

# National Plan and Provider Enumeration System (NPPES)

## NPPES Data Dissemination - Readme

Prepared for



**Centers for Medicare & Medicaid Services**

Revised: October 2007

# Table of Contents

<b>1</b>	<b>Introduction .....</b>	<b>3</b>
1.1	About the Data File .....	3
1.2	Monthly Data File .....	4
1.3	Contents of the Download Bundle .....	4
<b>2</b>	<b>Data File Layout .....</b>	<b>5</b>

# 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.

## 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,

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

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 **sa**m**"p**l**e da"ta 1** it will be converted to **sa**m**'p**l**e da'ta 1** and stored in the file as depicted below.

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

This CSV file can be viewed using a variety of third-party software. Due to the huge 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 or IRS ITINs 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). If health care providers did not remove

SSNs or IRS ITINs from FOIA-disclosable fields, CMS took action to suppress any SSNs or IRS ITINs that were entered in those fields. This action included the temporary suppression of the EINs of all Organizations in the downloadable file. CMS expects to lift the suppression of EINs in the near term.

## 1.2 Monthly Data File

---

Each month, a file will be available for download. This file will contain all of the FOIA-disclosable active provider data in NPPES. This file 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.

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

## 1.3 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 – this is the file containing the FOIA-disclosable NPPES provider data.
2. Header File – this file contains a comma separated list of the column headers for the Data file.
3. Data Dissemination File - Code Value document – this document provides the descriptions of the various reference codes used in the Data file.
4. This document (Data Dissemination File - Readme) is also part of the ZIP archive.

## 2 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.

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

Corresponding Field in the Data Dissemination Notice		
Column Name	Max Length	Data Type
Provider Other Name Prefix Text	5	VARCHAR
Provider Other Name Suffix Text	5	VARCHAR
Provider Other Credential Text	20	VARCHAR
Provider Other Last Name Type Code	1	NUMBER
Provider Other Last Name Type Code		Provider Other Last Name Type Code
Provider First Line Business Mailing Address	55	VARCHAR
Provider First Line Business Mailing Address		Provider First Line Business Mailing Address
Provider Second Line Business Mailing Address	55	VARCHAR
Provider Second Line Business Mailing Address		Provider Second Line Business Mailing Address
Provider Business Mailing Address City Name	40	VARCHAR
Provider Business Mailing Address City Name		Provider Business Mailing Address City Name
Provider Business Mailing Address State Name	40	VARCHAR
Provider Business Mailing Address State Name		Provider Business Mailing Address State Name
Provider Business Mailing Address Postal Code	20	VARCHAR
Provider Business Mailing Address Postal Code		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 Country Code (If outside U.S.)
Provider Business Mailing Address Telephone Number	20	VARCHAR
Provider Business Mailing Address Telephone Number		Provider Business Mailing Address Telephone Number
Provider Business Mailing Address Fax Number	20	VARCHAR
Provider Business Mailing Address Fax Number		Provider Business Mailing Address Fax Number
Provider First Line Business Practice Location Address	55	VARCHAR
Provider First Line Business Practice Location Address		Provider First Line Business Practice Location Address
Provider Second Line Business Practice Location Address	55	VARCHAR
Provider Second Line Business Practice Location Address		Provider Second Line Business Practice Location Address
Provider Business Practice Location Address City Name	40	VARCHAR
Provider Business Practice Location Address City Name		Provider Business Practice Location Address City Name
Provider Business Practice Location Address State Name	40	VARCHAR
Provider Business Practice Location Address State Name		Provider Business Practice Location Address State Name
Provider Business Practice Location Address Postal Code	20	VARCHAR
Provider Business Practice Location Address Postal Code		Provider Business Practice Location Address Postal Code
Provider Business Practice Location Address Country Code (If outside U.S.)	2	VARCHAR
Provider Business Practice Location Address Country Code (If outside U.S.)		Provider Business Practice Location Address Country Code (If outside U.S.)

Column Name	Max Length	Data Type	Corresponding Field in the Data Dissemination Notice
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
NPI Deactivation Date	10 (MM/DD/YYYY)	DATE	NPI Deactivation Date
NPI Reactivation Date	10 (MM/DD/YYYY)	DATE	NPI Reactivation Date
Provider Gender Code	1	VARCHAR	Provider Gender 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	

Corresponding Field in the Data Dissemination Notice			
Column Name	Max Length	Data Type	
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
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	



Corresponding Field in the Data Dissemination Notice		
Column Name	Max Length	Data Type
Healthcare Provider Taxonomy Code_7	10	VARCHAR
Provider License Number_7	20	VARCHAR
Provider License Number State Code_7	2	VARCHAR
Healthcare Provider Primary Taxonomy Switch_7	1	VARCHAR
Healthcare Provider Taxonomy Code_8	10	VARCHAR
Provider License Number_8	20	VARCHAR
Provider License Number State Code_8	2	VARCHAR
Healthcare Provider Primary Taxonomy Switch_8	1	VARCHAR
Healthcare Provider Taxonomy Code_9	10	VARCHAR
Provider License Number_9	20	VARCHAR
Provider License Number State Code_9	2	VARCHAR
Healthcare Provider Primary Taxonomy Switch_9	1	VARCHAR
Healthcare Provider Taxonomy Code_10	10	VARCHAR
Provider License Number_10	20	VARCHAR
Provider License Number State Code_10	2	VARCHAR
Healthcare Provider Primary Taxonomy Switch_10	1	VARCHAR
Healthcare Provider Taxonomy Code_11	10	VARCHAR
Provider License Number_11	20	VARCHAR
Provider License Number State Code_11	2	VARCHAR
Healthcare Provider Primary Taxonomy Switch_11	1	VARCHAR

Corresponding Field in the Data Dissemination Notice		
Column Name	Max Length	Data Type
Healthcare Provider Taxonomy Code_12	10	VARCHAR
Provider License Number_12	20	VARCHAR
Provider License Number State Code_12	2	VARCHAR
Healthcare Provider Primary Taxonomy Switch_12	1	VARCHAR
Healthcare Provider Taxonomy Code_13	10	VARCHAR
Provider License Number_13	20	VARCHAR
Provider License Number State Code_13	2	VARCHAR
Healthcare Provider Primary Taxonomy Switch_13	1	VARCHAR
Healthcare Provider Taxonomy Code_14	10	VARCHAR
Provider License Number_14	20	VARCHAR
Provider License Number State Code_14	2	VARCHAR
Healthcare Provider Primary Taxonomy Switch_14	1	VARCHAR
Healthcare Provider Taxonomy Code_15	10	VARCHAR
Provider License Number_15	20	VARCHAR
Provider License Number State Code_15	2	VARCHAR
Healthcare Provider Primary Taxonomy Switch_15	1	VARCHAR
Other Provider Identifier_1	20	VARCHAR
Other Provider Identifier Type Code_1	2	VARCHAR
Other Provider Identifier State_1	2	VARCHAR
Other Provider Identifier Issuer_1	80	VARCHAR

Column Name	Max Length	Data Type	Corresponding Field in the Data Dissemination Notice
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	

Column Name	Max Length	Data Type	Corresponding Field in the Data Dissemination Notice
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	
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	

Column Name	Max Length	Data Type	Corresponding Field in the Data Dissemination Notice
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
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	