

Research Payment Template

Row #	Data Element Name	Definition / Description	Values	Required?	Data Element Size	Publicly Displayed
Submission File Information (this section contains data elements which are reported once per submission file)						
1	Applicable Manufacturer or Applicable GPO Name Submitting File	Textual proper name of either the Submitting Applicable Manufacturer (AM) or Submitting Applicable GPO (GPO) . If this file contains a single AM/GPO's set of payment(s) and/or transfer(s) of value records, this AM/GPO name will be used for all records in the file. If this file contains a Consolidated Report, this AM/GPO Name will be used as the Consolidated Reporter and the AM/GPO Names and NPPTP IDs of the sub-companies making the payments/transfers of value will be recorded with every payment or transfer of value record in the file.	Text	Yes	100 Char	Yes
2	Applicable Manufacturer or Applicable GPO Registration ID Submitting File	NPPTP generated alphanumeric identifier used to identify the Applicable Manufacturer or GPO (populated only with CMS provided identifier). If this file contains a single AM/GPO's set of payment/transfer of value records, this AM/GPO ID will be used for all records in the file. If this file contains a Consolidated Report, this AM/GPO ID will be used as the Consolidated Reporter and the AM/GPO Names and NPPTP IDs of the sub-companies making the payments/transfers of value will be recorded with every payment/transfer of value record in the file.	Generated alphanumeric	Yes	10 Char	No
3	Consolidated Report Indicator	Indicator showing if this submission file constitutes a Consolidated Report.	"Y" = Yes; "N" = No	Yes	1 Char	No
4	Resubmission File Indicator	Indicator showing if this submission file contains payment(s) and/or transfer(s) of value that are amended or corrected versions of previously submitted records.	"Y" = Yes; "N" = No	Yes	1 Char	No
5	Original File Submission ID	Generated alphanumeric identifier used to identify the original file submission. This data will be reported to the submitter after a successful submission and should only be reported back in a resubmission for file identification purposes.	Alphanumeric	Yes IF Line 4 Resubmission File Indicator = "Y"	15 Char	No
Submission Record Information (all sections from here to end of template contain data elements that are reported once per payment/transfer of value)						
Recipient Demographic Information						
6	Recipient Type	Indicator showing if recipient of the payment or transfer of value is a physician covered recipient, teaching hospital, or non-covered recipient (institutional or non-institutional). Standardized list of covered Teaching Hospital names and information will be provided.	Numeric "01" = Physician Covered Recipient or "02" = Teaching Hospital Covered Recipient or "03" = Institutional Non-covered Recipient or "04" = Individual Non-covered Recipient	Yes	2 Char	Yes
7	Teaching Hospital or Institutional Non-covered Recipient Name	Proper name of Teaching Hospital or Institutional Non-covered recipient receiving the payment or transfer of value. Standardized list of covered Teaching Hospital names and information will be provided. Institutional Non-Covered Recipient names shall be entered in by the reporting entity.	Text of Standardized Selection from approved list of Teaching Hospitals	Yes IF Line 6 Recipient Type = "02" Teaching Hospital Covered Recipient or "03" Institutional Non-covered Recipient	100 Char	Yes

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8	Teaching Hospital or Institutional Non-covered Recipient Tax ID Number (TIN)	Tax Identification Number of Teaching Hospital or Institutional Non-covered Recipient receiving the payment or transfer of value. Standardized list of covered Teaching Hospital names and information will be provided. Institutional Non-Covered Recipient names shall be entered in by the reporting entity.	Numeric EIN format XX-XXXXXXX	Yes IF Line 6 Recipient Type = "02" Teaching Hospital Covered Recipient or Line 6 Recipient Type = "03" Institutional Non-	10 Char	No
9	Recipient First Name	Textual first name of the physician (covered recipient) receiving the payment or transfer of value.	Text	Yes IF Line 6 Recipient Type = "01" Physician Covered Recipient or "04" Individual Non-	15 Char	Yes IF Line 6 Recipient Type = "01" Physician Covered Recipient
10	Recipient Middle Name	Textual middle initial or middle name of the physician (covered recipient) receiving the payment or transfer of value.	Text	No	15 Char	Yes IF Line 6 Recipient Type = "01" Physician Covered Recipient
11	Recipient Last Name	Textual last name of the physician (covered recipient) receiving the payment or transfer of value.	Text	Yes IF Line 6 Recipient Type = "01" Physician Covered Recipient or "04" Individual Non-Covered Recipient	20 Char	Yes IF Line 6 Recipient Type = "01" Physician Covered Recipient
12	Recipient Name Suffix	Suffix of the physician (covered recipient) receiving the payment or transfer of value chosen from a constrained list of values	Jr. Sr. III etc.	No	3 Char	Yes IF Line 6 Recipient Type = "01" Physician Covered Recipient

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Row #	Data Element Name	Definition / Description	Values	Required?	Data Element Size	Publicly Displayed
13	Recipient Business Street Address Line 1	The first line of the business street address of the physician or teaching hospital or non-covered recipient receiving the payment or transfer of value.	Two line address format; First line contains building number, street name, street identifier	Yes	30 Char	Yes IF Line 6 Recipient Type = "01" Physician Covered Recipient or "02" Teaching Hospital Covered Recipient or "03" Institutional Non-Covered Recipient
14	Recipient Business Street Address Line 2	The second line of the business street address of the physician or teaching hospital or non-covered recipient receiving the payment or transfer of value.	Two line address format; Second line contains suite number, apartment number, post office box number or other qualifying information	Yes IF Address has qualifying information	30 Char	Yes IF Line 6 Recipient Type = "01" Physician Covered Recipient or "02" Teaching Hospital Covered Recipient or "03" Institutional Non-Covered Recipient
15	Recipient City	The business address city of the physician or teaching hospital or non-covered recipient receiving the payment or transfer of value.	Text	Yes	20 Char	Yes IF Line 6 Recipient Type = "01" Physician Covered Recipient or "02" Teaching Hospital Covered Recipient or "03" Institutional Non-Covered Recipient

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Row #	Data Element Name	Definition / Description	Values	Required?	Data Element Size	Publicly Displayed
16	Recipient Country	The business address country name of the physician or teaching hospital or non-covered recipient receiving the payment or transfer of value.	Text	Yes	20 Char	Yes IF Line 6 Recipient Type = "01" Physician Covered Recipient or "02" Teaching Hospital Covered Recipient or "03" Institutional Non-Covered Recipient
17	Recipient Zip Code	The business address location 5 digit zip code of the physician or teaching hospital or non-covered recipient receiving the payment or transfer of value if the primary practice address is in the United States.	5 digit numeric zip code	Yes IF Line 16 Recipient Country is the United States	5 Char	Yes IF Line 6 Recipient Type = "01" Physician Covered Recipient or "02" Teaching Hospital Covered Recipient or "03" Institutional Non-Covered Recipient
18	Recipient State	The business address state or territory abbreviation of the physician or teaching hospital or non-covered recipient receiving the payment or transfer of value if the primary practice address is in the United States.	2 character U.S. state or territory alpha abbreviation	Yes IF Line 16 Recipient Country is the United States	2 Char	Yes IF Line 6 Recipient Type = "01" Physician Covered Recipient or "02" Teaching Hospital Covered Recipient or "03" Institutional Non-Covered Recipient

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Row #	Data Element Name	Definition / Description	Values	Required?	Data Element Size	Publicly Displayed
19	Recipient Province	The business address province name of the physician or teaching hospital or non-covered recipient receiving the payment or transfer of value if the primary practice address is outside the United States.	Text	Yes IF Line 16 Recipient Country is outside the United States	20 Char	Yes IF Line 6 Recipient Type = "01" Physician Covered Recipient or "02" Teaching Hospital Covered Recipient or "03" Institutional Non-Covered Recipient
20	Recipient Postal Code	The business address location international postal code of the physician or teaching hospital or non-covered recipient receiving the payment or transfer of value if the primary practice address is outside the United States.	Text from Standardized Selection	Yes IF Line 16 Recipient Country is outside the United States	12 Char	Yes IF Line 6 Recipient Type = "01" Physician Covered Recipient or "02" Teaching Hospital Covered Recipient or "03" Institutional Non-Covered Recipient
21	Recipient Email Address	The primary email address for this payment recipient to be used for communication purposes.	Email Address	No	60 Char	No
22	Recipient/Physician Primary Type	Primary type of medicine practiced by the covered recipient if the recipient type = "Physician".	Numeric "01" = Medical Doctor (MD); "02" = Doctor of Osteopathy (DO); "03" = Doctor of Dentistry (DDS); "04" = Doctor of Podiatric Medicine (DPM); "05" = Doctor of Optometry (OD); "06" = Chiropractor (DCP)	Yes IF Line 6 Recipient Type = "01" Physician Covered Recipient	2 Char	Yes

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Row #	Data Element Name	Definition / Description	Values	Required?	Data Element Size	Publicly Displayed
23	Recipient/Physician or Teaching Hospital NPI	Individual NPI for Physician (not NPI of any group physician belonging to).	10 digit Numeric	Yes IF Line 6 Recipient Type = "01" Physician Covered Recipient or "02" Teaching Hospital and NPI is assigned for this Recipient	10 Char	No
24	Recipient/Physician Specialty	Physician's single specialty chosen from "provider taxonomy" list from NPPES.	NPPES "provider taxonomy" list	Yes IF Line 6 Recipient Type = "01" Physician Covered Recipient	2 Char	Yes
25	Recipient/Physician License Number	Official state license number of the covered physician (data is paired with the Physician License State). The first license number and license state data pair is required conditionally if the recipient type is a physician. If a physician is licensed in multiple states, other state license number and license state data pairs can be included optionally but if the license number is provided, a license state must also be provided.	Alphanumeric	Yes IF Line 6 Recipient Type = "01" Physician Covered Recipient	10 Char	No
26	Recipient/Physician License State	The state abbreviation of the state in which the covered physician is licensed (data is paired with the Physician License Number).	2 character alpha abbreviation	Yes IF Line 6 Recipient Type = "01" Physician Covered Recipient	2 Char	Yes
27	Name of Associated Drug, Device, Biological, or Medical Supply	If the payment or other transfer of value is associated with a covered product, report the name of the specific product; otherwise report either "non-covered" if the product which the payment is related is not a CMS covered product or "none" if there is no relationship to a product. This field is required for the first drug, device, biological or medical supply associated with this payment or is required to be "None" or "Non-covered product". Optionally, additional associated drugs, devices, biological or medical supplies that are associated with this payment can be provided.	Text of Standardized Selection based on validated industry lists (drug names, common device names, etc.); "None"; "Non-covered product"	Yes	100 Char	Yes
28	NDC of Associated Drug, Device, Biological, or Medical Supply	The National Drug Code of the drug associated with the payment reported in this record to the covered recipient, if applicable.	Alphanumeric	No	12 Char	Yes
29	Therapeutic Area or Product Category	The therapeutic area or product category of the primary device or medical supply associated with this payment, if applicable.	Text from Standardized Selection	No	2 Char	Yes
30	Principle Investigator Physician Indicator	Indicator showing if the physician receiving the payment or transfer of value being reported is the Principle investigator of the research study. If the physician receiving the payment or transfer of value is the Principle investigator, all Principle investigator fields are optional.	"Y" = Yes; "N" = No	Yes IF Line 6 Recipient Type = "04" Individual Non-Covered Recipient	1 Char	Yes
31	Principle Investigator First Name	Textual first name of the Principle investigator of the research study.	Text	Yes IF Line 6 Recipient Type = "04" Individual Non-Covered Recipient	15 Char	Yes

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Row #	Data Element Name	Definition / Description	Values	Required?	Data Element Size	Publicly Displayed
32	Principle Investigator Middle Name	Textual middle initial or middle name of the Principle investigator of the research study.	Text	No	15 Char	Yes
33	Principle Investigator Last Name	Textual last name of the Principle investigator of the research study.	Text	Yes IF Line 6 Recipient Type = "04" Individual Non-Covered Recipient	20 Char	Yes
34	Principle Investigator Name Suffix	Suffix of the Principle investigator of the research study.	Jr. Sr. III etc.	No	3 Char	Yes
35	Principle Investigator Business Street Address Line 1	The first line of the business street address of the Principle investigator of the research study.	Two line address format; First line contains building number, street name, street identifier	Yes IF Line 6 Recipient Type = "04" Individual Non-Covered Recipient	30 Char	Yes
36	Principle Investigator Business Street Address Line 2	The second line of the business street address of the Principle investigator of the research study.	Two line address format; Second line contains suite number, apartment number, post office box number or other qualifying information	Yes IF Address has qualifying information	30 Char	Yes
37	Principle Investigator City	The business address city of the Principle investigator of the research study.	Text	Yes IF Line 6 Recipient Type = "01" Physician Covered Recipient or Line 6 Recipient Type = "04" Individual Non-Covered Recipient	20 Char	Yes
38	Principle Investigator Country	The business address country name of the Principle investigator of the research study.	Text from Standardized Selection	Yes IF Recipient Type = "Physician Covered Recipient" and Principle Investigator Physician Indicator = "N"	20 Char	Yes

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Row #	Data Element Name	Definition / Description	Values	Required?	Data Element Size	Publicly Displayed
39	Principle Investigator Zip Code	The business address location 5 digit zip code of the Principle investigator of the research study if the primary practice address is in the United States.	5 digit numeric zip code	<p>Yes IF</p> <p>Line 6 Recipient Type = "01" Physician Covered Recipient and</p> <p>Line 32 Principle Investigator Physician Indicator = "N"</p> <p>and</p> <p>Line 40 Principle Investigator Country is the United States</p>	5 Char	Yes
40	Principle Investigator State	The business address state or territory abbreviation of the Principle investigator of the research study if the primary practice address is in the United States.	2 character U.S. state or territory alpha abbreviation	<p>Yes IF</p> <p>Line 6 Recipient Type = "01" Physician Covered Recipient</p> <p>or</p> <p>Line 6 Recipient Type = "04" Individual Non-Covered Recipient</p> <p>and</p> <p>Line 40 Principle Investigator Country is the United</p>	2 Char	Yes

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Row #	Data Element Name	Definition / Description	Values	Required?	Data Element Size	Publicly Displayed
41	Principle Investigator Province	The business address province name of the Principle investigator of the research study if the primary practice address is outside the United States.	Text from Standardized Selection	Yes IF Line 6 Recipient Type = "01" Physician Covered Recipient and Line 32 Principle Investigator Physician Indicator = "N" and Line 40 Principle Investigator Country is outside the United States	20 Char	Yes
42	Principle Investigator Postal Code	The primary practice location international postal code of the Principle investigator of the research study if the primary practice address is outside the United States.	Text	Yes IF Line 6 Recipient Type = "01" Physician Covered Recipient and Line 32 Principle Investigator Physician Indicator = "N" and Line 40 Principle Investigator Country is outside the United States	12 Char	Yes

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Row #	Data Element Name	Definition / Description	Values	Required?	Data Element Size	Publicly Displayed
43	Principle Investigator NPI	Individual NPI for Principle Investigator.	10 digit Numeric	Yes IF Line 6 Recipient Type = "01" Physician Covered Recipient and Line 32 Principle Investigator Physician Indicator = "N" and if NPI assigned for this Covered Recipient	10 Char	No
44	Principle Investigator Physician Primary Type	Primary type of medicine practiced by the Principle Investigator.	Numeric "01" = Medical Doctor (MD); "02" = Doctor of Osteopathy (DO); "03" = Doctor of Dentistry (DDS); "04" = Doctor of Podiatric Medicine (DPM); "05" = Doctor of Optometry (OD); "06" = Chiropractor (DCP) "07" = Not a Physician	Yes IF Line 6 Recipient Type = "01" Physician Covered Recipient and Line 32 Principle Investigator Physician Indicator = "N"	2 Char	Yes
45	Principle Investigator Specialty	Principle Investigator's single specialty chosen from "provider taxonomy" list from NPPES.	NPPES "provider taxonomy" list; If possible, auto-populate based on license data	Yes IF Line 32 Principle Investigator Physician Indicator = "Y"	2 Char	Yes
46	Principle Investigator License Number	Official state license number of the Principle investigator (data is paired with the Principle Investigator License State). The first license number and license state data pair is required conditionally if the Principle investigator type is "MD" or "DO" or "DDS" or "DPM" or "OD" or "DCP". If a Principle investigator is licensed in multiple states, other state license number and license state data pairs can be included optionally but if the license number is provided, a license state must also be provided.	Alphanumeric	Yes IF Line 32 Principle Investigator Physician Indicator = "Y"	10 Char	No
47	Principle Investigator License State	The state abbreviation of the state in which the Principle investigator is licensed (data is paired with the Principle Investigator License Number).	2 character alpha abbreviation	Yes IF Line 48 Principle Investigator License Number is provided	2 Char	Yes
Payment Information						

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Row #	Data Element Name	Definition / Description	Values	Required?	Data Element Size	Publicly Displayed
48	Applicable Manufacturer or Applicable GPO Name Making Payment	Textual proper name of either the Applicable Manufacturer or Applicable GPO making the payment or transfer of value being reported in this record. If this file contains a single AM/GPO's set of payment(s) and/or transfer(s) of value records, this data element will be blank since it was reported in data element #1.	Text	Yes IF Line 3 Consolidated Report Indicator = "Y"	100 Char	Yes
49	Applicable Manufacturer or Applicable GPO Registration ID Making Payment	CMS issued generated alphanumeric identifier for this Applicable Manufacturer or GPO issued during the registration process.	Generated Alphanumeric	Yes	10 Char	No
50	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 CMS NPPTP System.	Generated Alphanumeric or Deliberately Blank	Yes IF Line 4 Resubmission File Indicator = "Y" and Record is not being submitted as an omission from the original	6 Char	No
51	Total Amount of Research Payment (U.S. Dollars)	U.S. Dollar amount of payment to recipient (manufacturer must convert to dollar currency if necessary).	Monetary amount (USD) in #####.## format	Yes	12 Char	Yes
52	Date of Payment	The calendar date on which the payment or transfer of value was made by the Applicable Manufacturer or GPO. 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 with format YYYYMMDD	Yes	8 Char	Yes
53	Multiyear Payment Structure Indicator	Is this payment or transfer of value part of a multiyear payment structure?	"Y" = Yes; "N" = No	Yes	1 Char	Yes
54	Total Number of Years for this Research Payment	The total number of years of the period of performance for this payment or transfer of value associated with the multiyear payment structure.	Numeric	Yes IF Line 55 Multiyear Payment Structure Indicator = "Y"	2 Char	Yes
55	Total Number of Years for this Research Project	The total number of years of the period of performance for this research project associated with the multiyear payment structure.	Numeric	Yes IF Line 55 Multiyear Payment Structure Indicator = "Y"	2 Char	Yes
56	Total Research Budget of this Project	U.S. Dollar amount of the total research budget for this project if the payment being reported is part of a multiyear payment (convert to USD if necessary).	Monetary amount (USD) in #####.## format	Yes IF Line 55 Multiyear Payment Structure Indicator = "Y"	10 Char	Yes
General Record Information						
57	Pre-clinical Research Indicator	Indicator showing if payment or transfer of value is related to research which is pre-clinical.	"Y" = Yes; "N" = No	Yes	1 Char	Yes

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Row #	Data Element Name	Definition / Description	Values	Required?	Data Element Size	Publicly Displayed
58	Name of Study	The textual name of the study for which the Covered Recipient is receiving this payment or transfer of value.	Text	Yes IF Line 59 Pre-clinical Research Indicator = "N"	100 Char	Yes
59	Context of Research	Textual description of research context or research objectives.	500 character alpha	Yes	500 Char	Yes
60	ClinicalTrials.Gov Identifier	Identifier assigned if research study is registered on clinicaltrials.gov.	11 character alphanumeric, first 3 characters alpha	No	11 Char	Yes
61	Delay in Publication Reason	Legitimate reason determination of whether CMS has granted a delay in publication of the record of this payment or transfer of value according to requirements of the rule. If the payment can be published immediately, report "None".	"01" = New Product; "02" = Research on New Medical Technology; "03" = Clinical Investigation; "04" = None	Yes	2 Char	Yes
62	Lift Delay in Publication Indicator	Determination of whether CMS should lift a delay in publication of the record of this payment or transfer of value according to requirements of the rule at the time of next publication. This can be reported by the Applicable Manufacturer or GPO or can be changed to "Yes" as a result of the release of a drug by the FDA or the expiration of the 4 year maximum time allotment for delays in publication.	"Y" = Yes; "N" = No	Yes IF Line 63 Delay in Publication Reason = "04"	1 Char	No
63	Research Information Link	Optional link to information relevant to the research study for which this payment or transfer of value is being reported (there can be a maximum of five links reported).	Web URL	No	2083 Char	Yes
64	Expenditure Category	Contextual category for this research payment or transfer of value chosen from an enumerated list to be provided later. There can be multiple contextual categories for this research reported; however, for every Expenditure Category reported, an Expenditure Category percentage must also be reported.	"01" = Professional Salary Support; "02" = Medical Research Writing or Publication; "03" = Patient Care; "04" = Non-patient Care; "05" = Overhead; "06" = Other	No	2 Char	Yes
65	Expenditure Category Percentage	The percentage of the payment or transfer of value expended on this Expenditure Category (data is paired with Expenditure Category).	Percentage formatted	No	3 Char	Yes
66	Physician Ownership Indicator	If Recipient type is "Physician Covered Recipient", does the physician hold ownership or investment interest in the applicable manufacturer? This indicator is limited to physician's ownership, not physician's family members' ownership.	"Y" = Yes; "N" = No	Yes IF Line 6 Recipient Type = "01" Physician Covered Recipient	1 Char	Yes