

Screen Shots Submission Flow –Program Year 2021 - Onwards Centers for Medicare & Medicaid Services

December 2019

Version 1.0

1 Introduction

This document lists the screen shots to illustrate the submission workflow for users entering General Payments, Research Payments, and Physician Ownership Payments on the "Open Payments" Web Portal.

1.1 Submission Data Mapping

Below are screen shots of the submission data mapping fields for General Payments, Research Payments, and Physician Ownership Payments on the "Open Payments" Web Portal.

1.1.1 General Payments

This section outlines all data fields present in General Payments.

1.1.1.1 Submission File 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
	Applicable Manufacturer or Applicable GPO Name	Toxtual proper name of either the Submittina Applicable Manufacturier of 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 Manufacturier's Applicables 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 the submission file.	Text	Free form text	Yes	S 100 Char	Validated squired data type, format, and field size (columns D, E, Match the name on file for associated Registration ID	Yes	APPLICABLE_MANUFACTURER_OR_APP		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
		other transfer(s) of value from multiple Applicable. Applicable Applicable GRVs, enter the name of the Manufacturer(s)-policible GRVs, enter the name of the Manufacturer(s)-policible GRVs, the the name of the Applicable GRVs and the Applicable G									
2	Applicable Manufacturer or Applicable GPO Registration ID	Open Payments system-generated identifier used to identify the Applicable Manufacture or GPO (populated only with CSA) provided identifier). If this submission file contains records of payment(s) and/or other transfers of value made by only one Applicable Manufacturer's Applicable (GPO's Registration ID in this data filed for all records in the softmission file. If this submission file contains record of payment(s) and/or If this submission file.	Numeric	System generated	Yes	System generated : ≤ 38 digits	Validated against data type, format, and field size (columns D, E, f) Match the Registration ID on file	No	APPLICABLE_MANUFACTURER_OR_APPLICABLE_GPO_ID	No notes	System generated value only.
		other transfer(e) of value from multiple Applicable Manufacturers/Applicable GFOs, enter the Record ID of the Applicable Manufacturer/Applicable GFO submitting the Manufacturer/Applicable GFO that make the payment for each record is entered in the "Applicable Manufacturer or Applicable GFO Making Payment Registration ID" (DE#34) field of that (record).									
	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 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.
	Resubmission File Indicator	Indicator showing if this submission file contains payment(s) and/or don't transfer(s) of what thesi are in over scored, and/or don't transfer(s) of what the size in now records, proviously submitted record for which a dalay in publication has been requested that you now with a dalay in publication has been requested that you now with a delete.		"Yf" = New Submission ""= Recubmission ""= Recubmission "D" = Delete Delay in Publication "D" = Delete	Yes	1 Char	Validates that only character "Pi," "Pi," or "D" is provided in "Pi," "B" is provided, only Pi," 2, 13, 43, 27, 37 and 50 are required for the record. All other fields are optional. If "D" is provided, on Disk 2, 2, 4, 43, 25, and 57 are required for the record. All other fields are cyclonal. All records in a file must have the same value in this field.			No notes	No, only values given in Format Column E are allowed.
S	Original File Submission ID	been replaced by Home System Payment ID, data element 34A.		and has been replaced by Home System Payment ID,	and has been replaced by Home System Payment ID, data element 34A.		replaced by Home System Payment ID, data element 34A.	by Open Payments and has	Open Payments and has been replaced by Home System Payment ID, data		N/A

1.1.1.2 Recipient Demographic Information

	Data Element Name		Data Type	Format	Required?	Field Size	Validation Rules -	Publicly Dienlayed	CSV Field Name	Additional Notes	Allowed Special Characters
6	Covered Recipient Type	Indicator showing if the recipient of the payment or other	Enumeration	"1" = Physician "2" = Teaching Hospital	Yes	1 Char	Validated against data type, format, and field size (columns D, E,	Yes	COVERED_RECIPIENT_TYPE	No notes	No, only values given in Format Column E a
		transfer of value is a physician covered recipient or a teaching hospital.		"2" = Teaching Hospital			G)				allowed.
7	Teaching Hospital Name	The "foling business as" name of the Tackhing 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 Reciplent Type = "2" (Teaching Hospital) IF DE# 6 Covered Reciplent Type = "1" (Physician), this field must be blank.	≤ 100 Char	Validated against data type, format, and field size (columns D, E, S) A standardized list of covered Teaching Hospital names and information is provided on the CMS Open Payments website. Hospital name submitted is matched against fits list. Use the "Hospital Name" value in the list for the correct name. (Records for program year 2013 only must be the "PECOS Legal Name"	Yes	TEACHING_HOSPITAL_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
							Value must match the hospital name associated with the TIN (DE #8) as per the Teaching Hospital List				
8	Teaching Hospital Tax ID Number (TIN)	Tax Identification Number (TIN) of the Teaching Hospital receiving the payment or other transfer of value.	Numeric	99999999	Yes IF	9 Char	Validated against data type, format, and field size (columns D, E,	No	TEACHING_HOSPITAL_TAX_ID_NUMB ER_TIN	No notes	No, only numeric values are allowed.
	, , ,				DE# 6 Covered Recipient Type = "2" (Teaching Hospital)		A standardized list of covered Teaching Hospital names and				
					IF DE# 6 Covered Recipient Type = "1" (Physician), this field must be blank.		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				
9	Physician First Name	Textual first name of the physician (covered recipient) receiving the payment or other transfer of value.	Text	Free form text	Yes IF	≤ 20 Char	Validated against data type, format, and field size (columns D, E,	Yes	PHYSICIAN_FIRST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
		If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).			DE# 6 Covered Recipient Type = "1" (Physician)		Validated against CMS-approved data sources				
					IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this field must be blank.						
10	Physician Middle Name	Textual middle initial or middle name of the physician (covered recipient) receiving the payment or other transfer of value.	Text	Free form text	No	≤ 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.
		If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).			IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this field must be blank.						
11	Physician Last Name	Textual last name of the physician (covered recipient) receiving the payment or other transfer of value.	Text	Free form text	Yes IF DE# 6	≤ 35 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PHYSICIAN_LAST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
		If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).			Covered Recipient Type = "1" (Physician) IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this field must be blank.		Validated against CMS-approved data sources				
12	Physician Name Suffix	Name suffix of the physician (covered recipient) receiving the	Text	Free form text	No	≤ 5 Char	Validated against data type, format, and field size (columns D, E,	Yes	PHYSICIAN_NAME_SUFFIX	No notes	All special characters listed in the "Allowed
		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			IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital), this field must be blank.		6)				Special Characters* tab of this spreadsheet.
13	Recipient Primary Business Street Address Line 1	the National Plan & Provider Enumeration System (NPPES). 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)	Yes	RECIPIENT_PRIMARY_BUSINESS_STR EET_ADDRESS_LINE_1	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
		the payment of other turning or winds.		on the internation			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				
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)	Text	Two line address format; Second line contains suite number, apartment	No	≤ 55 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	RECIPIENT_PRIMARY_BUSINESS_STR EET_ADDRESS_LINE_2	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
		receiving the payment or other transfer of value.		number, post office box number or other qualifying information			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				
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)	Yes	RECIPIENT_CITY		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
							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				
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	Enumeration	2 character U.S. state or territory alpha abbreviation	Yes IF Recipient Country, DE# 18 = "US" or "United	2 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	RECIPIENT_STATE	No notes	No, only values given in Format Column E are allowed.
		the payment or other transfer of value, if the primary practice/business address is in the United States.			States"		Limited to list of state abbreviations and territories per US Postal Service				
					IF DE# 18 is any other value, this field must be blank.		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				
17	Recipient Zip Code	The 5- or 9-digit zip code for the primary practice/business location of the physician or teaching hospital (covered	Numeric	5- or 9-digit numeric zip code	Yes IF	≤ 9 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	RECIPIENT_ZIP_CODE	No notes	No, only numeric values are allowed.
		recipient) receiving the payment or other transfer of value, if the primary practice/business address is in the United States.			Recipient Country, DE# 18 = "US" or "United States"		Either exactly 5 or exactly 9 numeric digits 5-digit ZIP code entered must be a valid US ZIP Code and must be within the boundaries of the Recipient State (DE#16) entered				
					IF DE# 18 is any other value, this field must be		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				

1.1.1.3 Associated Drug, Device, Biological or Medical Supply Information

Associate	ed Drug, Device, Bio	logical, or Medical Supply Information Definition / Description	n								
DE # -	Data Element Name - Related Product Indicator	Definition / Description 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".	Data Type v Boolean	Format "\f" = Yes; "\N" = No	Required? • Yes	Field Size 1 Char	Validation Rules Validates that only character "\" or "\" is provided	Püblicly Displayed - Yes	RELATED_PRODUCT_INDICATOR	Additional Notes 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	Allowed Special Characters No, only values given in Format Column E are allowed.
										for the next product, etc.)	
27	Covered or Non-covered Product Indicator	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	Allored values limited to "1" or "2"	Yes	COVERED_OR_NONCOVERED_INDICA TOR_1 TOR_1 TOR_1 TOR_2 COVERED_OR_NONCOVERED_INDICA TOR_2 COVERED_OR_NONCOVERED_INDICA TOR_3 COVERED_OR_NONCOVERED_INDICA TOR_4 COVERED_OR_NONCOVERED_INDICA TOR_5 INDICATE DRUG OR BIOLOGICAL O		No, only values given in Format Column E are allowed.
28	Indicate Drug, Device, Biological or Medical Supply	For each product listed in relation to the payment or other tramelier dvalue, include if the product a drug, device, the contract of the product of the product of the payment is not related to any products, of this demonst if the payment is not related to any products.	Enumeration	'1' for drug '7' for devices '4' for medical supply '4' for medical supply	Nex IF Related Product Indicator (DE #20) is "res" and Covered or Nex occurred Product Indicator (DE OR OR Related Product Indicator (DE Related Product Indicator (DE #20) is "res", OR Related Product Indicator (DE #20) is "res", If DE #20 is "res", this field must be blank.	1 Char	Allowed values limited to "1", "2", "3", or "4"	Yes	R. DEVICE OR MEDICAL SURVEY I INDICATE DRIVE OR SILOCOTICA, OR INDICATE DRIVE OR SILOCOTICA, OR INDICATE DRIVE OR SILOCOTICA, OR INDICATE OR SILOCOTICA, SURVEY 3 R. DEVICE OR MEDICAL SURVEY 3 R. DEVICE OR MEDICAL SURVEY 4 RECEIVED OR MEDICAL SURVEY 4 RECEIVED OR MEDICAL SURVEY 4 RECEIVED OR MEDICAL SURVEY 5		Ro, coly values given in Format Column E are
29	Product Category or Therapeutic Area	Fovide the product altegory or therapeutic area for the covered drug, device, biological, or medical supply letted 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.	≤ 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_THERAPEUT IC_AREA_I PRODUCT_CATEGORY_OR_THERAPEUT IC_AREA_2 PRODUCT_CATEGORY_OR_THERAPEUT IC_AREA_3 PRODUCT_CATEGORY_OR_THERAPEUT IC_AREA_4 PRODUCT_CATEGORY_OR_THERAPEUT IC_AREA_4 IC_AREA_4	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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 to to fine production (drugs, devices, biologicals, or medical supplies) associated (drugs, devices, biologicals, or medical supplies) associated with the supplies of the drugs of biological searcisated with the partner of the drugs of biological searcisated with the parvent or other transfer of value does not have a marketed name, report the drugs or biological searcisated with the parvent of the drugs of biological searcisated with the parvent of the drugs of biological searcisated with the parvent devices or medical supply searcisated with this parvent does not have a marketed exame, the field may be left biological. On our report the element if the payment is not related to any production.	Text	Free form text.	Ves IF Related Product Indicator (DE #28) is "rea" and Covered or Non-correct Product Indicator (DE #27) is "Covered" OR Related Product Indicator (DE #29) is "rea", Owered or Non-covered Product Indicator (DE #27) is "Non-covered" Indicator (DE #27) is "Non-covered". (DE #21) has been provided.	≤ 500 Char	Validated against dark type, firmst, and field size (columns D, E, O) Validated against the CMS approved Drug Names and National Drug Che (RDC) dataset. Validated against the CMS approved Drurce and Medical Supply Names and Pirmary Droits Identifier dataset. Supply States and Pirmary Droits Identifier dataset.	Yes	IMME OF DRUG OR BROGGEAL OR DEVELOP AND		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
					OR Related Product Indicator (DE #26) is "Yes", Covered or Non-covered Product Indicator (DE #27) is "Non-covered", Indicate Drug, Device, Blological, or Medical Supply (DE#28) is "2" or "4 and an Associated Primary Device Identifier (DE#22) has been provided IF DE# 26 = "N", this field must be blank.						
31	Associated Drug or Biological NDC	For each covered drug or covered biological listed in relation to the payment or defit termined or value, provide the associated hatches from Covide (NDC) (if experisedes), by to 5 NDCs can be provided. NDCs are required for all drugs and biologicals that have RDCs. NDCs are required for all drugs and biologicals that have RDCs for rays be left to thank. 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 apprents divided by delive, proceed in one of three ways: 1999-9999-9999-9999-9999-9999-9999-999	The IF Related Product Indicator (DE #20) is "Yes" and Covered or New-covered Product Indicator (DE #27) is "One-Related Indicator (DE #27) is "One-Related drog or "27) is "One-Related drog or "37" is "18" in the Related drog or "18" or "18" or "18"; this field must be blank.	12 Char (including dashes)	Validated against format and field star (columns E and G) If a drug or biological amend in the record (DEE20) has an INC, the RDG must be reported with the same record. The order of RDGs OFFED 100 for 10		ASSOCIATED, DRUG, OR, BIOLOGICAL, NGC-1, ASSOCIATED, DRUG, OR, BIOLOGICAL, ASSOCIATED, DRUG, OR, BIOLOGICAL, MCC-1, ASSOCIATED, DRUG, OR, BIOLOGICAL, MCC-1, ASSOCIATED, DRUG, OR, BIOLOGICAL, MCC-2, ASSOCIATED, ASSOCI	No notes	Minus algn/hyrphen (-)
32	Primary Device Identifier	For each covered device or covered medical stagely listed in intelligent to the payment or other transfer value, provide the reliable to the payment or other transfer value, provide the reliable to the payment of the transfer value of the value of valu	Alpha-numeric Text		Yes IF Malated Product Indicator (DE #28) in "res" and Covered or Non-covered Product Indicator (DE 227) "Covered or Prion-Covered", Indicator (DE #28) "s" or "4" or "100-Covered", Indicator (DE #28) "s" or "4" and when the reported cover or medical copyly has a Primary Device DE #28 - "1" or IDE# 28 - "1" or "3", this field must be blank.	<u>≤</u> 100 Char	Validated appliest format and field size (columns E and G) If a device or medical sopple same in the record (EE 30) has a Primary Device Identifier must be regorded with the same record. The cell of Primary Device Identifier must be regorded with the same record. The cell of Primary Device Identifier must be recorded as the primary Device Identifier exists for a month of Very or medical supply. The SE 30, lever the corresponding Primary Committed Section 10 to 10	Yes	PRIMARY_DEVICE_IDENTIFIER_3 PRIMARY_DEVICE_IDENTIFIER_3 PRIMARY_DEVICE_IDENTIFIER_3 PRIMARY_DEVICE_IDENTIFIER_4 PRIMARY_DEVICE_IDENTIFIER_5	No notes	ne, ooly values given in Format Column E are

1.1.1.4 Transfer of Value (Payment) Information

ransfer	of Value (Payment)	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
33	Applicable Manufacturer or Applicable GPO Making Payment Name	Tractual proper name of either the Applicable Menufacturer of Applicable ADD making the payment or other transfer of value being reported in this record.	Text	Free furn text	Yes	≤ 100 Cher	Validated against data type, fromt, and field size (columns D, E, O) Statisher Applicable MN/papicade GTO amms questfels at registration for associated Registration for associated Registration for STORE (Columnia) and Columnia (Columnia) and Col	Yes	APPLICABLE_MANUFACTURER_OR_AR LUCKRIE_GRO_MAKTING_PAYMENT_NA ME	Published at Meking Depressed Applicable Manufacturer or Applicable GPO Name*	All appeals characters filled in the "Allowed Special Characters" lat of this spreadsheet.
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) Matches Registration ID(s) on file If DE# 3 (Consolidated Report Indicator) = "N", the value provided	Yes	APPLICABLE_MANUFACTURER_OR_AP LICABLE_GPO_MAKING_PAYMENT_RE GISTRATION_ID	P Published as "Applicable_Manufacturer_or_ Applicable_GPO_Making_Pay ment_ID"	System generated value only.
							for this data element must be the same as the value provided for DE# 2 (Applicable Manufacturer or Applicable GPO Registration ID).				
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.
35	Resubmitted Payment Record ID	This data element will be blank for initial fills 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 Psyments 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.
		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#40).		Currency (US dollars) 999999999999999	Yes	≤ 13 Char (including decimal point)	Validated against data type, format, and field size (columns D, E, G) Can have up to 10 digits before the decimal and 2 digits after the decimal. Note that the decimal and 2 digits after the decimal are opportunity. 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.
37	Date of Payment	If reporting a singular payment, report the date of payment or other transfer of value. If reporting ETHER 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	greater than zero dollars 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.
38		The number of discrete payments being reported in the 'Total Annound of Phymeric dota element (a). Report, in this data element if this is a singular payment to the covered recipient. Report the actual number of payments made to the covered covered to the covered of the covered reported is EITHER a series of payments OR an aggregation of a set of payments.	Numeric	Integer greater than Zero	Yes	3 digit Integer number	Validated against data type, format, and field size (columns D, E, O)	Yes	NUMBER_OF_PAYMENTS_INCLUDED_I N_TOTAL_AMOUNT	No notes	No, only values given in Format Column E are allowed.
39		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.
40	Nature of Peyment or Transfer of Volume	The nature of payment used to pay the covered recipient or to make the transfer of value.	Enumeration	The Consulting Fee; "Compensation for services other than consulting, actually as it is a consulting, actually as it is a consulting, actually as it is a consulting, actually actuall	Yes	S 2 Cher	Umited to numeric characters 1 through 19 with exception of 12 and 13	Yes	NATURE OF PAYMENT OR TRANSFER OF VALUE	No notes	No. only values given in Format Column E are allowed.
41	City of Travel	For "Travel and Lodging" payments, destination city where covered recipient traveled.	Text	Free form text	Yes IF DE# 40 Nature of Payment = "7" Travel and Lodging If DE# 40 Nature of Payment is any other value,	≤ 40 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.
42	State of Travel	For "Travel and Lodging" payments, destination state where covered recipient traveled.	Enumeration	2 character U.S. state or territory alpha abbreviation	this field must be blank. Yes IF DE# 40 Nature of Payment = "\" Travel and Lodging AND DE# 43 Country of Travel = "US" or "United States"	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.
43	Country of Travel	For "Travel and Lodging" payments, destination country where covered recipient traveled.	Text	Free form text	For all other conditions, this field must be blank. Yes IF DE# 40 Nature of Payment = "7" Travel and Lodging If DE# 40 Nature of Payment is any other value, this field must be 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.

1.1.1.5 General Record Information

	Record Information										
	Data Element Name -		Data Type	Format	Required?	Field Size	Validation Rules -	Publicly Displayed -		Additional Notes	
44	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	"N" = Yes; "N" = No	Ves 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 ar allowed.
45		Indicates if a payment or transfer of value was paid to a third- party entity or individual at the request of, or on behalf of, a covered recipient (physician or teaching hospital).		"1" = "Entity" "2" = "Individual" "3" = "No Third Party Payment"	Yes	1 Char	Limited to numeric characters "1," "2," or "3"	Yes	THIRD_PARTY_PAYMENT_RECIPIENT_I NDICATOR	No notes	No, only values given in Format Column E ar- allowed.
46	Name of Third Party Entity Receiving Payment or Transfer of Value	The name of the entity that received the payment or other	Text	Free form text	Yes IF DE# 45, Third Party Payment Recipient Indicator = "1" (Entity) IF DE# 45 is any other value, this field must be blank.	≤ 50 Char	Validated against data type, format, and field size (columns D, E, S)	Yes	NAME_OF_THIRD_PARTY_ENTITY_REC EIVING_PAYMENT_OR_TRANSFER_OF _VALUE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
47		Indicates the third party entity that received the payment or other transfer of value is a charity.		"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		No notes	No, only values given in Format Column E an allowed.
48	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" = Y66; "N" = No	Yes IF DE# 45, Third Party Payment Recipient Indicator = "1" (Entity) or "2" (Individual) IF DE# 45 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_RE CIPIENT_INDICATOR	No notes	No, only values given in Format Column E an allowed.
49	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#50, 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.
50	Payment Indicator	Indicator showing if an Applicable Harufacture/Applicable CPG is recounted as debt in publication of a power of or other more of the product of the power of the control of the power of the power of the control of the power of		"1" = Rão on New Product "2" = Clinical Travellation on New Product "3" = Rio Delay Responsibil	Yes	1 Char	Limited to numeric characters *1, *2*,* or *3* Volidated against CHS-approved data sources	Ves	CH_PAYMENT_INDICATOR	Delay in publication must be re-requested annually and can only be requested for a local of four years. This can record and requesting a delar in publication and requesting a delar in publication and requesting a delar in publication and the publication requires renewal to remain delaying, do to the Review Records page and to view. Use the filter fools on the next page to search to view. Use the filter fools on the next page to search for records with a "Delay in Publication" status of "Remov"	,

1.1.2 Research Payments

This section outlines all data fields present in Research Payments.

1.1.2.1 Submission File Information

Submiss	sion File Information	(this section contains data elements which are	e reported o	nce per submiss	sion file; in CSV format, the same d	ata values 1	or these elements must be repeate	d for each record)			
DE # -	Data Element Name -	Definition / Description -	Data Type	Format -	Required?	Field Size	Validation Rules -	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters -
	Applicable Manufacturer or Applicable GPO Name	Textual proper name of other the Submitting Applicable Heandscture or Submitting Applicable Good previously operated (GRO). If this exhibitions of the Control of the Cont		Free form text	Yes		Validated against data type, format, and field size (columns D_i E, C) D_i E, D_i Match the name on file for associated Registration ID		APPLICABLE_MANUFACTURER_OR_APPLICABLE_GPO_NAME	Manufacturer or Applicable GPO Name*	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
2	Applicable Manufacturer or Applicable GPO Registration ID	Quen hormonist system generated identifier used to identify the applicable femiliation of cold (populated only with CSE) provided instantification of CSE (populated only with CSE) provided instantification (in CSE). If this submission file contains records of payment(5) under other turneller of Applicable Monatcher's Ap		System generated	Yes	System generated ≤ 38 digits	Volideded against clast type, format, and field size (columns D_c f., G_c) Match the Registration ID on file	No	APPLICABLE_MANUFACTURER_OR_APPLICABLE_GPO_ID	No motes	System generated value only.
	Consolidated Report Indicator	Indicator showing if this submission file constitutes a Consolidated Report.	Boolean	"N" = 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.
	Resubmission File Indicator	Indicator chowing if this submission file contains payment(s) and/or other trusmer(s) of value that well ever excepts, semipade or corrected variation of trusmer(s) of value that well ever except, semipade contains of productions and the submission of publication has been requested that you now wish to update, or previously submission trusmer and the contains of submission of the contains of submission of submissio	Enumeration	"N" = New Submission "Y" = Resubmission "R" = Renew Delay in Publication "D" = Delete	Yes	1 Char	Validates that only character "N", "", "", "" or "D' is provided "T" is provided, enly DE ? 2, 3, 4, 35, 36, 378, and 41 are required for the record. All other fields are optional. If "D' is provided, only DE 2, 2, 4, 5, 36, and 37A are required for the record. All other fields are optional. All records in a fille must have the same value in this field.		RESUBMISSION_FILE_INDICATOR	No notes	No, only values given in Format Column E are allowed.
5	Original File Submission ID	This field is no longer collected by Open Payments and is replaced by Home System Payment ID, data element 33A.	longer collected by Open Payments and is replaced by	collected by Open Payments and is replaced by Home System Payment ID, data	This field is no longer collected by Open Payments and is replaced by Home System Payment ID, data element 3SA.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID, data element 35A.	This field is no longer collected by Open Payments and is replaced by Horne System Payment ID, data element 3SA.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID, data element 35A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID, data element 35A.	This field is no longer collected by Open Payments and is replaced by Home System Payment ID, data clement 35A.	N/A

1.1.2.2 Submission Record Information

This section covers the submissions data mapping data fields that fall under submission record information.

1.1.2.2.1 Recipient Demographic Information

Recipie	nt Demographic Info	rmation									
DE#		Definition / Description	Data Type -	Format -	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
6	Covered Recipient Type	Indicator showing if the recipies of the payment or other transfer of value is a covered physician, a covered teaching hospital, a non covered entity, or a non-cevented individual.	Enumeration	"I" = 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.
7	Non-covered Recipient Entity Name	The name of the Non-covered Recipient Entity receiving the payment or other transfer of value.		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)		NON_COVERED_RECIPIENT_ENTITY_NAM E		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet
6	Covered Reciplent Teaching Hospital Name	The "doing business ar" name of Tractining Hospital receiving the payment or other treater of visit and the state of the		Text of Standardized Selection from approved list of Teaching Hospitals	Yes IF DE# 6 Covered Recipient Type **2** (Covered Recipient Teaching Tea	≤ 100 Char	Validated against data type, format, and field size (columns of 0, 6, 0). A standardized list of covered Texching Hospital names and Hospital names and Hospital names with Hospital names with Hospital names with Hospital names with the Hospital names with the Hospital name with the Hospital name with the Hospital names with the Hospital name with Hospital names with Hospital name to Hospital name to Hospital name to Hospital name associated with the TITM (OE #8) as por the Texching Hospital List		COVERED_RECIPIENT_TEACHING_HOSPIT AL_MANE		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
9	Covered Recipient Teaching Hospital Tax 1D Number (TIN)	Tax Identification Number (TIM) of Teaching Hospital receiving the payment or other transfer of value.	Numeric	99999999	Yes IF DE # G Covered Recipient Type = "2" (Covered Recipient Teaching Hospital) IF DE# G is any other value, this field must be blank.	9 Char	Validated against data type, format, and field size (column D, E, G). A standardized list of covered Teaching Hospital anrares and information is provided on the CMS Open Payments website. Value must match the TIN associated with the teaching hospital name (DE π B) as per the Teaching Hospital List		COVERED_RECIPIENT_TEACHING_HOSPIT AL_TAX_ID_NUMBER	No notes	No, only numeric values are allowed.
10	Covered Recipient Physician First Name	Textual first name of the physician (covered recipient) receiving the payment or other transfer value. If applicable, report the value for this data element as listed in the National Plan a Provider Enumeration System (NPPES).		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
11	Covered Recipient Physician Middl Name	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).		Free form text	No IF DE# 6 Covered Recipient Type = "2" (Covered Recipient Treaching Hospital), "3" (Mon-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)		COVERED_RECIPIENT_PHYSICIAN_MIDDLE_NAME		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet
12	Covered Recipient Physician Last Name	other transfer of value. If applicable, report the value for this data element as listed in the National Plan A. Provider Enumeration System (NPPES).		Free form text	Tes 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 0, E, G) Validated against CMS-approved data sources		COVERED_RECIPIENT_PHYSICIAN_LAST_ NAME		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet
13	Covered Recipient Physician Name Suffix	Name suffix of the physician (covered recipient) receiving the payment or other transfer of values 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).		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

	Declarat Suclasse Street Address	The first line of the primary business street address of the physician or teaching Text	t Two line addres	format: Yes IF	≤ 55 Char	Validated against data type, format, and field size (columns	Ven	RECIPIENT_BUSINESS_STREET_ADDRESS	No notos	All special characters listed in the "Allowed
14	Line 1	hospital or non-covered recipient entity receiving the payment or other transfer of value.	First line contain building number name, street ide	DE 6 Commet Backjoint Type = "If Comment Backjoint Type = "If Comment Backjoint Treaching Haughtal), OR "2" (Converned Recipient Treaching Haughtal), OR "3" (Hon-convered Recipient Entelly) IF DEF 6 is any other value, this field must be blank.		If the Covered Recipion Type (DEZIO) has a value of "?" (Teaching Hospital), MP95s Address time 1 from the CHS- provided Teaching Hospital Model be used for this data element		_LINE_1		Special Characters* tab of this spreadsheet.
15	Line 2	The excord line of the primary business street address of the physician or Text teaching hospital or non-covered recipient entity receiving the payment or other transfer of value.	Two line addres Second line con suite number, a number, post of number, or othe qualifying inforr	ins urtment to box	≤ 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_BUSINESS_STREET_ADDRESS_LINE_2	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
	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.	free form text	Yes IF DE 6 Covered Recipient Type = "1" (Covered Recipient Prysiden), OR 72" (Covered Recipient Teaching Hospital), OR 73" (Mon-covered Recipient Teaching Hospital), OR 13" (Mon-covered Recipient Entity) IF DE# 6 is any other value, this field must be blank.	≤ 40 Char	Validated against data type, formst, and field size (columns 0, E, 6) If the Covered Recipient Type (Df #6) has a value of "2" (Teaching Negotist), NPE'S Address City from the Cys- provided Teaching Hospital list should be used for this data element		RECIPIENT_CITY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
17	Recipient State	The state of turniors obbreviation of the primary business address of the physician or teaching hoppital or non-covered recipient entity receiving the physician or teaching the primary business address is in the initial States.	meration 2 character U.S. 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, formst, and field size (columns O, E, G) Limited to list of state abhorviations and territories per US Poztal Service If the Covered Recipient Type (D(F g) has a value of "2" (Toachigh Hopstal), MPES Address State from the Chaprovided 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.
		The 5 or 5-digit zero code for the primary business processor of the physician or business processor of the physician or business processor of the primary business processor of the primary practice address is in the United States. The primary practice address is in the United States.		Recipient Country DE# 19 = "US" or "United States" IF DE# 19 is any other value, this field must be blank.	≤ 9 Char	Velidated against data type, format, and field size (columns D, E, G). Either exactly S is exactly S in		RECIPIENT_ZIP_CODE	No notes	No, only numeric values are allowed.
19	Recipient Country	The business address country of the physician or backing hospital or non- covered recipient entity receiving the payment or other transfer of value.	tt Free form text	Yes IF DE# 6 Covered Recipient Type= "\$" (Covered Recipient Type= "\$" (Covered Recipient Teylorian), OR "2" (Covered Recipient Teochina Hospital), OR "3" (Nen covered Recipient Teochina 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, Cornal, and field size (columns D, E, G) "US" or "United state" must be entered when Covered to the Covered to the Covered to the Covered to the Covered State to executy 2 that 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.
20		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.	t 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.
21		The international postal code for the primary business location of the physician or teaching hospital or non-covered recipient entil receiving the payment or other transfer of value if the primary business address is outside the United Stutes.		Yes IF Recipient Country DE# 10 is outside the United States AND DE# 6 = "1", OR "2", OR "3" For all other conditions, this field must be blank.		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.
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	t Email Address	No	≤ 100 Char	Validated against data type, format, and field size (columns D, E, G)	No	RECIPIENT_EMAIL_ADDRESS	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
23	Covered Recipient Physician NPI	Individual NPI for Physician (not the NPI of any group the physician belongs to). Num Required, if physician has an NPI.	meric Numeric digits o	by Yes IF the Covered Recipient Physician has an NPI IF DE# 6 Covered Recipient Type = "2" (Covered Recipient Teaching Inquisit), 2" (More covered Recipient Traity), or "4" (Non-covered Recipient Individual), this field must be "4" (Non-covered Recipient Individual), this field must be	10 Char	Proper email format enforced 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.
24	Covered Recipient Physician Primary Type	Primary type of medicine practiced by the covered recipient physician.	"I" = Medical D "2" = Dector of Osteopathy; "3" = Dector of Bentistry; "4" - Dector of Medicine; "5" = Dector of Optometry; "6" = Chiroprac	Covered Recipient Type $= \frac{\mathbb{R}^2}{4}$ (Covered Recipient Physician dilatric IF DE# 6 is any other value, this field must be blank.	1 Cher	Umited to numeric characters I through 6	Yes	COVERED_RECIPIENT_PHYSICIAN_PRIMA RY_TYPE	No notes	No, only values given in Format Column E are allowed.
		Taxonomy code for the physician's specialty, chosen from the standardized feet feet assumers of the standardized feet assumers of the standardized feet feet feet feet feet feet feet fe	t Text from Stand Selection	DE# 6 Covered Recipient Type = "1" (Covered Recipient Physiciar IF DE# 6 is any other value, this field must be blank.		Validated against data type, format, and field size (columns D, E, G)	Yes		Payments website for a list of accepted taxonomy codes.	n All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
26	License State and License Number	Paired state and difficult state iscense number of the covered recipient physicians. Next law principates up to Physicians License State and License Number* pairs, if the physician is licensed in multiple states.	Maximum of 5 u pairs of the stat license number: AA- 9999999999999999999999999999999999	and DE# 6 Covered Recipient Type = "1" (Covered Recipient Physician	≤ 28 Char	Validated against data type, formal, 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	AND No, for the License #	COVERED RECIPIENT PHYSICIAN LICEN SCATT, AND LICENSE, NUMBER I COVERED, RECIPIENT, PHYSICIAN LICENSE, STATE, AND LICENSE, NUMBER 2 COVERED, RECIPIENT, PHYSICIAN, LICENSE, STATE, AND LICENSE, NUMBER 3 COVERED, RICEIPIENT, PHYSICIAN, LICENSE, STATE, AND LICENSE, NUMBER 4 COVERED, RECIPIENT, PHYSICIAN, LICENSE, STATE, AND LICENSE, NUMBER, 4 COVERED, RECIPIENT, PHYSICIAN, LICENSE, NUMBER, AND LICENSE, NUMBER, AND LICENSE, NUMBER AND LICENSE, NUMBER, NUMBE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

1.1.2.2.2 Associated Drug, Device, Biological or Medical Supply Information

Associa	ted Drug, Device, Bio	logical, or Medical Supply Information									
DE # 27		An indicator for whether the payment or other transfer of value is related to one or more productly (drugs, devices, belogiscles), 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".	Data Type - Boolean	Format "Y" = Yes; "N" - No	Required? Yes	Field Size - 1 Char	Validation Rules Validates that only character "\" or "\" is provided	Publicly Displayed Yes	RELATED_PRODUCT_INDICATOR	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.)	
28	Covered or Non-covered Product Indicator	Fire each product listed in relation to the payment or other transfer of value, includes if the product is a covered or non-overed 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 IP 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 COVERED_OR_NONCOVERED_INDICATOR COVERED_OR_NONCOVERED_INDICATOR COVERED_OR_NONCOVERED_INDICATOR COVERED_OR_NONCOVERED_INDICATOR NONCOVERED_INDICATOR NONCOVERED_INDICATOR		No, only values given in Format Column E are allowed.
29		Fix each product listed in relation to the payment or other transfer of value, inclinical #If the products is a drug, develo, belogical or metical supply. Do not report this element if the payment is not related to any products.	Enumeration		Related Product Indicator (SE #27) in "Ne" and Covered or Bon-sovered Product Indicator (DE #29) in "Casemed" Of Related Product Indicator (DE #29) in "Covered or Related Product Indicator (DE #27) in "Ne", Covered or Bon covered Product Indicator (DE #27) in "Ne" covered , The Covered Product Indicator (DE #27) in "Ne" covered , The Covered Product Indicator (DE #27) in "Ne", Covered or Bon Covered Product Indicato	1 Char	Allowed volume limited to 't', '7', '3', or '4'	Yes	INDICATE DRIEC OR BIOLOGICAL OR D EVICE OR MODIOAL SUPPLY 1 INDICATE DRIEG OR BIOLOGICAL OR D EVICE OR MIDICATE SUPPLY 2 INDICATE DRIEG OR BIOLOGICAL OR D INDICATE DRIEG OR BIOLOGICAL OR D EVICE OR MEDICAL SUPPLY 4 INDICATE DRIEG OR BIOLOGICAL OR D EVICE OR MEDICAL SUPPLY 4 INDICATE DRIEG OR BIOLOGICAL OR D EVICE OR MEDICAL SUPPLY 5		No, only values given in Format Column E are allowed.
30	Product Category or Therapeutic Area	Provide the product category or thrappedic area for the covered drug, device, blookpoils, or medical supply listed in relation to the payment or other transfer production of the product of the product of the product of the related to any products.	Text	Free form text	Related Product Indicator (DE 272) is "Yes" and Covered or Non-covered Product Indicator (DE 272) 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 C_CATEGORY_OR_THERAPEUTIC_ AREA_4 AREA_4 AREA_5 AREA_5 AREA_5	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet
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 the products (drugs, devices, belogicals, or medical supplies) and the products of the products of the framework of the framework of the drug or biological associated with the payment or other transfer of videous lift the drug or biological associated with this payment or other transfer of videous products of the payment of the	Text	Free form text	Ves IF Related Product Indicator (DE 277) is "Yes" and Cowered or Non-covered Product Indicator (DE 278) is "Covered" OR Related Product Indicator (DE 278) is "Covered" Non-covered Product Indicator (DE 27) is "Yes", Covered or Non-covered P	≤ 500 Char	Validated against data type, format, and field size (columns 0, 0, 0, 0). Validated against the CHS approved Drug Names and National Drug Chale (NCC) dataset Validated against the CHS approved Drug Names and Salidated against the CHS approved Drug and Medical Supply Names and Primary Device Identifier dataset		NAME OF BRISG OLE BRIGORICAL, OR LD TO BRISG OLE BRIPPOLY NAME OF DRISG OR, DIFFORM NAME OF DRISG OR, DIFFORM NAME OF DRISG OR, DIFFORM PROPERTY OF BRISCORE FOR MINISTORY FOR MINISTORY NAME OF DRISCORE FOR MINISTORY FOR MINISTORY RESIDENCE FOR BRISCORE RESIDENCE RESIDENCE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadaheet.
32		For each covered drug or covered hologogical label on relation to the payment or hole transfer of value provided the sociological distanced large code (INCC) (if sociological), by to is NDCs can be provided. NDCs are required for all drugs and biologicals that have NDCs. If the reported drug or biological dises not have an RDC that field may be left blank. Great this demand is drugs and biological only 10 and report the demand in drugs and biological only 10 are report the label permission of the drugs and biologicals only 10 are report the label permission of the drugs and biologicals only 10 are report the demand to label permission of the drugs and biological to the drugs of the sociological states and the sociological that have been sociological to the sociological that have been sociological to the sociological that have been s	Text	In-digit numeric code with three segments divided by diables, grouped in one of three 9999-9999-99 9999-9999-9	Bellate Product Indicator (IP 8.27) is "Yes". Consent or Yes III Related Product Indicator (IP 8.27) is "Yes" and Covered or Nan-covered Product Indicator (IP 8.27) is "Yes" and Covered or Nan-covered Product Indicator (IP 8.27) is "Yes" and Covered on their reported drug or biological has an IRCC III IP DES 27 — "N" or if DEs 29 — "2" o" "4", this field must be blent."	12 Char (Including dushes)	Validated approx format and field size (columns E and Is). 18 di our of subduction inmed in the socious size a sea execution in the columns of the second size and color of the color of MCDs produced must must the next of earlier and drugs are biologicals in DEP311 If in NDC exists for a named drugs are biologicals in DEP311 If in NDC exists for a named color of biological in DEP311 If in NDC exists for a named to the color of the	Yes	ASSOCIATED, DRIEG, OR, BIOLOGICAL, NO ASSOCIATED, DRIEG, OR, BIOLOGICAL, NO C. S. C.		Моши морп/пуойня (-)
33		For each cowered device or covered medical supply listed for relation to the preparent or other prices for value, provide the associated Priviley Device government of the provided of the provided of the provided provided the provided pro	Alpha-numeric Text		Yes IP Methods Indicator (DE #22) is "Yes" and Covered or Non-covered Product Indicator (DE #28) is "Lowered" or Non-covered Product Indicator (DE #28) is "Lowered" or (DE #28) is "Z" as "and when the reproduct devoke or inaction augusty has a Primary Device Identifier IP DE#27 — "N" or if DE#29 — "1" or "2", this field must be blank.	≤ 100 Char	Validated squired format and field size (columns E and G) The device or medical supply named in the record CE-91 has a Primary Device Identifier, the Primary Device Primary Device Identifier, the Primary Device of Primary Device Identifiers sorveider man final the order of manned devices or medical supplies in DE-91.1 for of manned devices or medical supplies in DE-91.1 for primary Device Identifier Intelligence (DE-91.1 for the Control Supply Primary Device Identifier Intelligence (DE-91.1 for the Control Supply Primary Device Identifier Intelligence (DE-91.1 for the Control Supply Primary Device Identifier I	Yes	RIBMAY PENCE, IDENTIFIER, 1 PRIMAY CENTER, 1 PRIMAY CENTER, 1 PRIMAY CENTER, 2 PRIMAY CENTER, 3 PRIMAY CENTER, 3	No vrates	no, only values given in Format Column E for allywood.

1.1.2.2.3 Transfer of Value

		Payment) Information									
DE #	Applicable Manufacturer or	Definition / Description Textual proper name of either the Applicable Manufacturer or Applicable GPO	Data Type	Free form text	Required?	Field Size - ≤ 100 Char	Validation Rules Validated against data type, format, and field size (columns	Publicly Displayed	APPLICABLE MANUFACTURER OR APPLIC	Additional Notes	Allowed Special Characters All special characters listed in the "Allowed
34		Textual proper name of either fire Applicable Manufacturer or Applicable GRV making the payment or transfer of value being reported in this record.	Text	Free form text	Yes	S 100 Char	Validated against data type, format, and field size (columns. D, E, G) If DE 3 (Connelidated Report Indicator.) "N", the value provide (for DR = 1 (Applicable Manufacturer or Applicable GPO Name).	Yes	APPLICABLE MANUFACTURER, OR, APPLICABLE, OR, APPLICABLE, GPO_MAKING_PATHENT_NAME		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
35	Applicable Manufacturer or Applicable GPO Moking Payment Registration ID	Open Reynemts system generated identifier for this Applicable Manufacturer or Applicable GPO Issued during the registration process.	Numeric	System generated	Ves	System generated ≤ 38 digits	Validated against data type, format, and field size (columns D. E. G.) If DER 3 (Consolidated Report Indicator) = "Tip," the value provided for bits data element must be the same above value provided for DE# 2 (Applicable Manufacturer or Applicable GPD Registration ID).	Yes	APPLICABLE MANUFACTURER OR APPLICABLE OF AMELING PAYMENT REGISTRATION_ID	Published as Published as "Applicable_Manufacturer_or_Applicable_GPO_Moking_Payment_ID"	
35A	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
36		This deta 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/ trained or white record is 0 for discharing which record is to the original payment/ trained or white record is 10 the provided by the logon Payments system.	Numeric	System generated	Yes IF DE# 4 Resubmission File Indicator = "\", "R" or "D"	System generated: ≤ 38 digits	Validated against data type, format, and field size (columns D, E, G)		RESUBMITTED_PAYMENT_RECORD_ID	No notes	System generated value only.
37	Total Amount of Research Payment (U.S. Dollars)	Amount of payment to recipient, in US dallars. Convert to US dallar currency, if necessary.	Fixed Point	Currency (US dollars) 9999999999,99	Yes	≤ 13 Char (including decimal point)	Validated against data type, format, and field size Codumns D, E, G) Can have up to 10 digits before the decimal and 2 digits after the decimal. Note that the decimal and 2 digits after the decimal. Note that the decimal and 2 digits after the decimal for the decimal and 2 digits after the decimal are optional. The value in this field cannot be 0.00. The value entered must be greater than zero dollars	Yes	TOTAL AMOUNT OF RESEARCH PAYMEN. U.S. DOLLARS	No notes	No, only values given in Format Column E are allowed.
37A	Date of Payment	If reporting a singular payment, report the actual date the payment was issued. If reporting ETHER 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.
38	Form of Payment or Transfer of Value	The method of payment used to pay the covered recipient or to make the transfer of value.		"1" - Cash or cash equivalent; "2" - In-kind Items and scrvicos; "3" - Stock; "4" - Stock option; "5" - Any other ownership interest; "6" - Dividend, profit or other return on investment	Yes	1 Char	Umited to numeric characters 1 through 6	Yes	FORM_OF_PAYMENT_OR_TRANSFER_OF_V	No notes	No, only values given in Format Column E are allowed.
39		Contention of steppy for this research payment or trainfer of value. There can be multiple contention categories for the season apported. For every Exponditure Category reported, an Exponditure Category percentage must also be reported.		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, formst, and field size (columns D, E, o) D, E, o) Collegory, minibar represented as a single number (ser the formet 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.

1.1.2.2.4 Research Related Information

	h Related Information				- 1 1-						
DE #	Data Element Name	Definition / Description	Data Type -	Format -	Required?	Field Size		Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Character
40	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 I are allowed.
41		Indicative sharing if an Applicable Steanfesture/Applicable GIO is recussiting a decidy in publication of a payment or other transfer of volue with the payment or transfer of volue in the payment or transfer of volue in make in connection with: (1) research on or development unredigation regarding a new product (drug, device, biological, or medical supply). Applicable Manufacturer/Applicable CFO not requesting a dealy in publication of a payment or other transfer of value should select (3), not requesting a delay in publication in publication indicates that no delay in requesting a delay in publication and the context that of the payment or other transfer of value should select (3), not requesting a delay in publication and the products that no delay in requested. Class 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	Ves	1 Char	Volidated against data type, format, and field size (columns $0, 0, 0, 0$)	Yes	DELAY IN PUBLICATION OF RESEARCH PAYMENT_INDICATOR		No, only values given in Format Column is are allowed.
42	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# 40 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 "Allowe Special Characters" tab of this spreadshed
43	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 "Allowe Special Characters" tab of this spreadshee
44	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.
45	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 "Allowe Special Characters" tab of this spreadsher
46	Phricial Investigator Covered Recipient Physician Indicator	Indicator sharing if the payment or other transfer of value is associated with a concern of the payment of the	Boolean	"Ye = Yes; "Ye = Mo	Yes	1 Cher	Validacies that only character "Ye "h" is provided. If there is a covered conjoint principal investigator, set this flash to "Ye and enter identifying information for all teast read enter identifying information for all teast read enter in the principal investigator covered recipient, physicises can be entered. The principal investigator covered recipient, physicises can be entered. The principal investigator covered recipient, physicises can be entered as a principal investigator covered recipient physicises cannot be set to "Ye." But the principal investigator covered recipient physicises cannot be set to "Ye." If there is not a covered recipient principal investigator, set in the first firs		PRINCIPAL_INVESTIGATOR_COVERED_RI	(No notes	No, only volkes given in Format Column E as altowed.

	•	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# 46, "Principal Investigator Physician Covered Recipient Indicator" = "\footnote{"}"	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPALI_INVESTIGATOR_FIRST_NAM E		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
48	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_NA ME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
49	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# 46, "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.
50	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_SUFF		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
51	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# 46, "Principal Investigator Physician Covered Recipient Indicator" = "Y"	≤ 55 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPALI_INVESTIGATOR_BUSINESS_ STREET_ADDRESS_LINE_1	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
	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	PRINCIPALL INVESTIGATOR_BUSINESS_ STREET_ADDRESS_LINE_2		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
53	Principal Investigator City	The primary business address city of the Principal Investigator of the research study.	Text	Free form text	Yes IF DE# 46, "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.
54	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# 46, "Principal Investigator Physician Covered Recipient Indicator" = "Y" AND Principal Investigator Country, DE# 56 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	PRINCIPALI_INVESTIGATOR_STATE	No notes	No, only values given in Format Column E are allowed.
55		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# 46, "Principal Investigator Physician Covered Recipient Indicator" = "Y" AND Principal Investigator Country, DE# 56 is the United States	≤ 9 Char	Validated against data type, format, and field size (columns D, E, G) Either exactly 5 or exactly 9 numeric digits 5-digit ZIP code must be a valid US ZIP Code and must be within the boundaries of the Principal Investigator State (DIE 5-6) entered	Yes	PRINCIPALI_INVESTIGATOR_ZIP_CODE	No notes	No, only numeric values are allowed.
56	Principal Investigator Country	The primary business address country name of the Principal investigator of the research study.	Text	Free form text	Yes IF DE# 46, "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.
57	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.
		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_CO DE		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
59	Principal Investigator Physician Primary Type	Primary type of medicine practiced by the Principal Investigator.		"1" = Medical Doctor; "2" = Doctor of Osteopathy; "2" = Doctor of Dentistry; "4" = Doctor of Podiatric Medicine; "5" = Doctor of Optometry; "6" = Chiropractor	DE# 46, "Principal Investigator Physician Covered Recipient Indicator" ""p"	1 Char	Allowed values limited to "1", "2", "3", "4", "5", or "6"	Yes	PRINCIPALL INVESTIGATOR_PHYSICIAN_ PRIMARY_TYPE	No notes	No, only values given in Format Column E are allowed.
60	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	PRINCIPALI_INVESTIGATOR_NPI	No notes	No, only numeric values are allowed.
61	Principal Investigator Specialty	Taxonomy code for Principal Investigator's specialty, chosen from "provider taxonomy" code list.	Text	Text from Standardized Selection	Yes IF DE# 46, "Principal Investigator Physician Covered Recipient Indicator" = "Y"	10 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPALI_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.
62	Principal Investigator License State and License Number	Parked state and state liciners. Marthew of the Phincipal Provides are, who is a physician covered in the Commission of the Phincipal Provides in the In- provident Commission of the Phincipal Commission of the		Maximum of 5 unique pains of the state and license number: A2- 99999999999999999999999999999999999	US 16 A6, "Petincipal Investigator Prysician Covered Recipient Indicator" ""V"	≤ 28 Char	Validated against date type, format, and field size (columns (), E, () Proper length and format validated for each date! The pairing includes the 2 latter state alsheviation, followed by a hypiten, followed by the date locate number	Yes, for the State AND No, for the License #	PRINCIPAL_INVESTIGATOR_LICENSE_SI ATE_AMD_LICENSE_NAMBER_I PRINCIPAL_INVESTIGATOR_LICENSE_SI ATE_AMD_LICENSE_NAMBER_2 PRINCIPAL_INVESTIGATOR_LICENSE_SI PRINCIPAL_INVESTIGATOR_LICENSE_SI ATE_AMD_LICENSE_NAMBER_4 PRINCIPAL_INVESTIGATOR_LICENSE_SI ATE_AMD_LICENSE_NAMBER_4 ATE_AMD_LICENSE_NAMBER_5 ATE_AMD_LICENSE_NAMBER_5 ATE_AMD_LICENSE_NAMBER_5		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

1.1.2.2.5 Multiple Principal Investigators

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. DE# - Data Element Name - Definition / Description

63 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. - Publicly Displayed CSV Field Name - Additional Notes - Allowed Special Characters
s Yes PRINCIPAL2 INVESTIGATOR FIRST NAM No notes All special characters listed in the "Allowed" Data Type - Format -Required? ree form text PRINCIPAL2_INVESTIGATOR_NAME_SUFF No notes PRINCIPAL2_INVESTIGATOR_BUSINESS_ No notes 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. Either exactly 5 or exactly 9 numeric digits i-digit ZIP code must be a valid US ZIP Code and must be within the boundaries of the Principal Investigator State PRINCIPAL2 INVESTIGATOR COUNTRY | No note 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. PRINCIPAL2 INVESTIGATOR POSTAL CO No notes "1" = Medical Doctor;
"2" = Doctor of
Osteopathy;
"3" = Doctor of
Dentistry;
"4" = Doctor of Podie
Medicine;
"5" = Doctor of
Optometry;
"6" = Chiropractor Numeric digits only PRINCIPAL 2 INVESTIGATOR NOT PRINCIPAL2_INVESTIGATOR_LICENSE_ST No notes
AIR_AND_LICENSE_NIMIRSE_1

AIR_AND_LICENSE_NIMIRSE_1

AIR_AND_LICENSE_ST

AIR_AND_LICENSE_NIMIRSE_2

PRINCIPAL2_INVESTIGATOR_LICENSE_ST

AIR_AND_LICENSE_NIMIRSE_3

PRINCIPAL2_INVESTIGATOR_LICENSE_ST

AIR_AND_LICENSE_NIMIRSE_3

AIR_AND_LICENSE_NIMIRSE_3

AIR_AND_LICENSE_NIMIRSE_4

AIR_AND_LICENSE_NIMIRSE_4

AIR_AND_LICENSE_NIMIRSE_4 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. No unless indicating multiple Principal Toyostigators /alidated against data type, format, and field size (column D, E, G)

79	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_NAM	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
80	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. F. G)	Yes	PRINCIPAL3_INVESTIGATOR_MIDDLE_NA	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
81	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.
82	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_SUFF IX	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
83	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.
84	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 $D_{\rm r}E,G)$	Yes	PRINCIPAL3_INVESTIGATOR_BUSINESS_ STREET_ADDRESS_LINE_2	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
85	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.
86	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, only values given in Format Column E are allowed.
87	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) Either exactly 5 or exactly 9 numeric digits 5-digit ZIP code must be a valid US ZIP Code and must be within the boundaries of the Principal Investigator (DE#86) entered the principal control of the Principal Investigator (DE#86) entered to the principal control of the Principal Investigator (DE#86) entered to the principal control of the Principa	Yes		No notes	No, only numeric values are allowed.
88	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	entered Validated against data type, format, and field size (columns D, E, G) B, G) Must be exactly 2 char abbreviation of country * For US only, you can enter US or United States	Yes	PRINCIPAL3_INVESTIGATOR_COUNTRY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
89	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.
90	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# 88 is outside the United States	S 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL3_INVESTIGATOR_POSTAL_CO		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
91	Principal Investigator Physician Primary Type	Primary type of medicine practiced by the Principal Investigator.	Enumeration	11" = Medical Doctor; "2" = Doctor of Osteopathy; "3" = Doctor of Dontistry; "4" = Doctor of Podiatric Medicine; "5" = Doctor of Optometry; "6" = Chiropractor	No, unless indicating multiple Principal Investigators	1 Char	Validated against data type, format, and field size (columns D, \mathbb{F} , G)	Yes	PRINCIPALS_INVESTIGATOR_PHYSICIAN PRIMARY_TYPE	No notes	No, only values given in Format Column E are allowed.
92	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.
93	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 fleid size (columns D, E, G)	Yes	PRINCIPAL3_INVESTIGATOR_SPECIALTY	Refer to the Open Payments Physicia Taxonomy Code list on the CMS Oper Payments website for a list of accepted taxonomy codes.	n All special characters listed in the "Allowed n Special Characters" tab of this spreadsheet.
94	Principal Investigator Ucense State and Ucense Number	Pared state and state licrone number of the Principal Investigator, who is a physician covered recipient. Ney include up to 5 "Physician License State and License Number" pairs.	Text	Maximum of 5 unique pairs of the state and license number: AA- 9999999999999999999999999999999999	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 abservation, followed by a hyphen, followed by the state license number	Yes, for the State AND No, for the License #	PRINCIPALS, INVESTIGATOR, LICENSE, S ATE AND, LICENSE, NUMBER, I PRINCIPALS, INVESTIGATOR, LICENSE, S ATE AND, LICENSE, NUMBER, 2 PRINCIPALS, INVESTIGATOR, LICENSE, S ATE AND, LICENSE, NUMBER, 3 PRINCIPALS, INVESTIGATOR, LICENSE, S ATE AND, LICENSE, NUMBER, 4 PRINCIPALS, INVESTIGATOR, LICENSE, S PRINCIPALS, INVESTIGATOR, LICENSE, S	T T	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
95	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	ATE AND LICENSE NUMBER 5 PRINCIPAL4_INVESTIGATOR_FIRST_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
96	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_NA	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
97	Principal Investigator Last Name	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.
98	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.
99	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.
100	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	name, street identifier Two line address format; Socond 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	PRINCIPAL/_INVESTIGATOR_BUSINESS_ STREET_ADDRESS_LINE_2	. No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
101	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.
102	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.
103	Principal Investigator Zip Code	The 5- or 9-digit rip 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) Either exactly 5 or exactly 9 numeric digits 5-digit ZIP code must be a valid US ZIP Code and must be within the boundaries of the Principal Investigator State	Yes	PRINCIPAL4_INVESTIGATOR_ZIP_CODE	No notes	No, only numeric values are allowed.
104	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	(DE#102) entered 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.

105	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 0, E, G)	Yes	PRINCIPAL4_INVESTIGATOR_PROVINCE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
106	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	Text	Alphanumeric	No, unless indicating multiple Principal Investigators and	≤ 20 Char	Validated against data type, format, and field size (columns	Yes	PRINCIPAL4_INVESTIGATOR_POSTAL_CO	No notes	All special characters listed in the "Allowed
		United States.			Principal Investigator Country DE# 104 is outside the United States		Ο, Ε, G)		DE		Special Characters" tab of this spreadsheet
107	Principal Investigator Physician Primary Type	Primary type of medicine practiced by the Principal Investigator.	Enumeration	*11" - Medical Doctor; *2" - Doctor of Osteopathy; *3" - Doctor of Dentistry; *4" - Doctor of Pediatric Medicine; *5" - Doctor of Optometry; *6" - Chiropractor	No, unless indicating multiple Principal Investigators	1 Cher	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL_INVESTIGATOR_PHYSICIAN_ PRIMARY_TYPE	No notes	No, only values given in Format Column E are allowed.
108		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.
109	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	Payments website for a list of accepted taxonomy codes.	n All special characters listed in the "Allowed n Special Characters" tab of this spreadsheet.
110	Principal Investigator License State and License Number	Planed state and state license mumber of the Principal Investigator, who is a physician covered recipient. Hey include up to 5 "Physician License State and License Number" pairs.	Text	Maximum of 5 unique pairs of the state and license number: AA- 9999999999999999999999999999999999	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 latter state abbreviation, followed by a hyphen, followed by the state license number	Yes, for the State AND No, for the License #	PRINCIPALA INVESTIGATOR LICENSE_SI ATE_AND_LICENSE_NUMBER_1 PRINCIPALA_INVESTIGATOR_LICENSE_SI ATE_AND_LICENSE_NUMBER_2 PRINCIPALA_INVESTIGATOR_LICENSE_SI ATE_AND_LICENSE_NUMBER_3 PRINCIPALA_INVESTIGATOR_LICENSE_SI ATE_AND_LICENSE_NUMBER_3 PRINCIPALA_INVESTIGATOR_LICENSE_SI PRINCIPALA_INVESTIGATOR_LICENSE_SI	-	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
111	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
112	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	S 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL5_INVESTIGATOR_MIDDLE_NAME		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet
113	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
114		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. The first line of the primary business street address of the Principal Investigator	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		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet
115	Principal Investigator Business Street Address Line 1	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	PRINCIPALS_INVESTIGATOR_BUSINESS_ STREET_ADDRESS_LINE_1		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet
116	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		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet
117	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	PRINCIPALS_INVESTIGATOR_CITY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet
118		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	PRINCIPALS_INVESTIGATOR_STATE	No notes	No, only values given in Format Column E are allowed.
119	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) Either exactly 5 or exactly 9 numeric digits 5-digit ZIP code must be a valid US ZIP Code and must be within the boundaries of the Principal Investigator State	Yes	PRINCIPAL5_INVESTIGATOR_ZIP_CODE	No notes	No, only numeric values are allowed.
120	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	PRINCIPALS_INVESTIGATOR_COUNTRY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
121	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	PRINCIPALS_INVESTIGATOR_PROVINCE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
122	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# 120 is outside the United States	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPALS_INVESTIGATOR_POSTAL_CO DE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
123	Principal Investigator Physician Primary Type	Primary type of medicine practiced by the Principal Investigator.		"1" = Medical Doctor; "2" = Doctor of Osteopathy; "3" = Doctor of Dentistry; "4" = Doctor of Podiatric Medicine; "5" - Doctor of Optometry; "6" = Chiropractor	No, unless indicating multiple Principal Investigators	1 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPALS_INVESTIGATOR_PHYSICIAN_ PRIMARY_TYPE	No notes	No, only values given in Format Column E are allowed.
124		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.
125	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	PRINCIPALS_INVESTIGATOR_SPECIALTY	Refer to the Open Payments Physicial 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.
126	Principal Investigator License State and License Number	Pained state and dath license number of the Principal Investigator, who is a physician covered recipient. May actude up to 3 "Physician cheened State and License Number" pains.	Alphanumeric	Maximum of 5 unique pairs of the state and license number: AA- 9999999999999999999999999999999999	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 #	PRINCIPALS_INVESTIGATOR_LICENSE_ST ATE_AND_LICENSE_NUMBER_I PRINCIPALS_INVESTIGATOR_LICENSE_ST ATE_AND_LICENSE_NUMBER_Z PRINCIPALS_INVESTIGATOR_LICENSE_ST ATE_AND_LICENSE_NUMBER_3 PRINCIPALS_INVESTIGATOR_LICENSE_ST ATE_AND_LICENSE_NUMBER_4 PRINCIPALS_INVESTIGATOR_LICENSE_ST ATE_AND_LICENSE_NUMBER_4 PRINCIPALS_INVESTIGATOR_LICENSE_ST		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

1.1.3 Physician Ownership

This section outlines all data fields present in Physician Ownership.

1.1.3.1 Submission File 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
1		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 Manufacturers/Applicable GPOs ubmitting the consolidated report in this field. The name of the Applicable Manufacturer/Applicable Manufacturer/Applicable Manufacturers/Applicable Manufacturer or Applicable Manufacturer or Applicable Manufacturer or Applicable GPO Making Payment for seet necord is entered in the *Applicable Manufacturer or Applicable GPO Making Payment Name" (DE#23) field of that record.		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_A PPLICABLE_GPO_NAME	"Submitting Applicable Manufacturer or	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
2	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/Applicable GPO, enter that Applicable Submission file. If this submission file contains records of payment(s) and/or other transfer(s) of value from multiple Applicable Manufacturer/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.		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_A PPLICABLE_GPO_ID	No notes	System generated value only.
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 "\" or "N"	No	CONSOLIDATED_REPORT_INDICATO	For more information on Consolidated Reporting, consult the Quick Reference Guide on Consolidated Reporting, located on the CMS Open Payments website	
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",",", 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 this field.	No	RESUBMISSION_FILE_INDICATOR	No notes	No, only values given in Format Column E are allowed.
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.	longer collected by Open Payments and	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.	longer collected by	Home System Payment ID data	This field is no longer collected by Open Payments and is replaced by Home System Payment ID data element 24A.	N/A

1.1.3.2 Physician Demographic 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
6	Ownership/Investment Physician's First Name	Textual first name of the physician with the ownership or investment interest being reported.	Text	Free form text	Yes	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	OWNERSHIP_INVESTMENT_PHYSICI AN_S_FIRST_NAME	No notes	All special characters liste in the "Allowed Special Characters" tab of this
		If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES).					Validated against CMS-approved data sources				Characters" tab of this spreadsheet.
		, , , , , , , , , , , , , , , , , , , ,					Applicable GPOs cannot submit general or research payment records for physicians without submitting an ownership/investment interest record about that same physician. Validated against data type, format, and field size (column D, E, G)				
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 &	Text	Free form text	No	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	OWNERSHIP_INVESTMENT_PHYSICI AN_S_MIDDLE_NAME	No notes	All special characters liste in the "Allowed Special Characters" tab of this spreadsheet.
8	Ownership/Investment Physician's Last Name	Provider Enumeration System (NPPES). Textual last name of the physician with the ownership or investment interest being reported.	Text	Free form text	Yes	≤ 35 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	OWNERSHIP_INVESTMENT_PHYSICI AN_S_LAST_NAME	No notes	All special characters liste in the "Allowed Special Characters" tab of this spreadsheet.
9	Ownership/Investment Physician's Name Suffix	If applicable, report the value for this data element as listed in the National Plan & Provider Enumeration System (NPPES). Name suffix of the physician with the ownership or investment interest being reported.	Text	Free form text	No	≤ 5 Char	Validated against CMS-approved data sources Validated against data type, format, and field size (columns D, E, G)	Yes	OWNERSHIP_INVESTMENT_PHYSICI AN_S_NAME_SUFFIX		All special characters liste in the "Allowed Special Characters" tab of this spreadsheet.
10	Ownership/Investment	If applicable, report the value for this data element as listed in the National Plan 8. Provider Enumeration System (NPPES). The first line of the primary practice street address of the physician with the ownership or investment interest being reported.	Text	Two line address	Yes	≤ 55 Char	Validated against data type, format, and field size	Yes	OWNERSHIP_INVESTMENT_PHYSICI AN_S_BUSINESS_STREET_ADDRES S_LINE_1	No notes	All special characters liste
	Ownership/Investment Physician's Business Street Address Line 1			format: First line contains building number, street name, street identifier			(columns D, E, G)				in the "Allowed Special Characters" tab of this spreadsheet.
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_PHYSICI AN_S_BUSINESS_STREET_ADDRES S_LINE_2		All special characters liste in the "Allowed Special Characters" tab of this spreadsheet.
12	Ownership/Investment Physician's City	The primary practice city of the physician with the ownership or investment interest being reported.	Text	qualifying information Free form text	Yes	≤ 40 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	OWNERSHIP_INVESTMENT_PHYSICI AN_S_CITY	No notes	All special characters liste in the "Allowed Special Characters" tab of this spreadsheet.
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	Enumeration	2 character U.S. state or territory alpha	Yes IF	2 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	OWNERSHIP_INVESTMENT_PHYSICI AN_S_STATE	No notes	No, only values given in Format Column E are
	Physican s state	the United States.		abbreviation	DE# 15 Ownership/Investment Physician's Country - "US" or "Inited States" IF DE# 15 is any other value, this field must be blank.		Limited to list of state abbreviations and territories		N.3.31616		allowed.
14	Ownership/Investment	The 5- or 9-digit zip code for the primary practice location of the physician with the	Numeric	9 digit numeric zip	Yes IF	≤ 9 Char	Validated against data type, format, and field size	Yes	OWNERSHIP_INVESTMENT_PHYSICI	No notes	No, only numeric values a
	Physician's Zip Code	ownership or investment interest being reported, if the primary practice address is in the United States.		code	DE# 15 Ownership/Investment Physician's Country = "US" or "United States" IF DE# 15 is any other value, this field must be blank.		(columns D, E, G) Either exactly 5 or exactly 9 numeric digits 5-digit ZIP code must be a valid US ZIP Code and must be within the boundaries of the Ownership/Investment/Physician's State (DE# 13) entered		AN_S_ZIP_CODE		allowed.
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,	Validated against data type, format, and field size (columns D, E, G)	Yes	OWNERSHIP_INVESTMENT_PHYSICI ANS_COUNTRY	No notes	All special characters list in the "Allowed Special Characters" tab of this
						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				spreadsheet.
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_PHYSICI ANPROVINCE	No notes	All special characters liste in the "Allowed Special Characters" tab of this spreadsheet.
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	Text	Alphanumeric	Yes IF	≤ 20 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	OWNERSHIP_INVESTMENT_PHYSICI AN S POSTAL CODE	No notes	All special characters liste
	,	physician with the ownership or investment interest being reported, if the primary practice/business address is outside the United States.			DE# 15 Ownership/Investment Physician's Country is outside the United States IF DE# 15 = "US" or "United States", this field must be blank.		Proper length and format validated for each country				in the "Allowed Special Characters" tab of this spreadsheet.
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)	No	OWNERSHIP_INVESTMENT_PHYSICI AN_S_EMAIL_ADDRESS	No notes	All special characters liste in the "Allowed Special Characters" tab of this
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; "2" = Doctor of	Yes	1 Char	Proper email format enforced Allowed values limited to "1", "2", "3", "4", "5", or	Yes	OWNERSHIP_INVESTMENT_PHYSICI	No notes	No, only values given in Format Column E are
				Osteopathy; "3" = Doctor of Dentistry; "4" = Doctor of Podiatric Medicine; "5" = Doctor of Optometry; "6" = Chiropractor							allowed.
20	Ownership/Investment Physician's NPI	Individual NPI for the Physician (not the NPI of any group the physician belongs to)	Text	Numeric digits only	Yes if Physician has an NPI	10 Char	Validated against data type, format, and field size (columns D, E, G) Validated against CMS-approved data sources	No	OWNERSHIP_INVESTMENT_PHYSICI AN_S_OR_TEACHING_HOSPITAL_NP I		No, only numeric values a allowed.
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		Payments Physician Taxonomy Code list on the CMS Open Payments website for a list of accented	None
22	Ownership/Investment Physician's License State and License Number	Solved date and official state license number of the physician with the ownership or investment interest being reported. May include up to 5 "Physician licenses State and License Number" pairs, if a physician is licensed in multiple states.	Text	Naximum of 5 unique bairs of the state and license number: AA- 9999999999999999999999999999999999	Ven	≤ 28 Char	Validated against data type, format, and field size (columns D.E., G.) Columns D.E. (20). 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 DIPYSICI ME NUMBER STATE AND LICEN ME NUMBER STATE AND LICEN ME STATE STATE AND LICEN ME STATE AND LICEN M	No notes	All special characters liste in the "Alloyed Special Characters" tab of this spreadsheet.

1.1.3.3 Ownership/Investment Information

DE#	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed		Additional Notes	Allowed Special Characters
23	Applicable Manufacturer or Applicable Of Page 1970 (Program of Page 1970) (Program of Page	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_A PPLICABLE_GFO_REPORTING_OWNE RSHIP_NAME		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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_A PPLICABLE_GPOREPORTING_OWNER SHIP_REGISTRATION_ID	Published as "Applicable_Manufactur er_or_Applicable_GPO_ Making_Payment_ID"	System generated value only.
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.
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 1D (indicating which record is to be corrected). The original payment/transfer of value record 1D is provided by the Open Payments System.	Numeric	System generated	Yes IF DE# 4 Resubmission File Indicator = "Y" or "p"	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_I	No notes	System generated value only.
26		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_O R_AN_IMMEDIATE_FAMILY_MEMBER	No notes	No, only values given in Format Column E are allowed.
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 God 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.		Tominy metuben Currency (US dollars) 999999999999999999999999999999999999	Yes	≤ 13 Char (including decimal point)	Validated against data type, format, and field size (columns D, E, G) Can have up to 10 digits before the decimal and 2 digits after the decimal. Note that the decimal and 2 digits after the decimal are optional 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.
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 Manufacture or Applicable OR so 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 interest 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) 999999999999999999999999999999999999	Yes	≤ 13 Char (including decimal point)	Validated against data type, format, and field size (columns D, E, G) Can have up to 10 fligits before the decimal and 2 digits after the decimal. Note that the decimal and 2 digits after the decimal are optional 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.
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.

1.2 Allowed Special Characters

Below is a listing of the allowed special characters in the Open Payments System

ALLOWED SPECIAL CHARACTERS							
Special Character	Name ▼						
+	Plus sign						
&	Ampersand						
1	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						

1.3 Submission Data Mapping Document Revision Log

	REVISION LOG								
Version	Date Published 🔻	Description	Version Updates						
1.0	December 2019	Updated per Program Year 2021 changes.	December 2019 version						

1.4 Bulk Entry

Select Submissions from the landing page (Yellow Arrow)

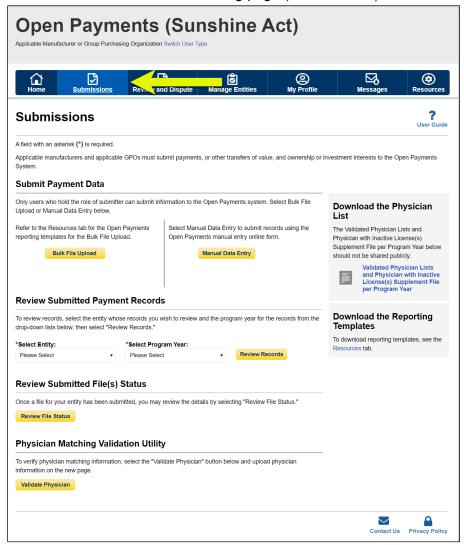


Figure 1: Submissions Home Page

Choose "Bulk File Upload"

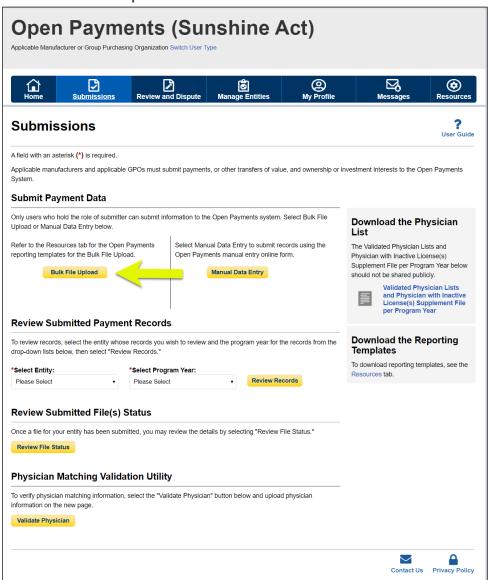


Figure 2: Submissions Home Page

Select the "Payment Category", "Reporting Entity", "Program Year", "Resubmission File Indicator", and then hit the "Choose File" 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.

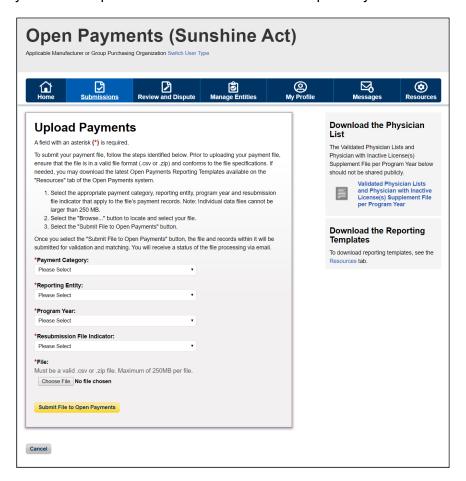


Figure 3: Upload Payments Page

1.5 Manual Entry

1.5.1 General Payments

Select "Manual Data Entry" where the yellow arrow is below.

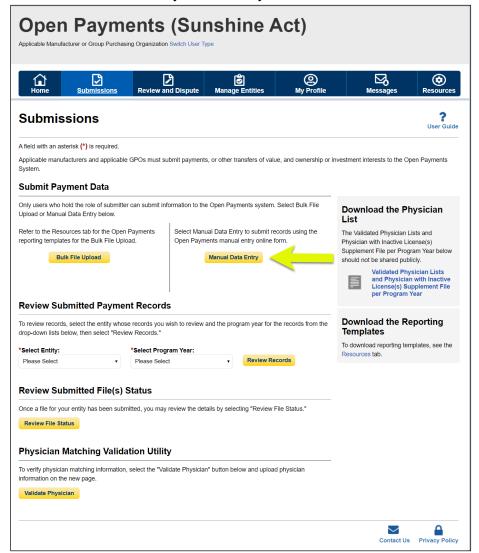


Figure 4: Submissions Home Page

Choose the "Payment Category", "Entity Making Payment Registration Name", and "Program Year", then hit "Continue" button.

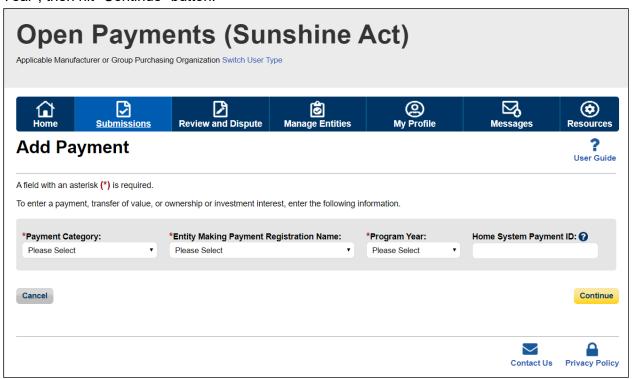


Figure 5: Add Payment Page

Select the "Covered Recipient Type" from the dropdown

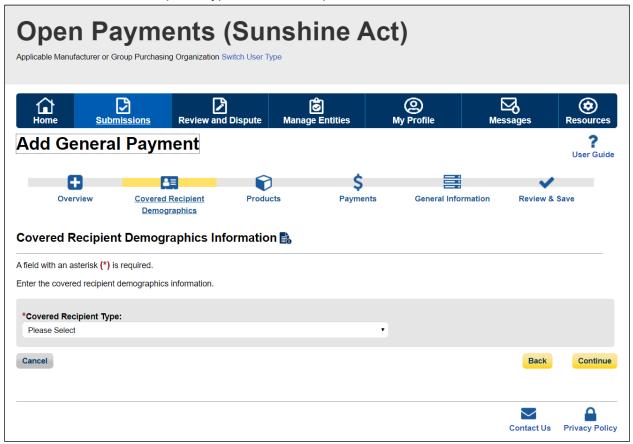


Figure 6: Covered Recipient Type Page

Enter the "Related Product Indicator"

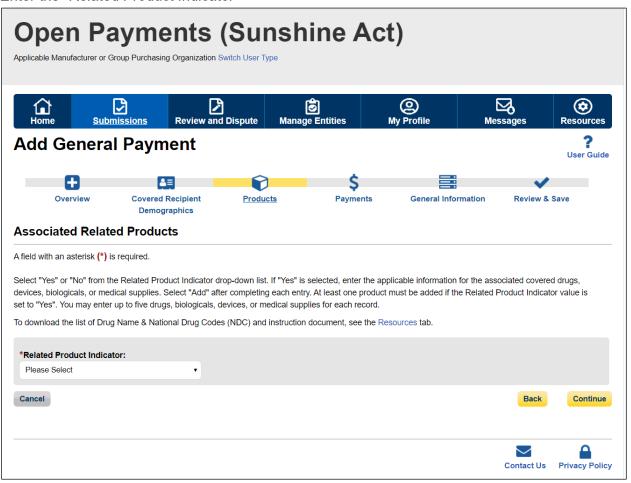


Figure 7: Related Product Indicator Page

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

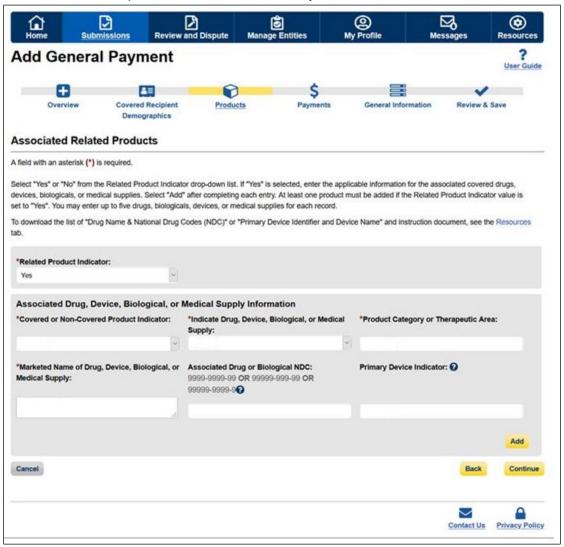


Figure 8: Associated Related Products Page

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

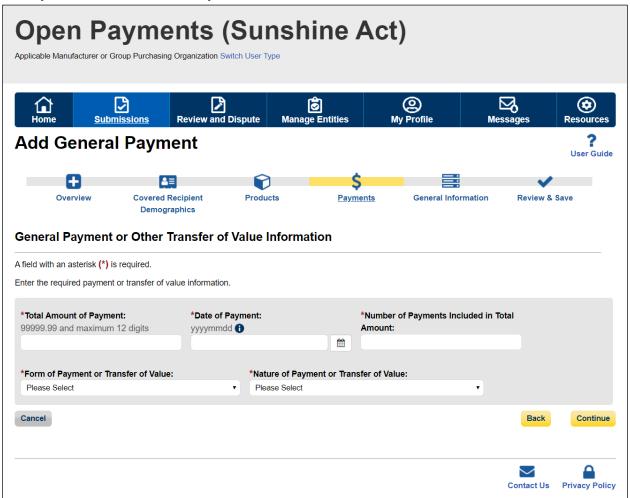


Figure 9: General Payment or Other Transfer of Value Information

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.

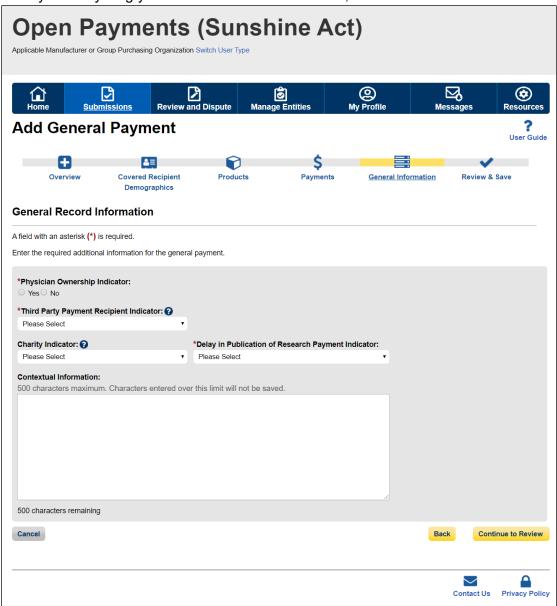


Figure 10: General Record Information Page

1.5.2 Research Payments

Select "Manual Data Entry" where the yellow arrow is below.

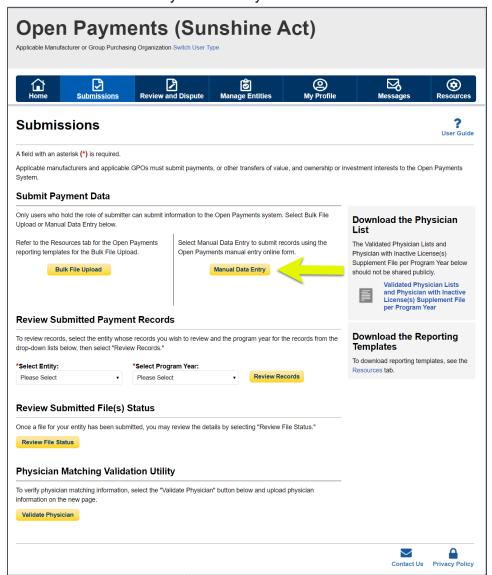


Figure 11: Submissions Home Page

Choose the "Payment Category", "Entity Making Payment Registration Name", and "Program Year", then hit continue.

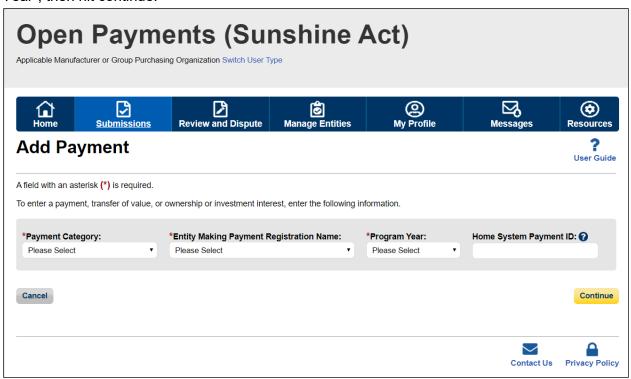


Figure 12: Add Payment Page

Select the "Recipient Type" from the dropdown

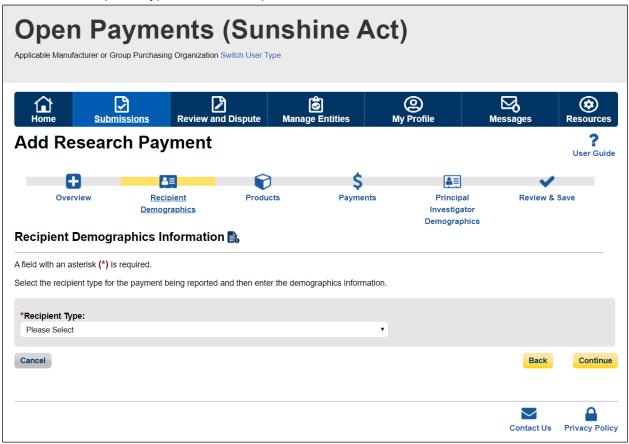


Figure 13: Add Research Payment Page

Enter the "Related Product Indicator"

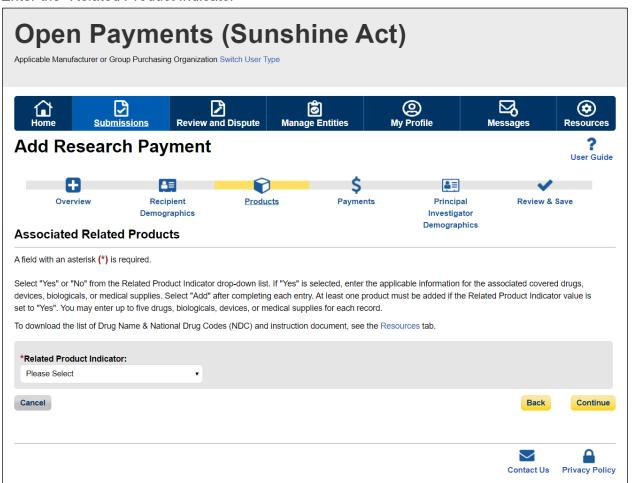


Figure 14: Related Product Indicator Page

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

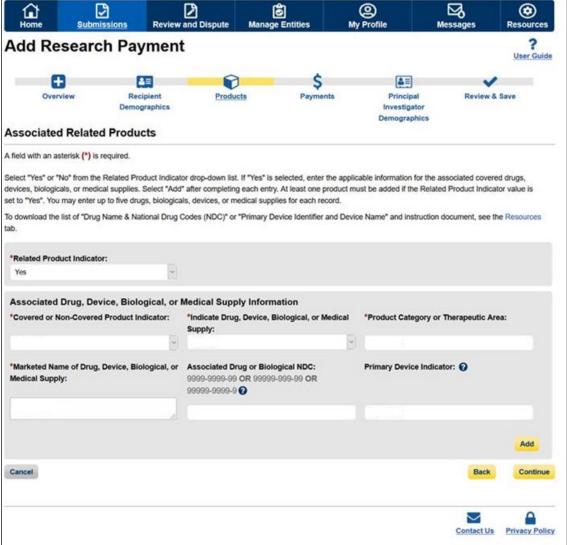


Figure 15: Associated Related Products Page

Enter your data in the mandatory fields below, and then hit "Continue". **Open Payments (Sunshine Act)** Applicable Manufacturer or Group Purchasing Organization Switch User Type ☑ Messages Review and Dispute Home Ô **②** ? **Add Research Payment** User Guide 0 ♣≡ Overview Recipient Products **Payments** Principal Review & Save Investigator Demographics Research Payment or Other Transfer of Value Information A field with an asterisk (*) is required. Enter the required payment or transfer of value information. **Payment Information** Enter the percent value for each of the following. *Total Amount of Research Payment: *Date of Payment: *Form of Payment or Transfer of Value: 99999.99 and maximum 12 digits yyyymmdd 😯 Please Select **Expenditure Category** Professional Salary Support: Medical Research Writing or Patient Care: Non-Patient Care: **Publication:** Other: Overhead:

*Delay in Publication of Research

Payment Indicator: Please Select

Research Information *Pre-Clinical Research Indicator:

ClinicalTrials.Gov Identifier:

Maximum 11 characters, first 3 must be letters

Please Select

Cancel

Figure 16: Research Payment or Other Transfer of Value Information Page

Research Information Link:

http://www. or https://www. or www

Context of Research:

Continue

Contact Us Privacy Policy

Enter "Principal Investigator Covered Recipient Physician Indicator"

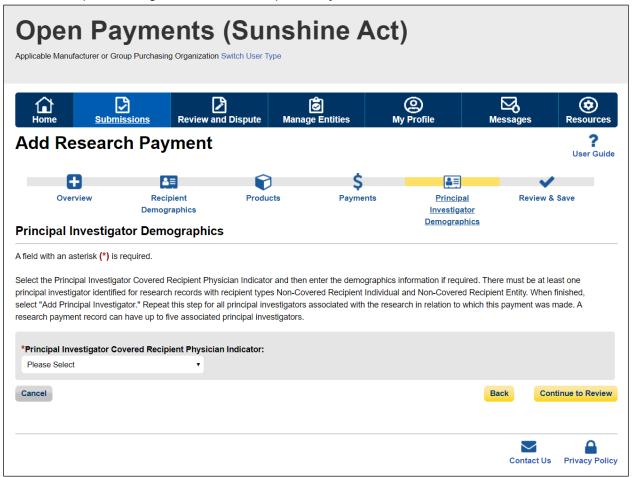


Figure 17: Principal Investigator Covered Recipient Indicator Page

If there is a Principal Investigator, enter the mandatory fields below. 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.

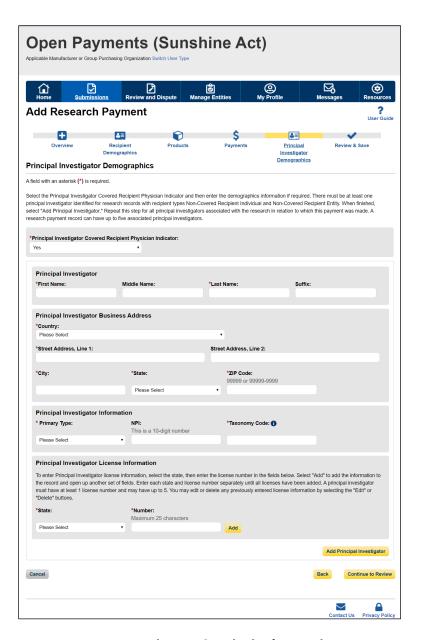


Figure 18: Principal Investigator Demographics Page

1.5.3 Ownership Payments

Select "Manual Data Entry" where the yellow arrow is below.

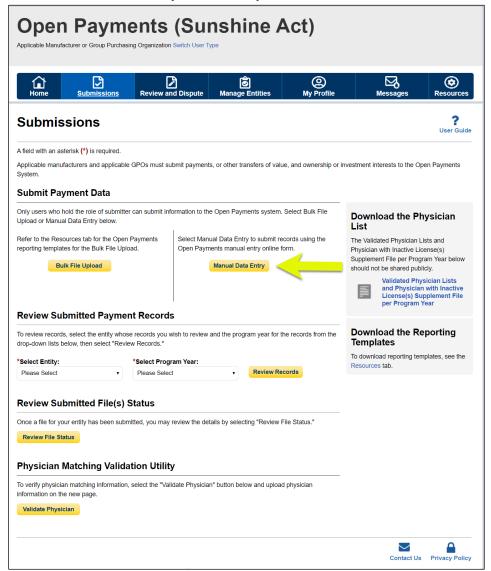


Figure 19: Submissions Home Page

Choose the "Payment Category", "Entity Making Payment Registration Name", and "Program Year", then hit continue.

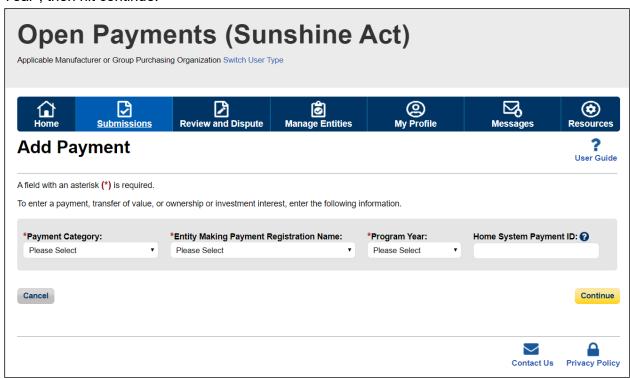


Figure 20: Add Payment Page

Open Payments (Sunshine Act) Applicable Manufacturer or Group Purchasing Organization Switch User Type (2) My Profile Message and Di ? Add Ownership or Investment Interest Record 0 Ownership or Investment Information Physician Demographics Review & Save Information Physician Demographics Information 🖺 A field with an asterisk (*) is required. Enter the physician demographics information. Physician *First Name: Middle Name: *Last Name: Suffix: Physician Business Address *Country: Please Select *Street Address, Line 1: Street Address, Line 2: *City: *State: *ZIP Code: 99999 or 99999-9999 Email Address: Physician Information *Primary Type: *Taxonomy Code: 1 This is a 10-digit number Please Select **Physician License Information** Select the "Add" button to add the information to the record. Select the "Add" button again to display another set of fields. A record must contain at least 1 license and may have up to 5. You may edit or delete any previously entered license information by selecting the "Edit" or "Delete" buttons Maximum 25 characters Please Select Continue Cancel Back

Enter your data into the appropriate fields below, and hit "Continue".

Figure 21: Physician Demographic Information Page

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 your records.

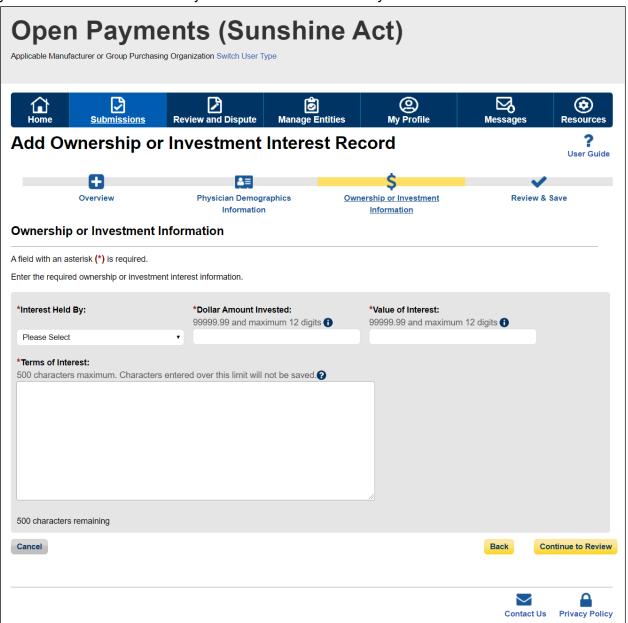


Figure 22: Ownership or Investment Information Page

Open Payments

Data Elements & Screen Shots Version for 2016

A	В	С	D	E	F	G	Н	I	J	K	L
DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
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/Applicable GPO sname 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 abmitting the consolidated report in this field. The name of the Applicable Manufacturer/Applicable GPOs ubmitting the consolidated report in this field. The name of the Applicable Manufacturer (Applicable GPO submitting the consolidated report in this field. The name of the Applicable Manufacturer (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_APPLI CABLE_GPO_NAME		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
	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/Applicable GPOs 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 Manufacturer/Applicable GPO, 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 of Applicable GPO Making Payment Registration ID* (DE#33) field of that record.	Numeric	System generated	Yes	System generated :	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.
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	No, only values given in Format Column E are allowed.
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 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 No 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.		RESUBMISSION_FILE_INDICATOR		No, only values given in Format Column E are allowed.
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	collected by Open	Payment ID, data element 33A.	collected by Open Payments and has been		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
	on Record Information Demographic Inform	on (all sections from here to the end of the	nis table cont	ain data elemer	nts that are reported	d once per payn	nent/transfer of value)				
DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
10	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.		"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.

Α	В	С	D	E	F	G	н	1	J	K	L
DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
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 for Selectic		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.
8	Teaching Hospital Tax ID Number (TIN)	Tax Identification Number (TIN) of the Teaching Hospital receiving the payment or other transfer of value.	Numeric 999999		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.
9		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 for		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.
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 for		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.
11		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 for		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.
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: Ir., Sr., 111). If applicable, report the value for this data element as listed in the	Text Free for		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.
	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.	First line	e address format; le contains g number, street 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.
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.	Second suite nu number number	e address format; I line contains umber, apartment r, post office box r or other ing 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.
15		The primary practice/business city of the physician or teaching hospital (covered recipient) receiving the payment or other transfer of value.	Text Free for	rm 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), NPES Address City from the CMS-provided Teaching Hospital list should be used for this dataelement	Yes	RECIPIENT_CITY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

A	В	С	D	E	F	G	Н	ı	J	K	L
DE #		Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
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.
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.
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.
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.
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	≤ 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.
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.
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.
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.
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.
25 25	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- 99999999999999999999999999999999999	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_SE_NUMBER_1 PHYSICIAN_LICENSE_STATE_AND_LICENSE_NUMBER_2 PHYSICIAN_LICENSE_STATE_AND_LICENSE_SINUMBER_3 PHYSICIAN_LICENSE_STATE_AND_LICENSE_STATE_AND_LICENSE_SINUMBER_4 PHYSICIAN_LICENSE_STATE_AND_LICENSE_STATE_AND_LICENSE_STATE_AND_LICENSE_STATE_AND_LICENSE_STATE_AND_LICENSE_STATE_AND_LICENSE_STATE_AND_LICENSE	4	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

A	В	С	D	E	F G Required? Field Size		Н	I	J	K	L
DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
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, then all information for the next product, etc.)	No, only values given in Format Column E are allowed.
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_INDICATO R.1 COVERED_OR_NONCOVERED_INDICATO R.2 R.3 COVERED_OR_NONCOVERED_INDICATO R.4 R.4 COVERED_OR_NONCOVERED_INDICATO R.4 COVERED_OR_NONCOVERED_INDICATO		No, only values given in Format Column E are allowed.
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 Rela ted Product Indicator (DE #26) is "Yes" and Covered or Non covered Product Indicator (DE #27) is "Covered" OR Rela ted Product Indicator (DE #27) is "Covered or Non covered Product Indicator (DE #26) is "Yes". Covered or Non covered Product Indicator (DE #27) is "Non-covered", and an Associated Drug orBiological NDC (DE#37) 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_C EVICE_OR_MEDICAL_SUPPLY_1 INDICATE_DRUG_OR_BIOLOGICAL_OR_C EVICE_OR_MEDICAL_SUPPLY_2 INDICATE_DRUG_OR_BIOLOGICAL_OR_C EVICE_OR_MEDICAL_SUPPLY_3 INDICATE_DRUG_OR_BIOLOGICAL_OR_C EVICE_OR_MEDICAL_SUPPLY_3 INDICATE_DRUG_OR_BIOLOGICAL_OR_C EVICE_OR_MEDICAL_SUPPLY_4 INDICATE_DRUG_OR_BIOLOGICAL_OR_C EVICE_OR_MEDICAL_SUPPLY_5		No, only values given in Format Column E are allowed.
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 dinter 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 Rela ted 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 AREA_4 PRODUCT_CATEGORY_OR_THERAPEUTIC	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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 Rela ted 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 Rela ted 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 he blank	<u>≤</u> 100 Char	Validated against data type, format, and fleid size (columns D, E, G) The values in this field may not consist of only zeroes	Yes	NAME_OF_DRUG_OR_BIOLOGICAL_OR_D EVICE_OR_MEDICAL_SUPPLY_1 NAME_OF_DRUG_OR_BIOLOGICAL_OR_D EVICE_OR_MEDICAL_SUPPLY_2 NAME_OF_DRUG_OR_BIOLOGICAL_OR_D EVICE_OR_MEDICAL_SUPPLY_3 NAME_OF_DRUG_OR_BIOLOGICAL_OR_D EVICE_OR_MEDICAL_SUPPLY_3 NAME_OF_DRUG_OR_BIOLOGICAL_OR_D EVICE_OR_MEDICAL_SUPPLY_4 NAME_OF_DRUG_OR_BIOLOGICAL_OR_D EVICE_OR_MEDICAL_SUPPLY_5		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

A	В	С	D	E	F	G	н	I	J	K	L
DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
31		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 \$ 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 9999-9999-9999-9999-9999-9999-9999-9	Yes IF Reia ted 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_N DC_1 ASSOCIATED_DRUG_OR_BIOLOGICAL_N DC_2 ASSOCIATED_DRUG_OR_BIOLOGICAL_N DC_3 ASSOCIATED_DRUG_OR_BIOLOGICAL_N DC_4 ASSOCIATED_DRUG_OR_BIOLOGICAL_N DC_4 ASSOCIATED_DRUG_OR_BIOLOGICAL_N DC_5	No notes	Minus sign/hyphen (-)
Transfer o	of Value (Payment) In	nformation									
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	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_APPLI CABLE_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.
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 Manufacture or Applicable GPO Registration ID).	Yes	APPLICABLE_MANUFACTURER_OR_APPLI CABLE_GPO_MAKING_PAYMENT_REGIST RATION_ID	Published as "Applicable_Manufacturer_or_A pplicable_GPO_Making_Paymen t_ID"	System generated value only.
33A	Home System Payment ID		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
34	Resubmitted Payment Record ID	anolicable manufacturer or anolicable GPO home system. 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	Special Characters" tah of this spreadsheet System generated value only.
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) 999999999999999999999999999999999999	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.
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.
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.

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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	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" = Ca_sh 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.
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.	"2" = Com services of consulting, serving as s speaker at than a cont education p "3" = Hono "4" edif; "5" = Enter "6" = Food Beverage;		s a		Limited to numeric characters 1 through 15	Yes	NATURE_OF_PAYMENT_OR_TRANSFER_O F_VALUE	No notes	No, only values given in Format Column E are allowed.
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 Limited to list of state abbreviations and territories per US Postal Service.		CITY_OF_TRAVEL	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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.
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.
	Record Information										
54 DE #	Physician Ownership Indicator	Definition / Description 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.	Data Type Boolean	Format "Y" = Yes; "N" = No	Required? 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	Validation Rules Validates that only character "Y" or "N" is provided	Publicly Displayed Yes	CSV Field Name PHYSICIAN_OWNERSHIP_INDICATOR	Additional Notes No notes	Allowed Special Characters No, only values given in Format Column E are allowed.
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	Yes	1 Char	Limited to numeric characters "1," "2," or "3"	Yes	THIRD_PARTY_PAYMENT_RECIPIENT_IND	No notes	No, only values given in Format Column E are allowed.
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	Paymont* 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.
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	Yes	CHARITY_INDICATOR	No notes	No, only values given in Format Column E are allowed.
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	If reported Third Parky Payment Recipient Indicator = 1 (Entity) 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.
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 =	≤ 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	В	С	D	E	F	G	Н	I	J	K	L
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	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 of a payment or other transfer of value should select (3). Research selected. CMS will display payments or other transfers of value no later than four years after the initial request for delay in publication of the payment or transfer of value.		"1" = R&D on New 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	_PAYMENT_INDICATOR	nelay 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"	

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DE#	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
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 Apolicable Manufacturer/Sapolicable GPO s name in this data field for all records in	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_APPLICAB LE_GPO_NAME	Published as "Submitting Applicable Manufacturer or Applicable GPO Name"	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
		the submission file. If this submission file contains records of payment(s) and/or other transfer(s) of value from multiple Applicable Manufacturers/Applicable CPOs, enter the name of the Applicable Manufacturer/Applicable CPOs, enter the name of the Applicable Manufacturer/Applicable for the consolidated report in this field. The name of the Applicable Manufacturer/Applicable CPO 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.									
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/Applicable GPO, enter that Applicable 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 GPOs, enter the Record ID of the Applicable Manufacturer/Applicable GPO submitting the consolidated report. The Record ID of the Applicable Manufacturer or Applicable GPO Making Payment Registration ID* (DE-943) 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_APPLICAB LE_GPO_ID	No notes	System generated value only.
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	No, only values given in Format Column E are allowed.
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	No	RESUBMISSION_FILE_INDICATOR	Josephedia. No notes	No, only values given in Format Column E are allowed.
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.	is replaced by Home	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.	other fields are optional. 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
_	ssion Record Informati ent Demographic Infor	on (all sections from here to end of template cont	ain data eler	ments that are re	eported once per payment/transfer of	value)					
DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
6	Covered Reciplent 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 "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.
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
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, C) 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 #6) as per the	Yas	COVERED_RECIPIENT_TEACHING_HOSPITAL_NAME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

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DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
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	99999999	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.
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_N/ME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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.
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_NA ME	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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.
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	Ves 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 I from the CMS-provided Teaching Hospital hist should be used for this data element	Yes	RECIPIENT_BUSINESS_STREET_ADDRESS_L NE_1	No notes	All special Characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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_L NE_2	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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.
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 abbrevlations 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 Teaching Hospital list should be used for	Yes	RECIPIENT_STATE	No notes	No, only values given in Format Column E are allowed.
18	Reciplent Zlp 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), NPES Address Zip code from the CMS-provided Teaching Hospital ist should be used for this data element.	Yes	RECIPIENT_ZIP_CODE	No notes	No, only numeric values are allowed.
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.

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,	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		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)	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 Hospita), "3" (Non-covered Recipient Entity), or "4" (Non-covered Recipient Individual), this field must be blank.	10 Char	Parasi and Market Speed (April 2014) 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	Туре	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 (DD); "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, only values given in Format Column E are allowed.
30		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_SPECIALT Y	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- 9999999999999999999999999999999999	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 #	COVERD_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_ STATE_AND_LICENSE_NUMBER_4	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
32	Associa	ted Drug, Device, Biol	ogical, 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		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	""" = 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_4 COVERED_OR_NONCOVERED_INDICATOR_5	No notes	No, only values given in Format Column E are allowed.
36	29		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.		"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"1" or "3." IF DE# 27 = "N", this field must be blank.	1 Char	Allowed values limited to "1", "2", "3", or "4"		INDICATE_DRUG_OR_BIOLOGICAL_OR_DEVI CE_OR_MEDICAL_SUPPLY_1 INDICATE_DRUG_OR_BIOLOGICAL_OR_DEVI CE_OR_MEDICAL_SUPPLY_2 INDICATE_DRUG_OR_BIOLOGICAL_OR_DEVI CE_OR_MEDICAL_SUPPLY_3 INDICATE_DRUG_OR_BIOLOGICAL_OR_DEVI CE_OR_MEDICAL_SUPPLY_4 INDICATE_DRUG_OR_BIOLOGICAL_OR_DEVI CE_OR_MEDICAL_SUPPLY_5		No, only values given in Format Column E are allowed.

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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	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		PRODUCT_CATEGORY_OR_THERAPEUTIC_AREA1 EA.1 EA.1 EA.1 EA.2 PRODUCT_CATEGORY_OR_THERAPEUTIC_AREA2 PRODUCT_CATEGORY_OR_THERAPEUTIC_AREA.3 PRODUCT_CATEGORY_OR_THERAPEUTIC_AREA.4 PRODUCT_CATEGORY_OR_THERAPEUTIC_AREA.4	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
31 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 "I" 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_4 NAME_OF_DRUG_OR_BIOLOGICAL_OR_DEVICE_OR_MEDICAL_SUPPLY_5		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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.		10-digit numeric code with three segments divided by dashes, grouped in one of three ways: 9090-9090-90 99909-999-9	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 nDCs provided must match the order of nDC exists for a named drug or biological in DE#31. If no NDC exists for a named drug or biological in DE#30. Evan the corresponding NDC field blank for that drug or biological. The numeric values in this field may not consist of only zeroes		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 5	No notes	Minus sign/hyphen (-)
40 Trans	fer of Value (Research I	Payment) 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
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 or DE# 1 (Applicable Manufacturer or Applicable GPO Name).	Yes	APPLICABLE_MANUFACTURER_OR_APPLICAB LE_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.
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_MANUFACTUREE_OR_APPLICAB LE_GPO_MAKING_PAYMENT_REGISTRATION _ID	Published as Published as "Applicable_Manufacturer_or_Applicable_ _GPO_Making_Payment_ID"	System generated value only.
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.
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.
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) 999999999999999999999999999999999999	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.

A	В	С	D	E	F	G	Н	ı	J	К	L
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" = Ca.sh or cash equivalent: "2" = In kind items and services: "3" = 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.
Resear	ch Related Information	n 				1					
DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
52	Pre-clinical Research Indicator	Indicator showing if payment or transfer of value is related to research, which is pre-		"Y" = Yes; "N" = No	Yes	1 Char	Validates that only character "Y" or "N" is	Yes	PRE_CLINICAL_RESEARCH_INDICATOR	No notes	No, only values given in Format Column E are
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 tomet 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_PA YMENT_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 beloy in Publication' status of	
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	''' = 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 in the fields below. Up to five (6) Principal Investigator (6) 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 "V." 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_RECII	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	≤ 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.

DE # 47	Data Element Name	D. C. W / D									
		Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
48	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.
	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.
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.
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_STR EET_ADDRESS_LINE_1	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
51		The second line of the primary business street address of the Principal investigator of the research study.		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)		PRINCIPAL1_INVESTIGATOR_BUSINESS_STR EET_ADDRESS_LINE_2	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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.
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.
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.
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	Must be exactly 2 char abbreviation of country * For US only, you can enter US or United	Yes	PRINCIPAL1_INVESTIGATOR_COUNTRY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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.
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.
58	Principal Investigator Physician Primary Type	Primary type of medicine practiced by the Principal Investigator.		"1" = Medical Doctor (MD): "2" = Doctor of Osteopathy (DO): "3" = Doctor of Dentistry (DDS): "4" = Doctor of Podiatric Medicine (DPM): "5" = Doctor of Optometry (DD): "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"	Yas	PRINCIPAL1_INVESTIGATOR_PHYSICIAN_PRI	No notes	No, only values given in Format Column E are allowed.
59		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.
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.
	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.		Maximum of 5 unique pairs of the state and license number: AA-909099999999999999999999999999999999	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 #	PRINCIPALI_INVESTIGATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_1 PRINCIPALI_INVESTIGATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_2 PRINCIPALI_INVESTIGATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_3 PRINCIPALI_INVESTIGATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_4 PRINCIPALI_INVESTIGATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_5	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
		ors: For DE# 62-125, when indicating multiple Prince as required in DE# 46-61.	cipal Investi	gators, include t	he First Name, Last Name, Business A	ddress, Phy	sician Primary Type, NPI((if applicable), Phy	sician Specialty, and Licens	e State and License Nur	mber for each
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	В	C	D	E	F	G	Н	I	J	К	L
, DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
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.
63 78	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.
64 79	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.
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.
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,	No, unless indicating multiple Principal Investigators	≤ 55 Char	Validated against data type, format, and field size (columns D, E, G)		PRINCIPAL2_INVESTIGATOR_BUSINESS_STR EET_ADDRESS_LINE_1		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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_STR EET_ADDRESS_LINE_2	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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.
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.
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.
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	Yes	PRINCIPAL2_INVESTIGATOR_COUNTRY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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.
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.
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_PRI MARY_TYPE	No notes	No, only values given in Format Column E are allowed.
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.
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)		PRINCIPAL2_INVESTIGATOR_SPECIALTY	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	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- 9999999999999999999999999999999999	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	AND No, for the License #	PRINCIPAL2_INVESTICATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_1 PRINCIPAL2_INVESTICATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_2 PRINCIPAL2_INVESTICATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_3 PRINCIPAL2_INVESTICATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_4 PRINCIPAL2_INVESTICATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_4	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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.
79 94	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.
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	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.
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_STR EET_ADDRESS_LINE_1	R No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

А	В	С	D	E	F	G	н	I	J	K	L
DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
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)		PRINCIPAL3_INVESTIGATOR_BUSINESS_STR EET_ADDRESS_LINE_2	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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.
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.
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.
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.
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.
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.
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 (DD); "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_PRI	No notes	No, only values given in Format Column E are allowed.
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.
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.
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- 9999999999999999999999999999999999	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	AND	PRINCIPAL3_INVESTIGATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_1 PRINCIPAL3_INVESTIGATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_2 PRINCIPAL3_INVESTIGATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_3 PRINCIPAL3_INVESTIGATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_4 PRINCIPAL3_INVESTIGATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_4	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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.
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.
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.
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.
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,	No, unless indicating multiple Principal Investigators	≤ 55 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPAL4_INVESTIGATOR_BUSINESS_STR EET_ADDRESS_LINE_1	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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.		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)		PRINCIPAL4_INVESTIGATOR_BUSINESS_STF EET_ADDRESS_LINE_2		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
100	Principal Investigator City	The primary business address city of the Principal investigator of the research study.		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.
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)		PRINCIPAL4_INVESTIGATOR_STATE	No notes	No, only values given in Format Column E are allowed.
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.

А	В	С	D	E	F	G	н	I	J	K	L
, DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
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.
104 119	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.
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.
106	Principal Investigator Physician Primary Type	Primary type of medicine practiced by the Principal Investigator.	Enumeration	-11" = Medical Doctor (MD): "2" = Doctor of Osteopathy (MD): "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)		PRINCIPAL4_INVESTIGATOR_PHYSICIAN_PRI MARY_TYPE	No notes	No., only values given in Format Column E are allowed.
107	Principal Investigator NPI	Individual NPI for Principal Investigator if the Principal Investigator is a Physician (no 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.
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.
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- 9999999999999999999999999999999999	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	AND No, for the License #	PRINCIPAL_INVESTIGATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_1 PRINCIPAL_INVESTIGATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_2 PRINCIPAL_INVESTIGATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_3 PRINCIPAL_INVESTIGATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_4 PRINCIPAL_INVESTIGATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_4	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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.
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.
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.
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 Periodic 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.
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)		PRINCIPAL5_INVESTIGATOR_BUSINESS_STF EET_ADDRESS_LINE_1		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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_STR EET_ADDRESS_LINE_2	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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.
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.
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.
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	Must be exactly 2 char abbreviation of country * For US only, you can enter US or United	Yes	PRINCIPALS_INVESTIGATOR_COUNTRY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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.
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.

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DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
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)		PRINCIPALS_INVESTIGATOR_PHYSICIAN_PRI MARY_TYPE	No notes	No, only values given in Format Column E are allowed.
123	Principal Investigator NPI	Individual NPI for Principal Investigator if the Principal Investigator is a Physician (no NPI of any group physician belonging to). Required. If the physician has an NPI.	t 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.
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			All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
125	Principal Investigator License State and License Number	Paired state and state license number of the Principal Investigator, who is a physicial covered recipient. May include up to 5 "Physician License State and License Number pairs.		Maximum of 5 unique pairs of the state and license number: AA- 9999999999999999999999999999999999	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	AND No, for the License #	PRINCIPALS, INVESTIGATOR, LICENSE_STAT E_AND_LICENSE_NUMBER_1 PRINCIPALS, INVESTIGATOR, LICENSE_STAT E_AND_LICENSE_NUMBER_2 PRINCIPALS, INVESTIGATOR, LICENSE_STAT E_AND_LICENSE_NUMBER_3 PRINCIPALS, INVESTIGATOR, LICENSE_STAT E_AND_LICENSE_NUMBER_3 PRINCIPALS, INVESTIGATOR, LICENSE_STAT E_AND_LICENSE_NUMBER_4 PRINCIPALS, INVESTIGATOR, LICENSE_STAT		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

A	В	C	D	E	F	G	Н	l ı	T J	K	L
DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
1	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_APP LICABLE_GPO_NAME	Published as "Submitting Applicable Manufacturer or Applicable GPO Name"	the "Allowed Special
		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 GPOs 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_APP LICABLE_GPO_ID	No notes	System generated value only.
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	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.
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
		formation (all sections from here to end of the table	contain	data elements	s that are reported once pe	er physiciar	ownership/in	vestment red	cord)		
	ian Demographic Data Element		Data	_				Publicly		Additional	Allowed Special
10 DE #	Name	Definition / Description	Type	Format	Required?		Validation Rules	Displayed	CSV Field Name	Notes	Characters
11	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 interest record about that	Yes	OWNERSHIP_INVESTMENT_PHYSICIAN _S_FIRST_NAME		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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	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.

	Α	В	С	D	E	F	G	Н	I	J	K	L
₂ DE	E #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
	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.
13	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_LIN E_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_LIN E_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.
	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.
18	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_PHYSICIANS_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_PHYSICIANPROVINCE	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		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.

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	DE #	Data Element	Definition / Description	Data	Format	Required?	Field Size	Validation Rules	Publicly	CSV Field Name	Additional	Allowed Special
2	19	Name Ownership/Investment Physician's Primary Type	Primary type of medicine practiced by the physician with the ownership or investment interest being reported.	Type Enumeration	"1" = Medical Doctor (MD);	Yes	1 Char	Allowed values limited to "1", "2", "3", "4", "5", or	Displayed Yes	OWNERSHIP_INVESTMENT_PHYSICIAN _S_PRIMARY_TYPE	No notes	Characters No, only values given in Format Column E are allowed.
					"2" = Doctor of Osteopathy (DO); "3" = Doctor of Dentistry (DDS); "4" = Doctor of Podiatric Medicine (DPM); "5" = Doctor of Optometry (OD); "6" = Chiropractor (DCP)			"6"				
24	20	Ownership/Investment Physician's NPI	Individual NPI for the Physician (not the NPI of any group the physician belongs to)	Text	Numeric digits only	Yes if Physician has an NPI	10 Char	Validated against data type, format, and field	No	OWNERSHIP_INVESTMENT_PHYSICIAN _S_OR_TEACHING_HOSPITAL_NPI	No notes	No, only numeric values are allowed.
25		ritysician's iver						size (columns D, E, G) Validated against CMS-		_S_OK_TEACHING_HOSPITAL_NET		anoweu.
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
	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- 9999999999999999999999999999999999	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_N UMBER_1 OWNERSHIP_INVESTMENT_PHYSICIAN _S_LICENSE_STATE_AND_LICENSE_N UMBER_2 OWNERSHIP_INVESTMENT_PHYSICIAN _S_LICENSE_STATE_AND_LICENSE_N UMBER_3 OWNERSHIP_INVESTMENT_PHYSICIAN _S_LICENSE_STATE_AND_LICENSE_N UMBER_4 OWNERSHIP_INVESTMENT_PHYSICIAN _S_LICENSE_STATE_AND_LICENSE_N UMBER_4 OWNERSHIP_INVESTMENT_PHYSICIAN		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
27	_									_S_LICENSE_STATE_AND_LICENSE_N		
28		rship/Investment Data Element		Data					Publicly		Additional	Allowed Special
29	DE #	Name	Definition / Description	Type	Format	Required?		Validation Rules	Displayed	CSV Field Name	Notes	Characters
30	23	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_APP LICABLE_GPO_REPORTING_OWNERSH IP_NAME		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_APP LICABLE_GPOREPORTING_OWNERSHI P_REGISTRATION_ID	Published as "Applicable_Manufacturer_or_Applicable_GPO_Mak ing_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

	А	В	С	D	E	F	G	Н	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		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.		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		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	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		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.		Currency (US dollars) 999999999999999999999999999999999999	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		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.		Currency (US dollars) 999999999999999999999999999999999999	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

ALLOWED SPI	ALLOWED SPECIAL CHARACTERS								
Special Character	Name								
+	Plus sign								
&	Ampersand								
1	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								
II .	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
		Updated and corrected
1.1	April/May 2014	throughout
		Updated and corrected
1.2	May/June 2014	throughout
		Updated and corrected
1.3	June 2014	throughout
1.4	October 2014	Physician Ownership: Updated "Terms of Interest" data element, "Publicly Displayed" field from 'No' to 'Yes'
1.7	October 2014	Updated per Program Year
1.5	February 2015	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 April 2016	Updated per Program Year 2016 changes. 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.
1.7	7,5111 2010	Updated per Program Year
2.0	August 2016	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

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2 DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	۲ Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
1		Textual proper name of either the Submitting Applicable Manufacturer or Submitting Applicable Group Purchasing Organization (GPO).	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_APPLI CABLE_GPO_NAME	Published as "Submitting Applicable Manufacturer or Applicable GPO Name"	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
		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 Manufacturers/Applicable GPO's name in this data field for all records in the submission file.					maturi the frame on the for associated registration to			дрикане ото маше	
		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.									
3 2	Applicable Manufacturer or	Open Payments system-generated identifier used to identify the Applicable Manufacturer or	Numeric	System generated	Yes	System generated :	Validated against data type, format, and field size (columns D, E, G)	No	APPLICABLE_MANUFACTURER_OR_APPLI	No notes	System generated value only.
	Applicable GPO Registration ID	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/Applicable GPO in this data field for all records in the submission file.				≤ 38 digits	Match the Registration ID on file		CABLE_GPO_ID		
4		If this submission fills 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.									
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	No, only values given in Format Column E are allowed.
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.
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	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	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 Subr	nission Record In	formation (all sections from here to the end of this to	able contain d	lata elements ti	nat are reported	d once per paym	nent/transfer of value)				
	oient Demograph										
10 DE #	Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
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.
11		A standardized list of covered Teaching Hospital names and information is provided on the CMS Open Payments website.									
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 mus 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.
8	Teaching Hospital Tax ID Number (TIN)	Tax Identification Number (TIN) of the Teaching Hospital receiving the payment or other transfer of value.	Numeric	99999999	Yes IF DE# 6 Covered Recipient Type = "2" (Teaching Hospital) IF DE# 6 Covered Recipient Type = "1" (Physician), this field mus 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.

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DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
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	Ves 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.
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	≤ 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.
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 D## 6 Covered Recipient Type = "1" (Physician) IF D## 6 Covered Recipient Type = "2" (Teaching Hospital), this field must be blank.	≤ 35 Char	Validated against data type, format, and fleld 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.
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., 111). 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	≤ 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.
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		RECIPIENT_PRIMARY_BUSINESS_STREE T_ADDRESS_LINE_1	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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_STREE T_ADDRESS_LINE_2	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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.
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.
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 fleld 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.
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 fleld size (columns D, E, G) Must be exactly 2 char abbreviation of country * For US only, you can enter US or United States		RECIPIENT_COUNTRY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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.

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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	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.
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)	No	RECIPIENT_EMAIL_ADDRESS	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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.
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_N PI	No notes	No, only numeric values are allowed.
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 Hospita), 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.
25	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- 99999999999999999999999999999999999	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	AND No, for the License #	PHYSICIAN_LICENSE_STATE_AND_LICEN SE_NUMBER_1 PHYSICIAN_LICENSE_STATE_AND_LICEN SE_NUMBER_2 PHYSICIAN_LICENSE_STATE_AND_LICEN SE_NUMBER_3 PHYSICIAN_LICENSE_STATE_AND_LICEN SE_NUMBER_4 PHYSICIAN_LICENSE_STATE_AND_LICEN	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
	Data Flomont	ice, Biological, or Medical Supply Information		_				Publicly			
32 DE	# Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
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"): NEI There covered on one-covered drugs, devices, biologicals or medical supplies ("None"): or BOTH covered and/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" 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.

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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	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 of 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_DRU G_OR_BIOLOGICAL_1 NAME_OF_ASSOCIATED_COVERED_DRU G_OR_BIOLOGICAL_2 NAME_OF_ASSOCIATED_COVERED_DRU G_OR_BIOLOGICAL_3 NAME_OF_ASSOCIATED_COVERED_DRU G_OR_BIOLOGICAL_3 NAME_OF_ASSOCIATED_COVERED_DRU G_OR_BIOLOGICAL_4 NAME_OF_ASSOCIATED_COVERED_DRU G_OR_BIOLOGICAL_5	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
28	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 names and associated covered drug or biological NDCs must be entered in one of the following formats: 9999-9999-99	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 MDCs 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 OR_BIOLOGICAL_5	No notes	Minus sign/hyphen (-)
29	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.	<u><</u> 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_DEVI CE_OR_MEDICAL_SUPPLY_1 NAME_OF_ASSOCIATED_COVERED_DEVI CE_OR_MEDICAL_SUPPLY_2 NAME_OF_ASSOCIATED_COVERED_DEVI CE_OR_MEDICAL_SUPPLY_3 NAME_OF_ASSOCIATED_COVERED_DEVI CE_OR_MEDICAL_SUPPLY_4 NAME_OF_ASSOCIATED_COVERED_DEVI CE_OR_MEDICAL_SUPPLY_5 CE_OR_MEDICAL_SUPPLY_5	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
	Data Flamont	ment) Information						Publicly			
38 DE #	Name Applicable Manufacturer or	Definition / Description Textual proper name of either the Applicable Manufacturer or Applicable GPO making the payment or other transfer of value being reported in this record.	Data Type Text	Format Free form text	Required? Yes	Field Size	Validation Rules 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).	Publicity <u>Displayed</u> Yes	CSV Field Name APPLICABLE_MANUFACTURER_OR_APPLICABLE_GPO_MAKING_PAYMENT_NAME	Additional Notes Published as "Making Payment Applicable Manufacturer or Applicable GPO Name"	Allowed Special Characters All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
31		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_APPLI CABLE_GPO_MAKING_PAYMENT_REGIST RATION_ID	Published as "Applicable_Manufacturer_or_A pplicable_GPO_Making_Paymen t_ID"	System generated value only.
31A 41	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.

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. DE	# Data Element	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly	CSV Field Name	Additional Notes	Allowed Special Characters
32	" Name 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	Displayed No	RESUBMITTED_PAYMENT_RECORD_ID	No notes	System generated value only.
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) 999999999999999999999999999999999999	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.
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 fleld 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.
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.
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.
37	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: "12" = Compensation for	Yes	≤ 2 Char	Limited to numeric characters 1 through 15	Yes	NATURE_OF_PAYMENT_OR_TRANSFER_O	No notes	No, only values given in Format Column E are allowed.
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.

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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	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.
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 Gene	eral Record Inform	mation	1					I		I	
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	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.
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	Yes	1 Char	Limited to numeric characters "1," "2," or "3"	Yes	THIRD_PARTY_PAYMENT_RECIPIENT_IN DICATOR	No notes	No, only values given in Format Column E are allowed.
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_RECEI VING_PAYMENT_OR_TRANSFER_OF_VAL UE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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.
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_RECI PIENT_INDICATOR	No notes	No, only values given in Format Column E are allowed.
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"	≤ 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.
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		

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ء ا	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
П		Applicable Manufacturer or Applicable GPO Name	Textual proper name of either the Submitting Applicable Manufacturer or Submitting Applicable Group Purchasing Organization (GPO).	Text	Free form text	Yes	≤ 100 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	APPLICABLE_MANUFACTURER_OR_APPLICAB LE_GPO_NAME	Published as "Submitting Applicable Manufacturer or Applicable GPO Name"	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
			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/Applicable GPO's name in this data field for all records in the submission file.					Match the name on file for associated Registration ID				
2			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 submithing 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.									
	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).	Numeric	System generated	Yes	System generated	Validated against data type, format, and field size (columns D, E, G)	No	APPLICABLE_MANUFACTURER_OR_APPLICAB LE_GPO_ID	No notes	System generated value only.
		o, o registration to	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 Manufacturers/Applicable GPO's Registration ID in this data field for all records in the submission file.				≤ 38 digits	Match the Registration ID on file		22.010.10		
4			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.									
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	No, only values given in Format Column E are allowed.
	4 F	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 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	No	RESUBMISSION_FILE_INDICATOR	No notes	No, only values given in Format Column E are allowed.
								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				
6	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.	replaced by Home	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	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
		sion Record Informat	ion (all sections from here to end of template con	tain data eler	ments that are	reported once p	er payment.	/transfer of value)				
	DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
10	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	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.
			A standardized list of covered teaching hospital names and information is provided on the CMS Open Payments website.		Teaching Hospital or "3" = Non-covered Recipient Entity							
11					or "4" = Non-covered Recipient Individual							
	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)	≤ 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
12						IF DE# 6 is any other value, this field must be blank.						

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DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
8	Covered Reciplent 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 D## 6 Covered Recipient Type = "2" (Covered Recipient Teaching Hospital) IF D## 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.
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	99999999	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.
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).		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_NA ME		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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.
12	Covered Recipient Physician Last Name	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_NA ME		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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.
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_LI NE_1	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

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DE #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
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	Yes	RECIPIENT_BUSINESS_STREET_ADDRESS_LI NE_2	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
20							IF DE# 6 Covered Recipient Type = "4" (Non-covered Recipient Individual), this				
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.
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.
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.
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.
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.
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.
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.
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	Piconer amail format enforced. 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.

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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		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_SPECIALT Y	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		Overed 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- 9999999999999999999999999999999999	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. MUMBER 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 3 COVERED RECIPIENT PHYSICIAN LICENSE STATE. AND LICENSE NUMBER 4 COVERED RECIPIENT PHYSICIAN LICENSE COVERED RECIPIENT PHYSICIAN LICENSE	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
32	Associa	ted Drug, Device, Biol	ogical, 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			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 ("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 ND 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 "Covered" 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		Biological	If the payment or other transfer of value is associated with at least one (1) covered drug or biological that has a marketed name, report the marketed name (or names up to 5) of only the <u>covered drugs</u> 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" = "Cowered" 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_O R_BIOLOGICAL_1 NAME_OF_ASSOCIATED_COVERED_DRUG_O R_BIOLOGICAL_2 NAME_OF_ASSOCIATED_COVERED_DRUG_O R_BIOLOGICAL_3 NAME_OF_ASSOCIATED_COVERED_DRUG_O R_BIOLOGICAL_4 NAME_OF_ASSOCIATED_COVERED_DRUG_O R_BIOLOGICAL_4 NAME_OF_ASSOCIATED_COVERED_DRUG_O R_BIOLOGICAL_5	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

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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
26	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 29 are for a group of 29 are for a group of 29 are for	No	12 Char (including dashes)	Validated against format and field size (columns E and 6) 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	Transfe	er of Value (Research I	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		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_APPLICAB LE_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 Amaufacturer or Applicable GPO Registration ID).	Yes	APPLICABLE_MANUFACTURER_OR_APPLICAB LE_GPO_MAKING_PAYMENT_REGISTRATION ID	Published as Published as "Applicable_Manufacturer_or_Applicable _GPO_Making_Payment_ID*	System generated value only.
	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.
42	33	,	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.

П	Α	В	С	D	E	F	G	Н	I	J	K	L
	DE#	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
2		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) 999999999999999999999999999999999999	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.
44	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_VAL UE	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) 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 F	Researc	ch Related Informatio	n									
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	Yes	PRE_CLINICAL_RESEARCH_INDICATOR	No notes	No, only values given in Format Column E are allowed
51		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 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_PA YMENT_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	<u>ClinicalTrials.Gov</u> 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.

А	В	C	D	E	F	G	Н		J	K	L
DE #		Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
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" = Yos: "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 (6) Principal Investigator covered recipient physicians can be entered. The principal investigator covered recipient physician cannot be entered as a 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 "Q". If there is not a covered recipient principal investigator, set this field to "N" and do not enter any information in the Principal Investigator, set set below If the covered recipient physician receiving the payment is also the only Principal Investigator. N". You do not "N" You do not	No	PRINCIPAL_INVESTIGATOR_COVERED_RECI	No notes	No, only values given in Format Column E are allowed.
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"	≤ 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.
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.
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.
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.
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_STR EET_ADDRESS_LINE_1	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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	PRINCIPALT_INVESTIGATOR_BUSINESS_STR EET_ADDRESS_LINE_2	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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.
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" = "V" 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	PRINCIPALI_INVESTIGATOR_STATE	No notes	No, only values given in Format Column E are allowed.
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" = "\" 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.
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.

Α	В	C	D	E	F	G	Н	1	J	К	L
DE#	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
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.
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.
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_PR IMARY_TYPE	No notes	No, only values given in Format Column E are allowed.
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.
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.
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- 9999999999999999999999999999999999	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 #	PRINCIPALI_INVESTIGATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_1 PRINCIPALI_INVESTIGATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_2 PRINCIPALI_INVESTIGATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_3 PRINCIPALI_INVESTIGATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_4 PRINCIPALI_INVESTIGATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_5 E_AND_LICENSE_NUMBER_5	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
		vestigator added as required in DE# 44-59.	ncipal Invest	tigators, include	e the First Name, I	Last Name,	Business Address, Physici	ian Primary Type, N	IPI (if applicable), Physicia	n Specialty, and License	e State and License
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	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.
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.
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.
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.
64	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.		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_STR EET_ADDRESS_LINE_1		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
	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_STR EET_ADDRESS_LINE_2	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

≤ 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.

No, unless indicating multiple Principal Investigators

Free form text

Principal Investigator City

The primary business address city of the Principal investigator of the research study.

	Α	В	С	D	E	F	G	Н	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	Valldated 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 (DD): "3" = Boctor 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_PR IMARY_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- 9999999999999999999999999999999999	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_STAT E_AND_LICENSE_NUMBER_1 PRINCIPAL2_INVESTIGATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_2 PRINCIPAL2_INVESTIGATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_3 PRINCIPAL2_INVESTIGATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_3 PRINCIPAL2_INVESTIGATOR_LICENSE_STAT E_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.
92	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.
04	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		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	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_STR EET_ADDRESS_LINE_1		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_STR EET_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.

,	Α	В	С	D	E	F	G	Н		J	K	L
, DE	E #	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
98	33 F	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	34 F	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 F	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	36 F	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.
8	37 F	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.
8		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_PR IMARY_TYPE	No notes	No, only values given in Format Column E are allowed.
104	89 F	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	PO F	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.
9		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- 9999999999999999999999999999999999	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_STAT E_AND_LICENSE_NUMBER_1 PRINCIPAL3_INVESTIGATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_2 PRINCIPAL3_INVESTIGATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_3 PRINCIPAL3_INVESTIGATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_4 PRINCIPAL3_INVESTIGATOR_LICENSE_STAT E_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 F	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 F	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.
9	94 F	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.
9	95 F	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.
9		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_STR EET_ADDRESS_LINE_1		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
9		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_STR EET_ADDRESS_LINE_2	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
9	98 F	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.

	Α	В	С	D	E	F	G	Н	I	J	К	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_PR IMARY_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		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- 9999999999999999999999999999999999	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_STAT E_AND_LICENSE_NUMBER_1 E_AND_LICENSE_NUMBER_2 E_AND_LICENSE_NUMBER_2 PRINCIPAL4_INVESTIGATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_3 PRINCIPAL4_INVESTIGATOR_LICENSE_STAT E_AND_LICENSE_NUMBER_4 E_AND_LICENSE_NUMBER_4 E_AND_LICENSE_NUMBER_4 E_AND_LICENSE_NUMBER_4	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_STR EET_ADDRESS_LINE_1	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
128		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 fleld size (columns D, E, G)	Yes	PRINCIPAL5_INVESTIGATOR_BUSINESS_STR EET_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.
120	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.

	Α	В	c	D	E	F	G	Н	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		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		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	PRINCIPAL5_INVESTIGATOR_COUNTRY	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
133	118		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		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 (DD); "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_PR IMARY_TYPE	No notes	No, only values given in Format Column E are allowed.
136	121		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		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	Valldated against data type, format, and field size (columns D, E, G)	Yes	PRINCIPALS_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		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- 9999999999999999999999999999999999	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 #	PRINCIPALS, INVESTIGATOR, LICENSE_STAT E_AND_LICENSE_NUMBER_1 PRINCIPALS, INVESTIGATOR, LICENSE_STAT E_AND_LICENSE_STAT E_AND_LICENSE_SHAMER_2 PRINCIPALS, INVESTIGATOR, LICENSE_STAT E_AND_LICENSE_STAT E_AND_LICENSE_SHAMER_3 PRINCIPALS, INVESTIGATOR, LICENSE_STAT E_AND_LICENSE_STAT E_AND_LICENSE_SHAMER_4 PRINCIPALS_INVESTIGATOR_LICENSE_STAT	No notes	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.

А	В	С	D	E	F	G	Н	ı	J	К	L
DE#	Data Element Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly Displayed	CSV Field Name	Additional Notes	Allowed Special Characters
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/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 that made the payment for each record is entered in 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_APP LICABLE_GPO_NAME	Published as "Submitting Applicable Manufacturer or Applicable GPO Name"	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
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/Stapplicable GPO, enter that Applicable 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_APP LICABLE_GPO_ID	No notes	System generated value only.
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.
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		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.	Payments and is replaced by Home System Payment ID data element 24A.	by Open Payments and is replaced by Home System Payment ID data element 24A.	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
		ormation (all sections from here to end of the table co	ntain data	elements that	t are repor	ted once p	er physician ow	nership/inve	stment record)		
	ian Demographi Data Element							Publicly	2011-11-11	l	Allowed Special
DE #	Name	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Displayed	CSV Field Name	Additional Notes	Characters

	Α	В	С	D	E	F	G	Н	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 (NRDES).	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-	Yes	OWNERSHIP_INVESTMENT_PHYSICIAN _S_LAST_NAME		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_LIN E_1		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_LIN E_2		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/Inves tment 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.

	Α	В	С	D	E	F	G	Н	I	J	K	L
	DE #	Data Element	Definition / Description	Data Type	Format	Required?	Field Size	Validation Rules	Publicly	CSV Field Name	Additional Notes	Allowed Special
2	14	Name 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/Inves tment 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	Displayed Yes	OWNERSHIP_INVESTMENT_PHYSICIAN _S_ZIP_CODE		Characters 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
	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/Inves tment 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.
22	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 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.
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-	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

	Α	В	С	D	E	F	G	Н	1	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- 9999999999999999999999999999999999	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 No	OWNERSHIP_INVESTMENT_PHYSICIAN _S_LICENSE_STATE_AND_LICENSE_NU MBER_1 OWNERSHIP_INVESTMENT_PHYSICIAN _S_LICENSE_STATE_AND_LICENSE_NU MBER_2 OWNERSHIP_INVESTMENT_PHYSICIAN _S_LICENSE_STATE_AND_LICENSE_NU MBER_3 OWNERSHIP_INVESTMENT_PHYSICIAN _S_LICENSE_STATE_AND_LICENSE_NU MBER_4 OWNERSHIP_INVESTMENT_PHYSICIAN _S_LICENSE_STATE_AND_LICENSE_NU _S_LICENSE_STATE_AND_LICENSE_NU		All special characters listed in the "Allowed Special Characters" tab of this spreadsheet.
28	Owner	rship/Investment	Information			1	1					•
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	24	Applicable Manufacturer or Applicable GPO Reporting Ownership Name Applicable Manufacturer or Applicable Manufacturer or Applicable GPO Reporting Ownership Registration ID	Textual proper name of either the Applicable Manufacturer or Applicable GPO reporting the ownership or investment interest being reported in this record. Open Payments system-generated identifier for this Applicable Manufacturer or Applicable GPO issued during the registration process.	Numeric	Free form text System generated	Yes	≤ 100 Char System generated: ≤ 38 digits	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 GPO Name). 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 Displayed for Displayed for this data element must be the same as the value be the same as the value be the same as the value provided for this data element must be the same as the value	Yes	APPLICABLE_MANUFACTURER_OR_APPLICABLE_GPO_REPORTING_OWNERSHIP_NAME APPLICABLE_MANUFACTURER_OR_APPLICABLE_GPOREPORTING_OWNERSHIP_REGISTRATION_ID	Published as "Applicable_Manufacturer _or_Applicable_GPO_Maki ng_Payment_ID"	All special characters listed in the "Allowed Special Characters" tab of this spreadsheet. System generated value only.
31	24A	Home System Payment ID	The identifier associated with the payment transaction in the Applicable Manufacturer or	Text	Text	No	≤ 50 Char	provided for DE# 2 (Applicable Manufacturer or Applicable GPO Registration ID). Validated against data	No	HOME_SYSTEM_PAYMENT_ID	No notes	All special characters listed in
32			Applicable GPO home system					type, format, and field size (columns D, E, G)				the "Allowed Special Characters" tab of this
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	Yes	1 Char	Validated against data type, format, and field size (columns D, E, G)	Yes	INTEREST_HELD_BY_PHYSICIAN_OR_A N_IMMEDIATE_FAMILY_MEMBER	No notes	No, only values given in Format Column E are allowed.

	Α	В	С	D	E	F	G	Н	1	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		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.	Fixed point	Currency (US dollars) 999999999999999999999999999999999999	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, only values given in Format Column E are allowed.
35	28	Value of Interest	Convert values to US dollar currency if necessary. 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) 999999999999999	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, 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		All special characters listed in the "Allowed Special Characters" tab of this

ALLOWED SPECIAL CHARACTERS							
Special Character	Name						
+	Plus sign						
&	Ampersand						
1	Apostrophe						
*	Asterisk						
@	At sign						
\	Backslash						
٨	Caret						
:	Colon						
,	Comma						
\$	Dollar sign						
Space	Space character						
=	Equal						
ļ	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						
п	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
		Updated and corrected
1.1	April/May 2014	throughout
		Updated and corrected
1.2	May/June 2014	throughout
		Updated and corrected
1.3	June 2014	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.
		Updated descriptions for DE 43: Principal Investigator Covered Recipient Physician Indicator and DE 6: Covered Recipient Type in the Research payment
1.6	March 2015	spreadsheet
		Updated per Program Year
1.7	November 2015	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
October 2014 Version
January 2015 version
March 2015 version
Navarahan 2015 yarakara
November 2015 version