National Plan and Provider Enumeration System (NPPES)

Data Dissemination – Readme

Prepared For

Centers for Medicare and Medicaid Services
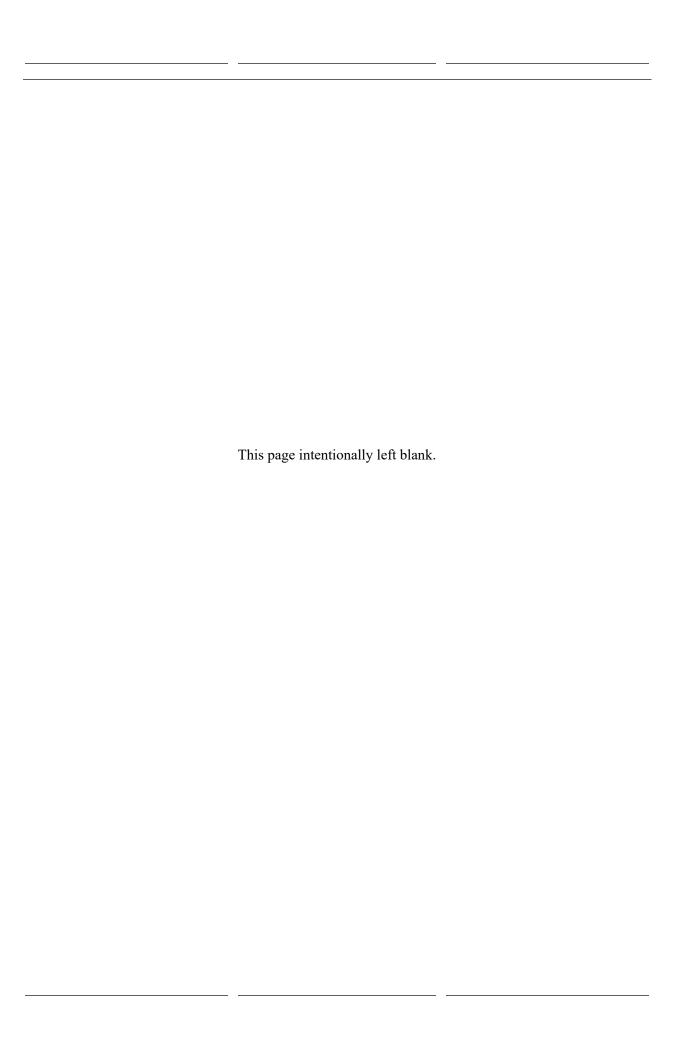
Updated: February 1, 2025

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List of Exhibits

1   Introduction

Per the NPPES Data Dissemination Notice, CMS-6060-N, posted on the Federal Register on May 30, 2007, FOIA-disclosable NPPES health care provider data will be provided in a downloadable file format.

As of 12/24/2024, two versions of these data files will be available as we transition to allow additional characters in all first name and legal business name fields. Version 1 (original) will provide only the original field lengths while Version 2 (v.2) will include the extended field lengths for all relevant fields.

1.1   About the Data File

Each NPI record (i.e., the record of an enumerated health care provider) is stored in the file as comma separated values (CSV) in a single row. A new row is created for each NPI record.

Every data value (between the commas) is enclosed within double quotes. For example,

<div align="center">

`"data value 1","data value 2","data value 3",...`

</div>

If the data value itself contains double quotes, these double quotes will be replaced by single quote to avoid confusing them the enclosing double quotes.

For example, if the original data value 1 is **sam"ple da"ta** 1 it will be converted to **sam'ple da'ta 1** and stored in the file as depicted below.

<div align="center">

`"sam'ple da'ta 1", "data value 2", "data value 3",...`

</div>

This CSV file can be viewed using a variety of third-party software. Due to large volume of the data and the nature of the file, it is recommended that this file be handled by personnel with technical expertise.

The data file contains the fields identified in the NPPES Data Dissemination Notice and certain sub-fields related to those fields will be disclosed in the downloadable file. The sub-fields are:

1. For Other Provider Identifiers, the downloadable file will include the Issuer (the name of the health plan that issued the Other Provider Identifier), and the State (if furnished, the State of the Medicaid plan when Medicaid is the issuer).

2. For Taxonomy Code, the downloadable file will denote the Primary Taxonomy with the Primary Taxonomy Flag.

3. For the Other Name, the downloadable file will include the Other Name Prefix Text, the Other Name Suffix Text, and the Other Name Credentials text if any of that information was furnished by the provider.

Some health care providers reported their SSNs, IRS ITINs or EINs in sections of the NPI application that contain information that is required to be disclosed under FOIA. For example,

1. Providers who are individuals may have reported SSNs or IRS ITINs in FOIA-disclosable fields (such as in the "Other Provider Identifiers" or "License Number" fields).

2. An incorporated individual, when applying for an NPI for the corporation, may have reported his/her SSN as the EIN of the corporation.

CMS has urged health care providers to review their NPPES FOIA-disclosable data to ensure that it is correct and to remove any inappropriate or sensitive information that they may have reported in any of those fields that are "optional" (i.e., not required to be furnished) and /or replace the inappropriate or sensitive information that they may have reported in required fields with the appropriate information. If health care providers did not remove SSNs, IRS ITINs or EINs from FOIA-disclosable fields, CMS took action to not disclose any SSNs or IRS ITINs that were entered in those fields. CMS also took action to temporarily suppress reported EINs, even though they are disclosable under FOIA, because providers reported SSNs in the EIN field. After April 21, 2008, CMS will mask SSNs, IRS ITINs, and EINs when these numbers are entered in the Other Provider Identifier Number and License Number fields as follows: SSNs to "$$$$$$$$$", IRS ITINs to "*********", and EINs to "========". This action also includes the continued suppression of the EINs and the suppression of the Subpart Parent Organization TINs of all Organizations in the downloadable file. CMS expects to lift the suppression of EINs and Parent Organization TINs in the future.

1.2   Monthly Data File

Each month, two file versions will be available for download. These files will contain all of the FOIA-disclosable active provider data in NPPES. These files will replace the file provided the previous month and will contain:

1. FOIA-disclosable NPPES health care provider information for health care providers.

2. Updates and changes to the FOIA-disclosable NPPES health care provider information of enumerated health care providers.

Two new file versions will be available for download 30 days after the availability of the initial files, and each month thereafter.

1.3   Weekly Data File

Each week, two file versions will be available for download. These files will contain only the new FOIA-disclosable NPPES provider data since the last weekly or monthly files were generated.

1.4   Contents of the Download Bundle

This data file is provided in a ZIP archive to compress the size and facilitate easier downloading. The contents of this ZIP file are listed below:

1. Data File

   – File contains the FOIA-disclosable NPPES provider data.

   – File Name: **npidata_pfile_yyyymmdd-yyyymmdd.csv**

2. Data Header File

    – File contains a comma separated list of the column headers for the Data file

    – File Name: **npidata_pfile_yyyymmdd-yyyymmdd_FileHeader.csv**

3. Other Name Reference File

    – File contains additional Other Names associated with Type 2 NPIs

    – File Name: **othername_pfile_yyyymmdd-yyyymmdd.csv**

4. Other Name Header File

    – File contains a comma separated list of the column headers for the Other Names Reference File

    – File Name: **othername_pfile_yyyymmdd-yyyymmdd_FileHeader.csv**

5. Practice Location Reference File

    – File contains all of the non-primary Practice Locations associated with Type 1 and Type 2 NPIs.

    – File Name: **pl_pfile_yyyymmdd-yyyymmdd.csv**

6. Practice Location Header File

    – File contains all of the non-primary Practice Locations associated with Type 1 and Type 2 NPIs.

    – File Name: **pl_pfile_yyyymmdd-yyyymmdd_FileHeader.csv**

7. Endpoint Reference Header File

    – File contains all Endpoints associated with Type 1 and Type 2 NPIs

    – File Name: **endpoint_pfile_yyyymmdd-yyyymmdd.csv**

8. Endpoint Reference Header File

    – File contains all Endpoints associated with Type 1 and Type 2 NPIs

    – File Name: **endpoint_pfile_yyyymmdd-yyyymmdd_FileHeader.csv**

9. Data Dissemination File – Code Values File

- File contains the Data Dissemination File – Code Values document that provides the descriptions of the various reference codes used in the Data file.

- File Name: **NPPES_Data_Dissemination_CodeValues.pdf**

10. Data Dissemination File – Readme File

- This document, which provides the file layouts of the Data file and all of the reference files.

- File Name: **NPPES_Data_Dissemination_Readme.pdf**

2　File Layouts

2.1　Data File Layout

Each line in the data file represents an NPI record. The following is the list of the column headers in the order as present in the data file.

Exhibit 2-1 Data File Layout

Column Name	Max Length	Data Type	Corresponding Field in the Data Dissemination Notice
NPI	10	NUMBER	NPI
Entity Type Code	1	NUMBER	Entity Type Code
Replacement NPI	10	NUMBER	Replacement NPI
Employer Identification Number (EIN)	9	VARCHAR	Employer Identification Number (EIN)
Provider Organization Name (Legal Business Name)	70	VARCHAR	Provider Organization Name (Legal Business Name)
Provider Last Name (Legal Name)	35	VARCHAR	Provider Last Name (Legal Name)
Provider First Name	20	VARCHAR	Provider First Name
Provider Middle Name	20	VARCHAR	Provider Middle Name
Provider Name Prefix Text	5	VARCHAR	Provider Name Prefix Text
Provider Name Suffix Text	5	VARCHAR	Provider Name Suffix Text
Provider Credential Text	20	VARCHAR	Provider Credential Text
Provider Other Organization Name	70	VARCHAR	Provider Other Organization Name
Provider Other Organization Name Type Code	1	VARCHAR	Provider Other Organization Name Type Code
Provider Other Last Name	35	VARCHAR	Provider Other Last Name
Provider Other First Name	20	VARCHAR	Provider Other First Name
Provider Other Middle Name	20	VARCHAR	Provider Other Middle Name
Provider Other Name Prefix Text	5	VARCHAR	Provider Other Name Prefix Text
Provider Other Name Suffix Text	5	VARCHAR	Provider Other Name Suffix Text

Column Name	Max Length	Data Type	Corresponding Field in the Data Dissemination Notice
Provider Other Credential Text	20	VARCHAR	Provider Other Name Credential Text
Provider Other Last Name Type Code	1	NUMBER	Provider Other Last Name Type Code
Provider First Line Business Mailing Address	55	VARCHAR	Provider First Line Business Mailing Address
Provider Second Line Business Mailing Address	55	VARCHAR	Provider Second Line Business Mailing Address
Provider Business Mailing Address City Name	40	VARCHAR	Provider Business Mailing Address City Name
Provider Business Mailing Address State Name	40	VARCHAR	Provider Business Mailing Address State Name
Provider Business Mailing Address Postal Code	20	VARCHAR	Provider Business Mailing Address Postal Code
Provider Business Mailing Address Country Code (If outside U.S.)	2	VARCHAR	Provider Business Mailing Address Country Code (If outside U.S.)
Provider Business Mailing Address Telephone Number	20	VARCHAR	Provider Business Mailing Address Telephone Number
Provider Business Mailing Address Fax Number	20	VARCHAR	Provider Business Mailing Address Fax Number
Provider First Line Business Practice Location Address	55	VARCHAR	Provider First Line Business Location Address
Provider Second Line Business Practice Location Address	55	VARCHAR	Provider Second Line Business Location Address
Provider Business Practice Location Address City Name	40	VARCHAR	Provider Business Location Address City Name
Provider Business Practice Location Address State Name	40	VARCHAR	Provider Business Location Address State Name
Provider Business Practice Location Address Postal Code	20	VARCHAR	Provider Business Location Address Postal Code
Provider Business Practice Location Address Country Code (If outside U.S.)	2	VARCHAR	Provider Business Location Address Country Code (If outside U.S.)
Provider Business Practice Location Address Telephone Number	20	VARCHAR	Provider Business Location Address Telephone Number
Provider Business Practice Location Address Fax Number	20	VARCHAR	Provider Business Location Address Fax Number
Provider Enumeration Date	10 (MM/DD/YYYY)	DATE	Provider Enumeration Date
Last Update Date	10 (MM/DD/YYYY)	DATE	Last Update Date
NPI Deactivation Reason Code	2	VARCHAR	NPI Deactivation Reason Code

Column Name	Max Length	Data Type	Corresponding Field in the Data Dissemination Notice
NPI Deactivation Date	10 (MM/DD/YYYY)	DATE	NPI Deactivation Date
NPI Reactivation Date	10 (MM/DD/YYYY)	DATE	NPI Reactivation Date
Provider Sex Code	1	VARCHAR	Provider Sex Code
Authorized Official Last Name	35	VARCHAR	Authorized Official Last Name
Authorized Official First Name	20	VARCHAR	Authorized Official First Name
Authorized Official Middle Name	20	VARCHAR	Authorized Official Middle Name
Authorized Official Title or Position	35	VARCHAR	Authorized Official Title or Position
Authorized Official Telephone Number	20	VARCHAR	Authorized Official Telephone Number
Healthcare Provider Taxonomy Code_1	10	VARCHAR	Healthcare Provider Taxonomy Code
Provider License Number_1	20	VARCHAR	Provider License Number
Provider License Number State Code_1	2	VARCHAR	Provider License Number State Code
Healthcare Provider Primary Taxonomy Switch_1	1	VARCHAR	
Healthcare Provider Taxonomy Code_2	10	VARCHAR	Healthcare Provider Taxonomy Code
Provider License Number_2	20	VARCHAR	Provider License Number
Provider License Number State Code_2	2	VARCHAR	Provider License Number State Code
Healthcare Provider Primary Taxonomy Switch_2	1	VARCHAR	
Healthcare Provider Taxonomy Code_3	10	VARCHAR	Healthcare Provider Taxonomy Code
Provider License Number_3	20	VARCHAR	Provider License Number
Provider License Number State Code_3	2	VARCHAR	Provider License Number State Code
Healthcare Provider Primary Taxonomy Switch_3	1	VARCHAR	
Healthcare Provider Taxonomy Code_4	10	VARCHAR	Healthcare Provider Taxonomy Code
Provider License Number_4	20	VARCHAR	Provider License Number
Provider License Number State Code_4	2	VARCHAR	Provider License Number State Code

Column Name	Max Length	Data Type	Corresponding Field in the Data Dissemination Notice
Healthcare Provider Primary Taxonomy Switch_4	1	VARCHAR	
Healthcare Provider Taxonomy Code_5	10	VARCHAR	Healthcare Provider Taxonomy Code
Provider License Number_5	20	VARCHAR	Provider License Number
Provider License Number State Code_5	2	VARCHAR	Provider License Number State Code
Healthcare Provider Primary Taxonomy Switch_5	1	VARCHAR	
Healthcare Provider Taxonomy Code_6	10	VARCHAR	Healthcare Provider Taxonomy Code
Provider License Number_6	20	VARCHAR	Provider License Number
Provider License Number State Code_6	2	VARCHAR	Provider License Number State Code
Healthcare Provider Primary Taxonomy Switch_6	1	VARCHAR	
Healthcare Provider Taxonomy Code_7	10	VARCHAR	Healthcare Provider Taxonomy Code
Provider License Number_7	20	VARCHAR	Provider License Number
Provider License Number State Code_7	2	VARCHAR	Provider License Number State Code
Healthcare Provider Primary Taxonomy Switch_7	1	VARCHAR	
Healthcare Provider Taxonomy Code_8	10	VARCHAR	Healthcare Provider Taxonomy Code
Provider License Number_8	20	VARCHAR	Provider License Number
Provider License Number State Code_8	2	VARCHAR	Provider License Number State Code
Healthcare Provider Primary Taxonomy Switch_8	1	VARCHAR	
Healthcare Provider Taxonomy Code_9	10	VARCHAR	Healthcare Provider Taxonomy Code
Provider License Number_9	20	VARCHAR	Provider License Number
Provider License Number State Code_9	2	VARCHAR	Provider License Number State Code
Healthcare Provider Primary Taxonomy Switch_9	1	VARCHAR	
Healthcare Provider Taxonomy Code_10	10	VARCHAR	Healthcare Provider Taxonomy Code
Provider License Number_10	20	VARCHAR	Provider License Number

Column Name	Max Length	Data Type	Corresponding Field in the Data Dissemination Notice
Provider License Number State Code_10	2	VARCHAR	Provider License Number State Code
Healthcare Provider Primary Taxonomy Switch_10	1	VARCHAR	
Healthcare Provider Taxonomy Code_11	10	VARCHAR	Healthcare Provider Taxonomy Code
Provider License Number_11	20	VARCHAR	Provider License Number
Provider License Number State Code_11	2	VARCHAR	Provider License Number State Code
Healthcare Provider Primary Taxonomy Switch_11	1	VARCHAR	
Healthcare Provider Taxonomy Code_12	10	VARCHAR	Healthcare Provider Taxonomy Code
Provider License Number_12	20	VARCHAR	Provider License Number
Provider License Number State Code_12	2	VARCHAR	Provider License Number State Code
Healthcare Provider Primary Taxonomy Switch_12	1	VARCHAR	
Healthcare Provider Taxonomy Code_13	10	VARCHAR	Healthcare Provider Taxonomy Code
Provider License Number_13	20	VARCHAR	Provider License Number
Provider License Number State Code_13	2	VARCHAR	Provider License Number State Code
Healthcare Provider Primary Taxonomy Switch_13	1	VARCHAR	
Healthcare Provider Taxonomy Code_14	10	VARCHAR	Healthcare Provider Taxonomy Code
Provider License Number_14	20	VARCHAR	Provider License Number
Provider License Number State Code_14	2	VARCHAR	Provider License Number State Code
Healthcare Provider Primary Taxonomy Switch_14	1	VARCHAR	
Healthcare Provider Taxonomy Code_15	10	VARCHAR	Healthcare Provider Taxonomy Code
Provider License Number_15	20	VARCHAR	Provider License Number
Provider License Number State Code_15	2	VARCHAR	Provider License Number State Code
Healthcare Provider Primary Taxonomy Switch_15	1	VARCHAR	
Other Provider Identifier_1	20	VARCHAR	Other Provider Identifier

Column Name	Max Length	Data Type	Corresponding Field in the Data Dissemination Notice
Other Provider Identifier Type Code_1	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_1	2	VARCHAR	
Other Provider Identifier Issuer_1	80	VARCHAR	
Other Provider Identifier_2	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_2	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_2	2	VARCHAR	
Other Provider Identifier Issuer_2	80	VARCHAR	
Other Provider Identifier_3	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_3	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_3	2	VARCHAR	
Other Provider Identifier Issuer_3	80	VARCHAR	
Other Provider Identifier_4	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_4	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_4	2	VARCHAR	
Other Provider Identifier Issuer_4	80	VARCHAR	
Other Provider Identifier_5	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_5	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_5	2	VARCHAR	
Other Provider Identifier Issuer_5	80	VARCHAR	
Other Provider Identifier_6	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_6	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_6	2	VARCHAR	
Other Provider Identifier Issuer_6	80	VARCHAR	

Column Name	Max Length	Data Type	Corresponding Field in the Data Dissemination Notice
Other Provider Identifier_7	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_7	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_7	2	VARCHAR	
Other Provider Identifier Issuer_7	80	VARCHAR	
Other Provider Identifier_8	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_8	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_8	2	VARCHAR	
Other Provider Identifier Issuer_8	80	VARCHAR	
Other Provider Identifier_9	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_9	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_9	2	VARCHAR	
Other Provider Identifier Issuer_9	80	VARCHAR	
Other Provider Identifier_10	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_10	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_10	2	VARCHAR	
Other Provider Identifier Issuer_10	80	VARCHAR	
Other Provider Identifier_11	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_11	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_11	2	VARCHAR	
Other Provider Identifier Issuer_11	80	VARCHAR	
Other Provider Identifier_12	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_12	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_12	2	VARCHAR	

Column Name	Max Length	Data Type	Corresponding Field in the Data Dissemination Notice
Other Provider Identifier Issuer_12	80	VARCHAR	
Other Provider Identifier_13	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_13	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_13	2	VARCHAR	
Other Provider Identifier Issuer_13	80	VARCHAR	
Other Provider Identifier_14	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_14	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_14	2	VARCHAR	
Other Provider Identifier Issuer_14	80	VARCHAR	
Other Provider Identifier_15	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_15	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_15	2	VARCHAR	
Other Provider Identifier Issuer_15	80	VARCHAR	
Other Provider Identifier_16	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_16	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_16	2	VARCHAR	
Other Provider Identifier Issuer_16	80	VARCHAR	
Other Provider Identifier_17	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_17	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_17	2	VARCHAR	
Other Provider Identifier Issuer_17	80	VARCHAR	
Other Provider Identifier_18	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_18	2	VARCHAR	Other Provider Identifier Type Code

Column Name	Max Length	Data Type	Corresponding Field in the Data Dissemination Notice
Other Provider Identifier State_18	2	VARCHAR	
Other Provider Identifier Issuer_18	80	VARCHAR	
Other Provider Identifier_19	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_19	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_19	2	VARCHAR	
Other Provider Identifier Issuer_19	80	VARCHAR	
Other Provider Identifier_20	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_20	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_20	2	VARCHAR	
Other Provider Identifier Issuer_20	80	VARCHAR	
Other Provider Identifier_21	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_21	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_21	2	VARCHAR	
Other Provider Identifier Issuer_21	80	VARCHAR	
Other Provider Identifier_22	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_22	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_22	2	VARCHAR	
Other Provider Identifier Issuer_22	80	VARCHAR	
Other Provider Identifier_23	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_23	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_23	2	VARCHAR	
Other Provider Identifier Issuer_23	80	VARCHAR	
Other Provider Identifier_24	20	VARCHAR	Other Provider Identifier

Column Name	Max Length	Data Type	Corresponding Field in the Data Dissemination Notice
Other Provider Identifier Type Code_24	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_24	2	VARCHAR	
Other Provider Identifier Issuer_24	80	VARCHAR	
Other Provider Identifier_25	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_25	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_25	2	VARCHAR	
Other Provider Identifier Issuer_25	80	VARCHAR	
Other Provider Identifier_26	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_26	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_26	2	VARCHAR	
Other Provider Identifier Issuer_26	80	VARCHAR	
Other Provider Identifier_27	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_27	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_27	2	VARCHAR	
Other Provider Identifier Issuer_27	80	VARCHAR	
Other Provider Identifier_28	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_28	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_28	2	VARCHAR	
Other Provider Identifier Issuer_28	80	VARCHAR	
Other Provider Identifier_29	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_29	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_29	2	VARCHAR	
Other Provider Identifier Issuer_29	80	VARCHAR	

Column Name	Max Length	Data Type	Corresponding Field in the Data Dissemination Notice
Other Provider Identifier_30	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_30	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_30	2	VARCHAR	
Other Provider Identifier Issuer_30	80	VARCHAR	
Other Provider Identifier_31	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_31	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_31	2	VARCHAR	
Other Provider Identifier Issuer_31	80	VARCHAR	
Other Provider Identifier_32	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_32	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_32	2	VARCHAR	
Other Provider Identifier Issuer_32	80	VARCHAR	
Other Provider Identifier_33	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_33	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_33	2	VARCHAR	
Other Provider Identifier Issuer_33	80	VARCHAR	
Other Provider Identifier_34	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_34	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_34	2	VARCHAR	
Other Provider Identifier Issuer_34	80	VARCHAR	
Other Provider Identifier_35	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_35	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_35	2	VARCHAR	

Column Name	Max Length	Data Type	Corresponding Field in the Data Dissemination Notice
Other Provider Identifier Issuer_35	80	VARCHAR	
Other Provider Identifier_36	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_36	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_36	2	VARCHAR	
Other Provider Identifier Issuer_36	80	VARCHAR	
Other Provider Identifier_37	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_37	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_37	2	VARCHAR	
Other Provider Identifier Issuer_37	80	VARCHAR	
Other Provider Identifier_38	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_38	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_38	2	VARCHAR	
Other Provider Identifier Issuer_38	80	VARCHAR	
Other Provider Identifier_39	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_39	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_39	2	VARCHAR	
Other Provider Identifier Issuer_39	80	VARCHAR	
Other Provider Identifier_40	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_40	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_40	2	VARCHAR	
Other Provider Identifier Issuer_40	80	VARCHAR	
Other Provider Identifier_41	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_41	2	VARCHAR	Other Provider Identifier Type Code

Column Name	Max Length	Data Type	Corresponding Field in the Data Dissemination Notice
Other Provider Identifier State_41	2	VARCHAR	
Other Provider Identifier Issuer_41	80	VARCHAR	
Other Provider Identifier_42	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_42	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_42	2	VARCHAR	
Other Provider Identifier Issuer_42	80	VARCHAR	
Other Provider Identifier_43	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_43	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_43	2	VARCHAR	
Other Provider Identifier Issuer_43	80	VARCHAR	
Other Provider Identifier_44	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_44	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_44	2	VARCHAR	
Other Provider Identifier Issuer_44	80	VARCHAR	
Other Provider Identifier_45	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_45	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_45	2	VARCHAR	
Other Provider Identifier Issuer_45	80	VARCHAR	
Other Provider Identifier_46	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_46	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_46	2	VARCHAR	
Other Provider Identifier Issuer_46	80	VARCHAR	
Other Provider Identifier_47	20	VARCHAR	Other Provider Identifier

Column Name	Max Length	Data Type	Corresponding Field in the Data Dissemination Notice
Other Provider Identifier Type Code_47	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_47	2	VARCHAR	
Other Provider Identifier Issuer_47	80	VARCHAR	
Other Provider Identifier_48	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_48	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_48	2	VARCHAR	
Other Provider Identifier Issuer_48	80	VARCHAR	
Other Provider Identifier_49	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_49	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_49	2	VARCHAR	
Other Provider Identifier Issuer_49	80	VARCHAR	
Other Provider Identifier_50	20	VARCHAR	Other Provider Identifier
Other Provider Identifier Type Code_50	2	VARCHAR	Other Provider Identifier Type Code
Other Provider Identifier State_50	2	VARCHAR	
Other Provider Identifier Issuer_50	80	VARCHAR	
Is Sole Proprietor	1	VARCHAR	Provider Sole Proprietor Flag
Is Organization Subpart	1	VARCHAR	Provider Organization Subpart Flag
Parent Organization LBN	70	VARCHAR	Provider Organization Subpart Legal Business Name
Parent Organization TIN	9	VARCHAR	Provider Organization Subpart TIN
Authorized Official Name Prefix Text	5	VARCHAR	Authorized Official Name Prefix Text
Authorized Official Name Suffix Text	5	VARCHAR	Authorized Official Name Suffix Text
Authorized Official Credential Text	20	VARCHAR	Authorized Official Credential Text
Healthcare Provider Taxonomy Group_1	10	VARCHAR	Healthcare Provider Taxonomy Group

Column Name	Max Length	Data Type	Corresponding Field in the Data Dissemination Notice
Healthcare Provider Taxonomy Group_2	10	VARCHAR	Healthcare Provider Taxonomy Group
Healthcare Provider Taxonomy Group_3	10	VARCHAR	Healthcare Provider Taxonomy Group
Healthcare Provider Taxonomy Group_4	10	VARCHAR	Healthcare Provider Taxonomy Group
Healthcare Provider Taxonomy Group_5	10	VARCHAR	Healthcare Provider Taxonomy Group
Healthcare Provider Taxonomy Group_6	10	VARCHAR	Healthcare Provider Taxonomy Group
Healthcare Provider Taxonomy Group_7	10	VARCHAR	Healthcare Provider Taxonomy Group
Healthcare Provider Taxonomy Group_8	10	VARCHAR	Healthcare Provider Taxonomy Group
Healthcare Provider Taxonomy Group_9	10	VARCHAR	Healthcare Provider Taxonomy Group
Healthcare Provider Taxonomy Group_10	10	VARCHAR	Healthcare Provider Taxonomy Group
Healthcare Provider Taxonomy Group_11	10	VARCHAR	Healthcare Provider Taxonomy Group
Healthcare Provider Taxonomy Group_12	10	VARCHAR	Healthcare Provider Taxonomy Group
Healthcare Provider Taxonomy Group_13	10	VARCHAR	Healthcare Provider Taxonomy Group
Healthcare Provider Taxonomy Group_14	10	VARCHAR	Healthcare Provider Taxonomy Group
Healthcare Provider Taxonomy Group_15	10	VARCHAR	Healthcare Provider Taxonomy Group
Certification Date	10 (MM/DD/YYYY)	DATE	Certification Date

2.2   Other Name Reference File

NPPES now collects multiple Other Names associated with Type 2 NPIs.

Each line in the Other Name Reference File represents an Other Name associated with an NPI record. The following is the list of the column headers in the order as they are present in the Other Name Reference file.

Exhibit 2-2 Other Name Reference File Layout

Column Name	Max Length	Data Type	Corresponding Field in the Data Dissemination Notice
NPI	10	NUMBER	NPI
Provider Other Organization Name	120	VARCHAR	Provider Other Organization Name
Provider Other Organization Name Type Code	1	VARCHAR	Provider Other Organization Name Type Code

2.3   Practice Location Reference File

NPPES now collects multiple Practice Location associated with Type 1 and Type 2 NPIs. The Data File contains the first Primary Practice Location, and the Practice Location Reference File will contain all of the non-primary Practice Locations.

Each line in the Practice Location Reference File represents a Practice Location Address associated with an NPI record. The following is the list of the column headers in the order as they are present in the Practice Location Reference file.

Exhibit 2-3 Practice Location Reference File Layout

Column Name	Max Length	Data Type	Corresponding Field in the Data Dissemination Notice
NPI	10	NUMBER	NPI
Provider Secondary Practice Location Address- Address Line 1	55	VARCHAR	Provider First Line Business Location Address
Provider Secondary Practice Location Address- Address Line 2	55	VARCHAR	Provider Second Line Business Location Address
Provider Secondary Practice Location Address - City Name	40	VARCHAR	Provider Business Location Address City Name
Provider Secondary Practice Location Address - State Name	40	VARCHAR	Provider Business Location Address State Name
Provider Secondary Practice Location Address - Postal Code	20	VARCHAR	Provider Business Location Address Postal Code
Provider Secondary Practice Location Address - Country Code (If outside U.S.)	2	VARCHAR	Provider Business Location Address Country Code (If outside U.S.)
Provider Secondary Practice Location Address - Telephone Number	20	VARCHAR	Provider Business Location Address Telephone Number
Provider Secondary Practice Location Address - Telephone Extension	5	VARCHAR	Added with DUA #18577

Column Name	Max Length	Data Type	Corresponding Field in the Data Dissemination Notice
Provider Practice Location Address - Fax Number	20	VARCHAR	Provider Business Location Address Fax Number

2.4   Endpoint Reference File

NPPES now collects Endpoints associated with NPIs. The Endpoint Reference File contains all of the Endpoints associated with each NPI.

Each line in the Endpoint Reference File represents a single Endpoint associated with an NPI record. The following is the list of the column headers in the order as they are present in the Endpoint Reference file.

Exhibit 2-4 Endpoint Reference File Layout

Column Name	Max Length	Data Type	Corresponding Field in the Data Dissemination Notice
NPI	10	NUMBER	NPI
Endpoint Type	50	VARCHAR	Endpoint Type
Endpoint Type Description	255	VARCHAR	Endpoint Type Full Description
Endpoint	1000	VARCHAR	Endpoint
Affiliation	1	VARCHAR	Endpoint Affiliated to another Organization Y or N
Endpoint Description	1000	VARCHAR	Endpoint Description
Affiliation Legal Business Name	70	VARCHAR	Legal Business Name (LBN) of the Affiliation the Endpoint is associated with.
Use Code	25	VARCHAR	Endpoint Use
Use Description	100	VARCHAR	Endpoint Use Description
Other Use Description	200	VARCHAR	Endpoint Use Description when Use of "Other"
Content Type	25	VARCHAR	Endpoint Content Type
Content Description	100	VARCHAR	Endpoint Content Type Description
Other Content Description	200	VARCHAR	Endpoint Content Description when Content Type of "Other"
Affiliation Address Line One	55	VARCHAR	Endpoint Location Address – Address Line 1

Column Name	Max Length	Data Type	Corresponding Field in the Data Dissemination Notice
Affiliation Address Line Two	55	VARCHAR	Endpoint Location Address – Address Line 2
Affiliation Address City	40	VARCHAR	Endpoint Location Address – City Name
Affiliation Address State	40	VARCHAR	Endpoint Location Address – State Name
Affiliation Address Country	2	VARCHAR	Endpoint Location Address - Country Code of the (If outside U.S.)
Affiliation Address Line Postal Code	20	VARCHAR	Endpoint Location Address – Postal Code