGICAL_1 NDC_OF_ASSOCIATED_COVERED_DRUG_OR_BIOLOGICAL_2 NDC_OF_ASSOCIATED_COVERED_DRUG_OR_BIOLOGICAL_3 NDC_OF_ASSOCIATED_COVERED_DRUG_OR_BIOLOGICAL_4 NDC_OF_ASSOCIATED_COVERED_DRUG_OR_BIOLOGICAL_5	No notes	Minus sign/hyphen (-)
37	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 Manufacturers or Applicable GPOs 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.	Text	Element 30 can repeat a maximum of 5 times for covered devices or medical supplies	Yes IF "Product Indicator" DE# 27 is "1" = "Covered" OR is "4" = "Combination" AND there is not at least 1 covered drug or biological provided in DE# 28 "Name of Associated Covered Drug or Biological" If DE# 27 Product Indicator is "3" (None), this field **must** be blank.	≤ 100 Char	Validated against data type, format, and field size (columns D, E, G) Validated against CMS-approved data sources	Yes	NAME_OF_ASSOCIATED_COVERED_DEVICE_OR_MEDICAL_SUPPLY_1 NAME_OF_ASSOCIATED_COVERED_DEVICE_OR_MEDICAL_SUPPLY_2 NAME_OF_ASSOCIATED_COVERED_DEVICE_OR_MEDICAL_SUPPLY_3 NAME_OF_ASSOCIATED_COVERED_DEVICE_OR_MEDICAL_SUPPLY_4 NAME_OF_ASSOCIATED_COVERED_DEVICE_OR_MEDICAL_SUPPLY_5	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
38	**Transfer of Value (Research Payment) Information**											
39	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
40	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.	Text	Free form text	Yes	≤ 100 Char	Validated against data type, format, and field size (columns D, E, G) If DE# 3 (Consolidated Report Indicator) = "N", the value provided for this data element must be the same as the value provided for DE# 1 (Applicable Manufacturer or Applicable GPO Name).	Yes	APPLICABLE_MANUFACTURER_OR_APPLICABLE_GPO_MAKING_PAYMENT_NAME	Published as "Making Payment Applicable Manufacturer or Applicable GPO Name"	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
41	32	Applicable Manufacturer or Applicable GPO Making Payment Registration ID	Open Payments system-generated identifier for this Applicable Manufacturer or Applicable GPO issued during the registration process.	Numeric	System generated	Yes	System generated : ≤ 38 digits	Validated against data type, format, and field size (columns D, E, G) If DE# 3 (Consolidated Report Indicator) = "N", the value provided for this data element must be the same as the value provided for DE# 2 (Applicable Manufacturer or Applicable GPO Registration ID).	Yes	APPLICABLE_MANUFACTURER_OR_APPLICABLE_GPO_MAKING_PAYMENT_REGISTRATION_ID	Published as Published as "Applicable_Manufacturer_or_Applicable_GPO_Making_Payment_ID"	System generated value only.
42	32A	Home System Payment ID	The identifier associated with the payment transaction in the Applicable Manufacturer or Applicable GPO home system.	Text	Text	No	≤ 50 Char	Validated against data type, format, and field size (columns D, E, G)	No	HOME_SYSTEM_PAYMENT_ID	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
43	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	Numeric	System generated	Yes IF DE# 4 Resubmission File Indicator = "Y", "R" or "D"	System generated : ≤ 38 digits	Validated against data type, format, and field size (columns D, E, G)	No	RESUBMITTED_PAYMENT_RECORD_ID	No notes	System generated value only.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
44	34	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) 9999999999.99	Yes	12 Char	Validated against data type, format, and field size (columns D, E, G) The value in this field cannot be 0.00. The value entered must be greater than zero dollars	Yes	TOTAL_AMOUNT_OF_RESEARCH_PAYMENT_U_S_DOLLARS	No notes	No, only values given in Format Column E are allowed.
45	34A	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	Validated against data type, format, and field size (columns D, E, G) Is within correct reporting year	Yes	DATE_OF_PAYMENT	No notes	No, only values given in Format Column E are allowed.
46	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	FORM_OF_PAYMENT_OR_TRANSFER_OF_VALUE	No notes	No, only values given in Format Column E are allowed.
47	36	Expenditure Category	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.	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	Validated against data type, format, and field size (columns D, E, G) Category number represented as a single number (per the format column) followed by the 2- or 3-digit percentage of the value of that category for this payment (e.g., 1-90 or 1-100)	Yes	EXPENDITURE_CATEGORY	No notes	No, only values given in Format Column E are allowed.
48	**Research Related Information**											
49	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
50	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	Validates that only character "Y" or "N" is provided	Yes	PRE_CLINICAL_RESEARCH_INDICATOR	No notes	No, only values given in Format Column E are allowed.
51	38	Delay in Publication of Research Payment Indicator	Indicator showing if an Applicable Manufacturer/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 product (drug, device, biological, or medical supply) or (2) clinical investigation regarding a new product (drug, device, biological, or medical supply). Applicable Manufacturers/Applicable 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.	Enumeration	"1" = R&D on New Product "2" = Clinical Investigation on New Product "3" = No Delay Requested	Yes	1 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	DELAY_IN_PUBLICATION_OF_RESEARCH_PAYMENT_INDICATOR	Delay in publication must be re-requested annually and can only be requested for a total of four years. This can be done by resubmitting the record and requesting a delay in publication again. To determine if a record that has been delayed in publication requires renewal to remain delayed, go to the Review Records page and select the payment category to view. Use the filter tools on the next page to search for records with a "Delay in Publication" status of "Renew."	No, only values given in Format Column E are allowed.
52	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 DE# 37 Pre-clinical Research Indicator = "N"	≤ 500 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	NAME_OF_STUDY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
53	40	Context of Research	Textual description of research context or research objectives.	Text	Free form text	No	≤ 500 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	CONTEXT_OF_RESEARCH	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
54	41	ClinicalTrials.Gov Identifier	Identifier assigned if research study is registered on ClinicalTrials.gov.	Text	11 character alphanumeric, first 3 characters alpha	No	11 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	CLINICALTRIALS_GOV_IDENTIFIER	No notes	No, only values given in Format Column E are allowed.
55	42	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	≤ 2083 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	RESEARCH_INFORMATION_LINK	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
56	43	Principal Investigator Covered Recipient Physician Indicator	Indicator showing if the payment or other transfer of value is associated with a research study that employed at least one Principal Investigator who is a covered recipient physician in addition to the covered recipient who received the payment.	Boolean	"Y" = Yes; "N" = No	Yes	1 Char	Validates that only character "Y" or "N" is provided If there is a covered recipient principal investigator, set this field to "Y" and enter identifying information for at least one covered recipient Principal Investigator in the fields below. Up to five (5) Principal Investigator covered recipient physicians can be entered. The principal investigator(s) entered must be unique individuals. The individual identified as the covered recipient physician cannot be entered as a principal investigator. If the Covered Recipient Type (DE#6) is set to "3" or "4," the Principal Investigator Covered Recipient Physician Indicator must be set to "Y." If there is not a covered recipient principal investigator, set this field to "N" and do not enter any information in the Principal Investigator fields below If the covered recipient physician receiving the payment is also the only Principal Investigator, set this field to "N." You do not	No	PRINCIPAL_INVESTIGATOR_COVERED_RECIPIENT_PHYSICIAN_INDICATOR	No notes	No, only values given in Format Column E are allowed.
57	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.	Text	Free form text	Yes IF DE# 43, "Principal Investigator Physician Covered Recipient Indicator" = "Y"	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL1_INVESTIGATOR_FIRST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
58	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	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL1_INVESTIGATOR_MIDDLE_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
59	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 DE# 43, "Principal Investigator Physician Covered Recipient Indicator" = "Y"	≤ 35 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL1_INVESTIGATOR_LAST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
60	47	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	≤ 5 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL1_INVESTIGATOR_NAME_SUFFIX	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
61	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.	Text	Two line address format; First line contains building number, street name, street identifier	Yes IF DE# 43, "Principal Investigator Physician Covered Recipient Indicator" = "Y"	≤ 55 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL1_INVESTIGATOR_BUSINESS_STREET_ADDRESS_LINE_1	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
62	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	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL1_INVESTIGATOR_BUSINESS_STREET_ADDRESS_LINE_2	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
63	50	Principal Investigator City	The primary business address city of the Principal investigator of the research study.	Text	Free form text	Yes IF DE# 43, "Principal Investigator Physician Covered Recipient Indicator" = "Y"	≤ 40 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL1_INVESTIGATOR_CITY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
64	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 DE# 43, "Principal Investigator Physician Covered Recipient Indicator" = "Y" AND Recipient Country, DE# 53 is the United States	2 Char	Validated against data type, format, and field size (columns D, E, G) Limited to list of state abbreviations and territories per US Postal Service	Yes	PRINCIPAL1_INVESTIGATOR_STATE	No notes	No, only values given in Format Column E are allowed.
65	52	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 DE# 43, "Principal Investigator Physician Covered Recipient Indicator" = "Y" AND Recipient Country, DE# 53 is the United States	≤ 9 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL1_INVESTIGATOR_ZIP_CODE	No notes	No, only numeric values are allowed.
66	53	Principal Investigator Country	The primary business address country name of the Principal investigator of the research study.	Text	Free form text	Yes IF DE# 43, "Principal Investigator Physician Covered Recipient Indicator" = "Y"	2 Char * For US only, you can enter US or United States	Must be exactly 2 char abbreviation of country * For US only, you can enter US or United States	Yes	PRINCIPAL1_INVESTIGATOR_COUNTRY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
67	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	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL1_INVESTIGATOR_PROVINCE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
68	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 Principal Investigator Country DE# 53 is outside the United States	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL1_INVESTIGATOR_POSTAL_CODE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
69	56	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 DE# 43, "Principal Investigator Physician Covered Recipient Indicator" = "Y"	1 Char	Allowed values limited to "1", "2", "3", "4", "5", or "6"	Yes	PRINCIPAL1_INVESTIGATOR_PHYSICIAN_PRIMARY_TYPE	No notes	No, only values given in Format Column E are allowed.
70	57	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	10 Char	Validated against data type, format, and field size (columns D, E, G) Validated against CMS-approved data sources	No	PRINCIPAL1_INVESTIGATOR_NPI	No notes	No, only numeric values are allowed.
71	58	Principal Investigator Specialty	Taxonomy code for Principal Investigator's specialty, chosen from "provider taxonomy" code list.	Text	Text from Standardized Selection	Yes IF DE# 43, "Principal Investigator Physician Covered Recipient Indicator" = "Y"	10 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL1_INVESTIGATOR_SPECIALTY	Refer to the Open Payments Physician Taxonomy Code list on the CMS Open Payments website for a list of accepted taxonomy codes.	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
72	59	Principal Investigator License State and License Number	Paired state and state license number of the Principal Investigator, who is a physician covered recipient. May include up to 5 "Physician License State and License Number" pairs. D	Text	Maximum of 5 unique pairs of the state and license number: AA-99999999999999999999999	Yes IF DE# 43, "Principal Investigator Physician Covered Recipient Indicator" = "Y"	≤ 28 Char	Validated against data type, format, and field size (columns D, E, G) Proper length and format validated for each state The pairing includes the 2 letter state abbreviation, followed by a hyphen, followed by the state license number	Yes, for the State AND No, for the License #	PRINCIPAL1_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_1 PRINCIPAL1_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_2 PRINCIPAL1_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_3 PRINCIPAL1_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_4 PRINCIPAL1_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_5	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
73	**Multiple Principal Investigators: For DE# 60-123, 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 in DE# 44-59.**											
74	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
75	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.	Text	Free form text	No, unless indicating multiple Principal Investigators	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL2_INVESTIGATOR_FIRST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
76	61	Principal Investigator Middle Name	Textual 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	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL2_INVESTIGATOR_MIDDLE_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
77	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	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL2_INVESTIGATOR_LAST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
78	63	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	≤ 5 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL2_INVESTIGATOR_NAME_SUFFIX	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
79	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.	Text	Two line address format; First line contains building number, street name, street identifier	No, unless indicating multiple Principal Investigators	≤ 55 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL2_INVESTIGATOR_BUSINESS_STREET_ADDRESS_LINE_1	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
80	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	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL2_INVESTIGATOR_BUSINESS_STREET_ADDRESS_LINE_2	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
81	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	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL2_INVESTIGATOR_CITY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
82	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	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL2_INVESTIGATOR_STATE	No notes	No, only values given in Format Column E are allowed.
83	68	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	≤ 9 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL2_INVESTIGATOR_ZIP_CODE	No notes	No, only numeric values are allowed.
84	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	2 Char * For US only, you can enter US or United States	Validated against data type, format, and field size (columns D, E, G) Must be exactly 2 char abbreviation of country * For US only, you can enter US or United	Yes	PRINCIPAL2_INVESTIGATOR_COUNTRY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
85	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	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL2_INVESTIGATOR_PROVINCE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
86	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 and Principal Investigator Country DE# 69 is outside the United States	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL2_INVESTIGATOR_POSTAL_CODE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
87	72	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)	No, unless indicating multiple Principal Investigators	1 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL2_INVESTIGATOR_PHYSICIAN_PRIMARY_TYPE	No notes	No, only values given in Format Column E are allowed.
88	73	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 the physician has an NPI.**	Numeric	Numeric digits only	No, unless indicating multiple Principal Investigators	10 Char	Validated against data type, format, and field size (columns D, E, G)	No	PRINCIPAL2_INVESTIGATOR_NPI	No notes	No, only numeric values are allowed.
89	74	Principal Investigator Specialty	Taxonomy code for Principal Investigator's specialty, chosen from "provider taxonomy" code list.	Text	Text from Standardized Selection	No, unless indicating multiple Principal Investigators	10 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL2_INVESTIGATOR_SPECIALTY	Refer to the Open Payments Physician Taxonomy Code list on the CMS Open Payments website for a list of accepted taxonomy codes.	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
90	75	Principal Investigator License State and License Number	Paired state and state license number of the Principal Investigator, who is a physician covered recipient. May include up to 5 "Physician License State and License Number" pairs.	Text	Maximum of 5 unique pairs of the state and license number: AA- 99999999999999999999999999	No, unless indicating multiple Principal Investigators	≤ 28 Char	Validated against data type, format, and field size (columns D, E, G) The pairing includes the 2 letter state abbreviation, followed by a hyphen, followed by the state license number	Yes, for the State AND No, for the License #	PRINCIPAL2_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_1 PRINCIPAL2_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_2 PRINCIPAL2_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_3 PRINCIPAL2_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_4 PRINCIPAL2_INVESTIGATOR_LICENSE_STAT	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
91	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.	Text	Free form text	No, unless indicating multiple Principal Investigators	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL3_INVESTIGATOR_FIRST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
92	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	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL3_INVESTIGATOR_MIDDLE_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
93	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	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL3_INVESTIGATOR_LAST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
94	79	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	≤ 5 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL3_INVESTIGATOR_NAME_SUFFIX	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
95	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.	Text	Two line address format; First line contains building number, street name, street identifier	No, unless indicating multiple Principal Investigators	≤ 55 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL3_INVESTIGATOR_BUSINESS_STREET_ADDRESS_LINE_1	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
96	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	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL3_INVESTIGATOR_BUSINESS_STREET_ADDRESS_LINE_2	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
97	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	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL3_INVESTIGATOR_CITY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
98	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	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL3_INVESTIGATOR_STATE	No notes	No, only values given in Format Column E are allowed.
99	84	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	≤ 9 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL3_INVESTIGATOR_ZIP_CODE	No notes	No, only numeric values are allowed.
100	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	2 Char * For US only, you can enter US or United States	Validated against data type, format, and field size (columns D, E, G) Must be exactly 2 char abbreviation of country * For US only, you can enter US or United	Yes	PRINCIPAL3_INVESTIGATOR_COUNTRY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
101	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	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL3_INVESTIGATOR_PROVINCE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
102	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 and Principal Investigator Country DE# 85 is outside the United States	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL3_INVESTIGATOR_POSTAL_CODE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
103	88	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)	No, unless indicating multiple Principal Investigators	1 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL3_INVESTIGATOR_PHYSICIAN_PRIMARY_TYPE	No notes	No, only values given in Format Column E are allowed.
104	89	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 the physician has an NPI.**	Numeric	Numeric digits only	No, unless indicating multiple Principal Investigators	10 Char	Validated against data type, format, and field size (columns D, E, G)	No	PRINCIPAL3_INVESTIGATOR_NPI	No notes	No, only numeric values are allowed.
105	90	Principal Investigator Specialty	Taxonomy code for Principal Investigator's specialty, chosen from "provider taxonomy" code list.	Text	Text from Standardized Selection	No, unless indicating multiple Principal Investigators	10 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL3_INVESTIGATOR_SPECIALTY	Refer to the Open Payments Physician Taxonomy Code list on the CMS Open Payments website for a list of accepted taxonomy codes.	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
106	91	Principal Investigator License State and License Number	Paired state and state license number of the Principal Investigator, who is a physician covered recipient. May include up to 5 "Physician License State and License Number" pairs.	Text	Maximum of 5 unique pairs of the state and license number: AA-99999999999999999999999	No, unless indicating multiple Principal Investigators	≤ 28 Char	Validated against data type, format, and field size (columns D, E, G) The pairing includes the 2 letter state abbreviation, followed by a hyphen, followed by the state license number	Yes, for the State AND No, for the License #	PRINCIPAL3_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_1 PRINCIPAL3_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_2 PRINCIPAL3_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_3 PRINCIPAL3_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_4 PRINCIPAL3_INVESTIGATOR_LICENSE_STAT	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
107	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.	Text	Free form text	No, unless indicating multiple Principal Investigators	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL4_INVESTIGATOR_FIRST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
108	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	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL4_INVESTIGATOR_MIDDLE_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
109	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	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL4_INVESTIGATOR_LAST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
110	95	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	≤ 5 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL4_INVESTIGATOR_NAME_SUFFIX	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
111	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.	Text	Two line address format; First line contains building number, street name, street identifier	No, unless indicating multiple Principal Investigators	≤ 55 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL4_INVESTIGATOR_BUSINESS_STREET_ADDRESS_LINE_1	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
112	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	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL4_INVESTIGATOR_BUSINESS_STREET_ADDRESS_LINE_2	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
113	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	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL4_INVESTIGATOR_CITY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

	A	B	C	D	E	F	G	H	I	J	K	L
2	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
114	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	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL4_INVESTIGATOR_STATE	No notes	No, only values given in Format Column E are allowed.
115	100	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	≤ 9 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL4_INVESTIGATOR_ZIP_CODE	No notes	No, only numeric values are allowed.
116	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	2 Char * For US only, you can enter US or United States	Validated against data type, format, and field size (columns D, E, G) Must be exactly 2 char abbreviation of country * For US only, you can enter US or United	Yes	PRINCIPAL4_INVESTIGATOR_COUNTRY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
117	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	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL4_INVESTIGATOR_PROVINCE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
118	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 and Principal Investigator Country DE# 101 is outside the United States	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL4_INVESTIGATOR_POSTAL_CODE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
119	104	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)	No, unless indicating multiple Principal Investigators	1 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL4_INVESTIGATOR_PHYSICIAN_PRIMARY_TYPE	No notes	No, only values given in Format Column E are allowed.
120	105	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 the physician has an NPI.**	Numeric	Numeric digits only	No, unless indicating multiple Principal Investigators	10 Char	Validated against data type, format, and field size (columns D, E, G)	No	PRINCIPAL4_INVESTIGATOR_NPI	No notes	No, only numeric values are allowed.
121	106	Principal Investigator Specialty	Taxonomy code for Principal Investigator's specialty, chosen from "provider taxonomy" code list.	Text	Text from Standardized Selection	No, unless indicating multiple Principal Investigators	10 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL4_INVESTIGATOR_SPECIALTY	Refer to the Open Payments Physician Taxonomy Code list on the CMS Open Payments website for a list of accepted taxonomy codes.	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
122	107	Principal Investigator License State and License Number	Paired state and state license number of the Principal Investigator, who is a physician covered recipient. May include up to 5 "Physician License State and License Number" pairs.	Text	Maximum of 5 unique pairs of the state and license number: AA- 99999999999999999999999999	No, unless indicating multiple Principal Investigators	≤ 28 Char	Validated against data type, format, and field size (columns D, E, G) The pairing includes the 2 letter state abbreviation, followed by a hyphen, followed by the state license number	Yes, for the State AND No, for the License #	PRINCIPAL4_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_1 PRINCIPAL4_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_2 PRINCIPAL4_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_3 PRINCIPAL4_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_4 PRINCIPAL4_INVESTIGATOR_LICENSE_STAT	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
123	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.	Text	Free form text	No, unless indicating multiple Principal Investigators	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL5_INVESTIGATOR_FIRST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
124	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	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL5_INVESTIGATOR_MIDDLE_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
125	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	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL5_INVESTIGATOR_LAST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
126	111	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	≤ 5 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL5_INVESTIGATOR_NAME_SUFFIX	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
127	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.	Text	Two line address format; First line contains building number, street name, street identifier	No, unless indicating multiple Principal Investigators	≤ 55 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL5_INVESTIGATOR_BUSINESS_STREET_ADDRESS_LINE_1	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
128	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	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL5_INVESTIGATOR_BUSINESS_STREET_ADDRESS_LINE_2	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
129	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	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL5_INVESTIGATOR_CITY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
130	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	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL5_INVESTIGATOR_STATE	No notes	No, only values given in Format Column E are allowed.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
131	116	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	≤ 9 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL5_INVESTIGATOR_ZIP_CODE	No notes	No, only numeric values are allowed.
132	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	2 Char * For US only, you can enter US or United States	Validated against data type, format, and field size (columns D, E, G) Must be exactly 2 char abbreviation of country * For US only, you can enter US or United States	Yes	PRINCIPAL5_INVESTIGATOR_COUNTRY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
133	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	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL5_INVESTIGATOR_PROVINCE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
134	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 and Principal Investigator Country DE# 117 is outside the United States	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL5_INVESTIGATOR_POSTAL_CODE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
135	120	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)	No, unless indicating multiple Principal Investigators	1 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL5_INVESTIGATOR_PHYSICIAN_PRIMARY_TYPE	No notes	No, only values given in Format Column E are allowed.
136	121	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 the physician has an NPI.**	Numeric	Numeric digits only	No, unless indicating multiple Principal Investigators	10 Char	Validated against data type, format, and field size (columns D, E, G)	No	PRINCIPAL5_INVESTIGATOR_NPI	No notes	No, only numeric values are allowed.
137	122	Principal Investigator Specialty	Taxonomy code for Principal Investigator's specialty, chosen from "provider taxonomy" code list.	Text	Text from Standardized Selection	No, unless indicating multiple Principal Investigators	10 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL5_INVESTIGATOR_SPECIALTY	Refer to the Open Payments Physician Taxonomy Code list on the CMS Open Payments website for a list of accepted taxonomy codes.	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
138	123	Principal Investigator License State and License Number	Paired state and state license number of the Principal Investigator, who is a physician covered recipient. May include up to 5 "Physician License State and License Number" pairs.	Alphanumeric	Maximum of 5 unique pairs of the state and license number: AA- 99999999999999999999999999	No, unless indicating multiple Principal Investigators	≤ 28 Char	Validated against data type, format, and field size (columns D, E, G) The pairing includes the 2 letter state abbreviation, followed by a hyphen, followed by the state license number	Yes, for the State AND No, for the License #	PRINCIPAL5_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_1 PRINCIPAL5_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_2 PRINCIPAL5_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_3 PRINCIPAL5_INVESTIGATOR_LICENSE_STATE_AND_LICENSE_NUMBER_4 PRINCIPAL5_INVESTIGATOR_LICENSE_STAT	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
3	1	Applicable Manufacturer or Applicable GPO Name	Textual proper name of either the Submitting Applicable Manufacturer or Submitting Applicable Group Purchasing Organization (GPO). If this submission file contains records of payment(s) and/or other transfer(s) of value made by only one Applicable Manufacturer/Applicable GPO, enter that Applicable Manufacturer's/Applicable GPO's name in this data field for all records in the submission file. If this submission file contains records of payment(s) and/or other transfer(s) of value from multiple Applicable Manufacturers/Applicable GPOs, enter the name of the Applicable Manufacturer/Applicable GPO submitting the consolidated report in this field. The name of the Applicable Manufacturer/Applicable GPO that made the payment for each record is entered in the "Applicable Manufacturer or Applicable GPO Making Payment Name" (DE#23) field of that record.	Text	Free form text	Yes	≤ 100 Char	Validated against data type, format, and field size (columns D, E, G) Match the name on file for associated Registration ID	Yes	APPLICABLE_MANUFACTURER_OR_APPLICABLE_GPO_NAME	Published as "Submitting Applicable Manufacturer or Applicable GPO Name"	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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 submission file contains records of payment(s) and/or other transfers of value made by only one Applicable Manufacturer/Applicable GPO, enter that Applicable Manufacturer's/Applicable GPO's Registration ID in this data field for all records in the submission file. If this submission file contains records of payment(s) and/or other transfer(s) of value from multiple Applicable Manufacturers/Applicable GPOs, enter the Record ID to be entered of the Applicable Manufacturer/Applicable GPO submitting the consolidated report. The Record ID of the Applicable Manufacturer/Applicable GPO that made the payment for each record is entered in the "Applicable Manufacturer or Applicable GPO Making Payment Registration ID" (DE#24) field of that record.	Numeric	System generated	Yes	System generated : ≤ 38 digits	Validated against data type, format, and field size (columns D, E, G) Match the Registration ID on file	No	APPLICABLE_MANUFACTURER_OR_APPLICABLE_GPO_ID	No notes	System generated value only.
5	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	CONSOLIDATED_REPORT_INDICATOR	For more information on Consolidated Reporting, consult the Quick Reference Guide on Consolidated Reporting, located on the CMS Open Payments website.	No, only values given in Format Column E are allowed.
6	4	Resubmission File Indicator	Indicator showing if this submission file contains payment(s) and/or other transfer(s) of value that are all new records, amended or corrected versions of previously submitted records, or previously submitted records that you now wish to delete.	Enumeration	"N" = New Submission "Y" = Resubmission "D" = Delete	Yes	1 Char	Validates that only character "N","Y", or "D" is provided If "D" is provided, only DE# 2, 3, 4, 24, and 25 are required for the record. All other fields are optional. All records in a file must have the same value in	No	RESUBMISSION_FILE_INDICATOR	No notes	No, only values given in Format Column E are allowed.
7	5	Original File Submission ID	This field is no longer collected by Open Payments and is replaced by Home System Payment ID data element 24A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID data element 24A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID data element 24A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID data element 24A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID data element 24A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID data element 24A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID data element 24A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID data element 24A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID data element 24A.	N/A
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	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
11	6	Ownership/Investment Physician's First Name	Textual first name of the physician with the ownership or investment interest being reported. If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).	Text	Free form text	Yes	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G) Validated against CMS-approved data sources Applicable GPOs cannot submit general or research payment records for physicians without submitting an ownership/investment interest record about that	Yes	OWNERSHIP_INVESTMENT_PHYSICIAN_S_FIRST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
12	7	Ownership/Investment Physician's Middle Name	Textual middle initial or middle name of the physician with the ownership or investment interest being reported. If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).	Text	Free form text	No	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	OWNERSHIP_INVESTMENT_PHYSICIAN_S_MIDDLE_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
13	8	Ownership/Investment Physician's Last Name	Textual last name of the physician with the ownership or investment interest being reported. If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).	Text	Free form text	Yes	≤ 35 Char	Validated against data type, format, and field size (columns D, E, G) Validated against CMS-approved data sources	Yes	OWNERSHIP_INVESTMENT_PHYSICIAN_S_LAST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
14	9	Ownership/Investment Physician's Name Suffix	Name suffix of the physician with the ownership or investment interest being reported. If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).	Text	Free form text	No	≤ 5 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	OWNERSHIP_INVESTMENT_PHYSICIAN_S_NAME_SUFFIX	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
15	10	Ownership/Investment Physician's 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	≤ 55 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	OWNERSHIP_INVESTMENT_PHYSICIAN_S_BUSINESS_STREET_ADDRESS_LINE_1	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
16	11	Ownership/Investment Physician's 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	≤ 55 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	OWNERSHIP_INVESTMENT_PHYSICIAN_S_BUSINESS_STREET_ADDRESS_LINE_2	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
17	12	Ownership/Investment Physician's City	The primary practice city of the physician with the ownership or investment interest being reported.	Text	Free form text	Yes	≤ 40 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	OWNERSHIP_INVESTMENT_PHYSICIAN_S_CITY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
18	13	Ownership/Investment Physician's 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 IF DE# 15 Ownership/Investment Physician's Country = "US" or "United States" IF DE# 15 is any other value, this field **must** be blank.	2 Char	Validated against data type, format, and field size (columns D, E, G) Limited to list of state abbreviations and territories	Yes	OWNERSHIP_INVESTMENT_PHYSICIAN_S_STATE	No notes	No, only values given in Format Column E are allowed.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
19	14	Ownership/Investment Physician's 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 IF DE# 15 Ownership/Investment Physician's Country = "US" or "United States" IF DE# 15 is any other value, this field **must** be	≤ 9 Char	Validated against data type, format, and field size (columns D, E, G) Either exactly 5 or exactly 9 numeric digits	Yes	OWNERSHIP_INVESTMENT_PHYSICIAN_S_ZIP_CODE	No notes	No, only numeric values are allowed.
20	15	Ownership/Investment Physician' s Country	The primary practice/business address country name of the physician with the ownership or investment interest being reported.	Text	Free form text	Yes	2 Char * For US only, you can enter US or United States	Validated against data type, format, and field size (columns D, E, G) Must be exactly 2 char abbreviation of country * For US only, you can enter US or United States	Yes	OWNERSHIP_INVESTMENT_PHYSICIAN__S_COUNTRY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
21	16	Ownership/Investment Physician's 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	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	OWNERSHIP_INVESTMENT_PHYSICIAN__PROVINCE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet
22	17	Ownership/Investment Physician's 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 DE# 15 Ownership/Investment Physician's Country is outside the United States IF DE# 15 = "US" or "United States", this field **must** be	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G) Proper length and format validated for each country	Yes	OWNERSHIP_INVESTMENT_PHYSICIAN_S_POSTAL_CODE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
23	18	Ownership/Investment Physician's Email Address	The primary email address of the physician with the ownership or investment interest being reported.	Text	Email Address	No	≤ 100 Char	Validated against data type, format, and field size (columns D, E, G) Proper email format enforced	No	OWNERSHIP_INVESTMENT_PHYSICIAN_S_EMAIL_ADDRESS	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
24	19	Ownership/Investment Physician's 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	1 Char	Allowed values limited to "1", "2", "3", "4", "5", or "6"	Yes	OWNERSHIP_INVESTMENT_PHYSICIAN_S_PRIMARY_TYPE	No notes	No, only values given in Format Column E are allowed.
25	20	Ownership/Investment Physician's NPI	Individual NPI for the Physician (not the NPI of any group the physician belongs to) D	Text	Numeric digits only	Yes if Physician has an NPI	10 Char	Validated against data type, format, and field size (columns D, E, G) Validated against CMS-approved data sources	No	OWNERSHIP_INVESTMENT_PHYSICIAN_S_OR_TEACHING_HOSPITAL_NPI	No notes	No, only numeric values are allowed.
26	21	Ownership/Investment Physician's Specialty	Taxonomy code for the physician's specialty, chosen from the standardized "provider taxonomy" code list.	Text	Text from Standardized Selection	Yes	10 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	OWNERSHIP_INVESTMENT_PHYSICIAN_S_SPECIALTY	Refer to the Open Payments Physician Taxonomy Code list on the CMS Open Payments website for a list of accepted taxonomy codes	None

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
27	22	Ownership/Investment Physician's License State and License Number	Paired state and official state license number of the physician with the ownership or investment interest being reported. May include up to 5 "Physician License State and License Number" pairs, if a physician is licensed in multiple states.	Text	Maximum of 5 unique pairs of the state and license number: AA-99999999999999999999999999	Yes	≤ 28 Char	Validated against data type, format, and field size (columns D, E, G) Proper length and format validated for each state The pairing includes the 2 letter state abbreviation, followed by a hyphen, followed by the state license number	No	OWNERSHIP_INVESTMENT_PHYSICIAN_S_LICENSE_STATE_AND_LICENSE_NUMBER_1 OWNERSHIP_INVESTMENT_PHYSICIAN_S_LICENSE_STATE_AND_LICENSE_NUMBER_2 OWNERSHIP_INVESTMENT_PHYSICIAN_S_LICENSE_STATE_AND_LICENSE_NUMBER_3 OWNERSHIP_INVESTMENT_PHYSICIAN_S_LICENSE_STATE_AND_LICENSE_NUMBER_4 OWNERSHIP_INVESTMENT_PHYSICIAN_S_LICENSE_STATE_AND_LICENSE_NU	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
28	**Ownership/Investment Information**											
29	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
30	23	Applicable Manufacturer or Applicable GPO Reporting Ownership Name	Textual proper name of either the Applicable Manufacturer or Applicable GPO reporting the ownership or investment interest being reported in this record.	Text	Free form text	Yes	≤ 100 Char	Validated against data type, format, and field size (columns D, E, G) Matches Applicable /Applicable GPO names specified at registration for associated Registration IDs If DE# 3 (Consolidated Report Indicator) = "N", the value provided for this data element must be the same as the value provided for DE# 1 (Applicable Manufacturer or Applicable GPO Name).	Yes	APPLICABLE_MANUFACTURER_OR_APPLICABLE_GPO_REPORTING_OWNERSHIP_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
31	24	Applicable Manufacturer or Applicable GPO Reporting Ownership Registration ID	Open Payments system-generated identifier for this Applicable Manufacturer or Applicable GPO issued during the registration process.	Numeric	System generated	Yes	System generated : ≤ 38 digits	Validated against data type, format, and field size (columns D, E, G) Matches Registration ID(s) on file If DE# 3 (Consolidated Report Indicator) = "N", the value provided for this data element must be the same as the value provided for DE# 2 (Applicable Manufacturer or Applicable GPO Registration ID).	Yes	APPLICABLE_MANUFACTURER_OR_APPLICABLE_GPOREPORTING_OWNERSHIP_REGISTRATION_ID	Published as "Applicable_Manufacturer_or_Applicable_GPO_Making_Payment_ID"	System generated value only.
32	24A	Home System Payment ID	The identifier associated with the payment transaction in the Applicable Manufacturer or Applicable GPO home system	Text	Text	No	≤ 50 Char	Validated against data type, format, and field size (columns D, E, G)	No	HOME_SYSTEM_PAYMENT_ID	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
33	25	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 DE# 4 Resubmission File Indicator = "Y" or "D"	System generated : ≤ 38 digits	Validated against data type, format, and field size (columns D, E, G) If reported, matches Initial Payment Record ID for given Original File Submission ID	No	RESUBMITTED_PAYMENT_RECORD_ID	No notes	System generated value only.
34	26	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 Covered Recipient; "2" = Immediate family member	Yes	1 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	INTEREST_HELD_BY_PHYSICIAN_OR_AN_IMMEDIATE_FAMILY_MEMBER	No notes	No, only values given in Format Column E are allowed.

	A	B	C	D	E	F	G	H	I	J	K	L
2	**DE #**	**Data Element Name**	**Definition / Description**	**Data Type**	**Format**	**Required?**	**Field Size**	**Validation Rules**	**Publicly Displayed**	**CSV Field Name**	**Additional Notes**	**Allowed Special Characters**
35	27	Dollar Amount Invested	For Ownership interests: The total dollar value, in US dollars, of the ownership interest gained by the physician (or the physician's immediate family members) in the Applicable Manufacturer or Applicable GPO during the reporting year only. Value reported should be for the entire calendar year. For Investment interests: The total dollar amount, in US dollars, the physician (or the physician's immediate family members) has invested in the Applicable Manufacturer or Applicable GPO during the reporting year only. Value reported should be for the entire calendar year. Convert values to US dollar currency if necessary.	Fixed point	Currency (US dollars) 9999999999.99	Yes	12 Char	Validated against data type, format, and field size (columns D, E, G) The dollar amount invested cannot be 0.00 if the Value of Interest (DE#28) is also 0.00.	Yes	DOLLAR_AMOUNT_INVESTED	No notes	No, only values given in Format Column E are allowed.
36	28	Value of Interest	The current cumulative value, in US dollars, of ownership or investment interest held by the physician (or the physician's immediate family members) in the Applicable Manufacturer or Applicable GPO as of the most recent feasible valuation date preceding the reporting date. Please note that this amount represents the cumulative current value of all ownership or investment interests held by the physician (or the physician's immediate family members in the Applicable Manufacturer or Applicable GPO. Convert values to US dollar currency if necessary.	Fixed point	Currency (US dollars) 9999999999.99	Yes	12 Char	Validated against data type, format, and field size (columns D, E, G) The value of interest cannot be 0.00 if the Dollar Amount Invested (DE#27) is also 0.00.	Yes	VALUE_OF_INTEREST	No notes	No, only values given in Format Column E are allowed.
37	29	Terms of Interest	Description of any applicable terms of the ownership or investment interest.	Text	Free form text	Yes	500 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	TERMS_OF_INTEREST	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet

ALLOWED SPECIAL CHARACTERS

Special Character	Name
+	Plus sign
&	Ampersand
'	Apostrophe
*	Asterisk
@	At sign
\	Backslash
^	Caret
:	Colon
,	Comma
$	Dollar sign
Space	Space character
=	Equal
!	Exclamation mark
/	Forward slash
`	Grave accent
>	Greater than
–	Minus sign/hyphen
(	Left parenthesis
{	Left curly brackets
[	Left square brackets
<	Less than
%	Percent
.	Period
#	Pound
?	Question mark
"	Quotation marks
)	Right parenthesis
}	Right curly brackets
]	Right square brackets
;	Semi-colon
|	Pipe
_	Underscore
~	Tilde

Version	Date Published	Description
1.0	Dec 2013/Jan 2014	Initial Release
1.1	April/May 2014	Updated and corrected throughout
1.2	May/June 2014	Updated and corrected throughout
1.3	June 2014	Updated and corrected throughout
1.4	October 2014	Physician Ownership: Updated "Terms of Interest" data element, "Publicly Displayed" field from 'No' to 'Yes'
1.5	February 2015	Updated per Program Year 2014 changes.
1.6	March 2015	Updated descriptions for DE 43: Principal Investigator Covered Recipient Physician Indicator and DE 6: Covered Recipient Type in the Research payment spreadsheet
1.7	November 2015	Updated per Program Year 2015 changes.
1.8	August 2016	Updated per Program Year 2016 changes.

Version Updates
Initial Release
April/May 2014 version
May/June 2014 version
June 2014 version
October 2014 version
January 2015 version
March 2015 version
November 2015 version