



# NPI Registry API — Response Field Reference

Field-level reference for the JSON returned by the NPI Registry API. Each section corresponds to an object or array in the response.

## entity\_type

| Field                        | Description   | Type    | Size            |
|------------------------------|---|---------|-----------------|
| <b>npi</b>                   | NPI-National Provider Identifier (Primary Key)                  | INTEGER | 10              |
| <b>entity_type_cd</b>        | 1 for Individual & 2 for Organization                           | INTEGER | 1               |
| <b>replc_npi</b>             | Replacement NPI   | INTEGER | 10              |
| <b>enum_date</b>             | Provider Enumeration Date                                       | DATE    | 10 (MM/DD/YYYY) |
| <b>last_update_date</b>      | Last Update Date  | DATE    | 10 (MM/DD/YYYY) |
| <b>deact_reason_cd</b>       | DT-Death, DB-Disbandment, FR-Fraud & OT-Other                   | CHAR    | 2               |
| <b>deact_date</b>            | Reactivation Date   | DATE    | 10 (MM/DD/YYYY) |
| <b>react_date</b>            | Reactivation Date   | DATE    | 10 (MM/DD/YYYY) |
| <b>cert_date</b>             | Certification Date  | DATE    | 10 (MM/DD/YYYY) |
| <b>prac_loc_adr_post_cd5</b> | Provider Practice Location Address Postal Code5                 | VARCHAR | 5               |
| <b>prac_loc_adr_city</b>     | Provider Practice Location Address City Name                    | VARCHAR | 40              |
| <b>prac_loc_adr_county</b>   | Provider Practice Location Address County                       | VARCHAR | 45              |
| <b>prac_loc_adr_state</b>    | Provider Practice Location Address State Code                   | CHAR    | 2               |
| <b>taxonomy_cnt</b>          | Record Count in taxonomy.csv for the npi                        | INTEGER | 2               |
| <b>otherid_cnt</b>           | Record Count in otherid.csv for the npi                         | INTEGER | 2               |
| <b>location_cnt</b>          | Record Count in location.csv for the npi                        | INTEGER | 2               |
| <b>in_pecos</b>              | Is provider enrolled with medicare? "Y" for Yes & "N" for No    | CHAR    | 1               |
| <b>pac_id</b>                | PECOS Associate Control ID only if enrolled with medicare       | INTEGER | 10              |
| <b>enrlmt_id</b>             | PECOS Provider enrollment ID only if enrolled with medicare     | VARCHAR | 15              |
| <b>in_leie</b>               | Is provider present in LEIE exclusion list when matched by NPI? | CHAR    | 1               |

| Field          | Description   | Type    | Size            |
|----------------|---|---------|-----------------|
| leie_excl_type | LEIE exclusion type only if NPI presents in LEIF exclusion list | VARCHAR | 10              |
| leie_excl_date | LEIE exclusion date only if NPI presents in LEIF exclusion list | DATE    | 10 (MM/DD/YYYY) |

## people

| Field                 | Description                                    | Type    | Size |
|-----------------------|--|---------|------|
| npi                   | NPI-National Provider Identifier (Primary Key) | INTEGER | 10   |
| last_name             | Provider Last Name (Legal Name)                | VARCHAR | 35   |
| first_name            | Provider First Name                            | VARCHAR | 20   |
| mid_name              | Provider Middle Name                           | VARCHAR | 20   |
| name_pretext          | Provider Name Prefix Text                      | VARCHAR | 5    |
| name_sufstext         | Provider Name Suffix Text                      | VARCHAR | 10   |
| cred_text             | Provider Credential Text                       | VARCHAR | 20   |
| oth_last_name         | Provider Other Last Name                       | VARCHAR | 35   |
| oth_first_name        | Provider Other First Name                      | VARCHAR | 20   |
| oth_mid_name          | Provider Other Middle Name                     | VARCHAR | 20   |
| oth_name_pretext      | Provider Other Name Prefix Text                | VARCHAR | 5    |
| oth_name_sufstext     | Provider Other Name Suffix Text                | VARCHAR | 10   |
| oth_cred_text         | Provider Other Credential Text                 | VARCHAR | 20   |
| oth_last_name_type_cd | Provider Other Last Name Type Code             | CHAR    | 1    |
| gndr_cd               | Provider Gender Code (M-Male & F-Female)       | CHAR    | 1    |
| is_sole_proprietor    | X-Not Answered, Y-Yes & N-No                   | CHAR    | 1    |

## organization

| Field                    | Description                                      | Type    | Size |
|--------------------------|--|---------|------|
| npi                      | NPI-National Provider Identifier (Primary Key)   | INTEGER | 10   |
| employer_id_number       | Employer Identification Number (EIN)             | VARCHAR | 9    |
| org_name                 | Provider Organization Name (Legal Business Name) | VARCHAR | 70   |
| oth_org_name             | Provider Other Organization Name                 | VARCHAR | 70   |
| oth_org_name_type_cd     | Provider Other Organization Name Type Code       | VARCHAR | 1    |
| auth_official_last_name  | Authorized Official Last Name                    | VARCHAR | 35   |
| auth_official_first_name | Authorized Official First Name                   | VARCHAR | 20   |
| auth_official_mid_name   | Authorized Official Middle Name                  | VARCHAR | 20   |
| auth_official_title      | Authorized Official Title or Position            | VARCHAR | 35   |
| auth_official_tele       | Authorized Official Telephone Number             | VARCHAR | 20   |

| Field                          | Description                          | Type    | Size |
|--------------------------------|--------------------------------------|---------|------|
| is_org_subpart                 | Is Organization Subpart              | VARCHAR | 1    |
| parent_org_lbn                 | Parent Organization LBN              | VARCHAR | 70   |
| parent_org_tin                 | Parent Organization TIN              | VARCHAR | 9    |
| auth_official_name_pret<br>ext | Authorized Official Name Prefix Text | VARCHAR | 5    |
| auth_official_name_suft<br>ext | Authorized Official Name Suffix Text | VARCHAR | 10   |
| auth_official_cred_text        | Authorized Official Credential Text  | VARCHAR | 20   |

## taxonomy

| Field                | Description                                 | Type    | Size |
|----------------------|---|---------|------|
| npi                  | NPI-National Provider Identifier            | INTEGER | 10   |
| seq_number           | Running number from 1 to 15                 | INTEGER | 2    |
| taxonomy_code        | Healthcare Provider Taxonomy Code           | VARCHAR | 12   |
| lic_number           | Provider License Number                     | VARCHAR | 20   |
| lic_number_state     | Provider License Number State Code          | VARCHAR | 2    |
| prim_taxonomy_switch | Healthcare Provider Primary Taxonomy Switch | VARCHAR | 1    |
| taxonomy_desc        | Taxonomy Code Description                   | VARCHAR | 100  |
| taxonomy_grp         | Healthcare Provider Taxonomy Group          | VARCHAR | 20   |

## otherid

| Field                 | Description                         | Type    | Size |
|-----------------------|-------------------------------------|---------|------|
| npi                   | NPI-National Provider Identifier    | INTEGER | 10   |
| seq_number            | Running number from 1 to 50         | INTEGER | 2    |
| other_prov_id         | Other Provider Identifier           | VARCHAR | 20   |
| other_prov_id_type_cd | Other Provider Identifier Type Code | VARCHAR | 2    |
| other_prov_id_state   | Other Provider Identifier State     | VARCHAR | 2    |
| other_prov_id_issuer  | Other Provider Identifier Issuer    | VARCHAR | 80   |

## medicare\_enrlmt

| Field             | Description                                    | Type    | Size |
|-------------------|--|---------|------|
| npi               | NPI-National Provider Identifier (Primary Key) | INTEGER | 10   |
| pac_id            | PECOS Associate Control ID                     | INTEGER | 10   |
| enrlmt_id         | PECOS Provider enrollment ID                   | VARCHAR | 15   |
| provider_type_cd  | Provider Type Code                             | VARCHAR | 5    |
| provider_type_dec | Provider Type Description                      | VARCHAR | 100  |
| state_cd          | State Code                                     | CHAR    | 2    |

| Field           | Description                  | Type    | Size |
|-----------------|------------------------------|---------|------|
| prov_first_name | Provider First Name          | VARCHAR | 25   |
| prov_mid_name   | Provider Middle Name         | VARCHAR | 20   |
| prov_last_name  | Provider Last Name           | VARCHAR | 35   |
| prov_org_name   | Organizational Provider Name | VARCHAR | 70   |
| gndr_cd         | Individual Gender Code       | CHAR    | 1    |

## location

| Field          | Description  | Type    | Size |
|----------------|--|---------|------|
| npi            | NPI-National Provider Identifier                                 | INTEGER | 10   |
| seq_number     | Running number from 1 onwards                                    | INTEGER | 2    |
| addr_type_cd   | BM-Business Mailing, PP-Primary Practice & SP-Secondary Practice | CHAR    | 2    |
| addr_fl        | Provider Location Address First Line                             | VARCHAR | 55   |
| addr_sl        | Provider Location Address Second Line                            | VARCHAR | 55   |
| addr_city      | Provider Location Address City Name                              | VARCHAR | 40   |
| addr_state     | Provider Location Address State Name                             | VARCHAR | 2    |
| addr_post_cd   | Provider Address Postal Code                                     | VARCHAR | 20   |
| addr_ctry_cd   | Provider Address Country Code                                    | VARCHAR | 2    |
| telephone      | Provider Tele No.  | VARCHAR | 20   |
| telephone_extn | Provider Tele Ext.   | VARCHAR | 5    |
| fax            | Provider Fax No.   | VARCHAR | 20   |

## other\_orgname

| Field                | Description                                    | Type    | Size |
|----------------------|--|---------|------|
| npi                  | NPI-National Provider Identifier (Primary Key) | INTEGER | 10   |
| oth_org_name         | Provider Other Organization Name               | VARCHAR | 70   |
| oth_org_name_type_cd | Provider Other Organization Name Type Code     | VARCHAR | 1    |

## medicare\_sec\_specialty

| Field             | Description                                    | Type    | Size |
|-------------------|--|---------|------|
| npi               | NPI-National Provider Identifier (Primary Key) | INTEGER | 10   |
| enrlmt_id         | PECOS Provider enrollment ID                   | VARCHAR | 15   |
| provider_type_cd  | Provider Type Code                             | VARCHAR | 5    |
| provider_type_dec | Provider Type Description                      | VARCHAR | 100  |

## exclusions

| Field        | Description                            | Type    | Size          |
|--------------|--|---------|---------------|
| last_name    | Provider Last Name                     | VARCHAR | 35            |
| first_name   | Provider First Name                    | VARCHAR | 20            |
| mid_name     | Provider Middle Name                   | VARCHAR | 20            |
| org_name     | Provider Organization Name             | VARCHAR | 70            |
| general      | General                                | VARCHAR | 20            |
| specialty    | Specialty                              | VARCHAR | 20            |
| upin         | Unique Physician Identification Number | VARCHAR | 6             |
| npi          | NPI-National Provider Identifier       | INTEGER | 10            |
| dob          | Date of Birth                          | DATE    | 8 (YYYY MMDD) |
| addr_fl      | Provider Location Address              | VARCHAR | 55            |
| addr_city    | Provider Location Address City Name    | VARCHAR | 40            |
| addr_state   | Provider Location Address State Name   | VARCHAR | 2             |
| addr_post_cd | Provider Address Postal Code           | VARCHAR | 5             |
| excl_type    | Exclusion Type                         | VARCHAR | 9             |
| excl_date    | Exclusion Date                         | DATE    | 8 (YYYY MMDD) |
| rein_date    | Reinstated Date                        | DATE    | 8 (YYYY MMDD) |
| waiver_date  | Waiver Date                            | DATE    | 8 (YYYY MMDD) |
| waiver_state | Waiver State                           | VARCHAR | 2             |