| FIELD NO. | FIELD NAME | NCPDP FIELD | POSITION | PICTURE | LENGTH | NCPDP, CMS OR PDFS DEFINED | DEFINITION / VALUES |
|---|---|---|---|---|---|---|---|
| 1 | RECORD ID | | 1 - 3 | X(3) | 3 | PDFS | "HDR" |
| 2 | SUBMITTER ID | | 4 - 9 | X(6) | 6 | CMS | Unique ID assigned by CMS. |
| 3 | FILE ID | | 10 - 19 | X(10) | 10 | PDFS | Unique ID provided by Submitter. Same ID cannot be used within 12 months. |
| 4 | TRANS DATE | | 20 - 27 | 9(8) | 8 | PDFS | Date of file transmission to PDFS. |
| 5 | PROD TEST CERT IND | | 28 - 31 | X(4) | 4 | PDFS | PROD, TEST, or CERT |
| 6 | FILLER | | 32 - 512 | X(481) | 481 | | SPACES |

| FIELD NO. | FIELD NAME | NCPDP FIELD | POSITION | PICTURE | LENGTH | NCPDP, CMS OR PDFS DEFINED | DEFINITION / VALUES |
|---|---|---|---|---|---|---|---|
| 1 | RECORD ID | | 1 - 3 | X(3) | 3 | PDFS | "BHD" |
| 2 | SEQUENCE NO | | 4 - 10 | 9(7) | 7 | PDFS | Must start with 0000001 |
| 3 | CONTRACT NO | | 11 - 15 | X(5) | 5 | CMS | Assigned by CMS |
| 4 | PBP ID | | 16 - 18 | X(3) | 3 | CMS | Assigned by CMS |
| 5 | FILLER | | 19 - 512 | X(494) | 494 | | SPACES |

| FIELD NO. | FIELD NAME | NCPDP FIELD | POSITION | PICTURE | LENGTH | NCPDP, CMS OR PDFS DEFINED |
|---|---|---|---|---|---|---|
| 1 | RECORD ID | | 1 - 3 | X(3) | 3 | PDFS |
| 2 | SEQUENCE NO | | 4 - 10 | 9(7) | 7 | PDFS |
| 3 | CLAIM CONTROL NUMBER | | 11 - 50 | X(40) | 40 | CMS |
| 4 | HEALTH INSURANCE CLAIM NUMBER (HICN) | | 51 - 70 | X(20) | 20 | CMS |
| 5 | CARDHOLDER ID | 302-C2 | 71 - 90 | X(20) | 20 | NCPDP |
| 6 | PATIENT DATE OF BIRTH (DOB) | 304-C4 | 91 - 98 | 9(8) | 8 | NCPDP |
| 7 | PATIENT GENDER CODE | 305-C5 | 99 - 99 | 9(1) | 1 | NCPDP |
| 8 | DATE OF SERVICE (DOS) | 401-D1 | 100 - 107 | 9(8) | 8 | NCPDP |
| 9 | PAID DATE | | 108 - 115 | 9(8) | 8 | CMS |
| 10 | PRESCRIPTION SERVICE REFERENCE NO | 402-D2 | 116 - 127 | 9(12) | 12 | NCPDP |
| 11 | FILLER | | 128 - 129 | X(2) | 2 | |
| 12 | PRODUCT SERVICE ID | 407-D7 or 489- TE | 130 - 148 | X(19) | 19 | NCPDP |

| FIELD NO. | FIELD NAME | NCPDP FIELD | POSITION | PICTURE | LENGTH | NCPDP, CMS OR PDFS DEFINED |
|---|---|---|---|---|---|---|
| 13 | SERVICE PROVIDER ID QUALIFIER | 202-B2 | 149 - 150 | X(2) | 2 | NCPDP |
| 14 | SERVICE PROVIDER ID | 201-B1 | 151 - 165 | X(15) | 15 | NCPDP |
| 15 | FILL NUMBER | 403-D3 | 166 - 167 | 9(2) | 2 | NCPDP |
| 16 | DISPENSING STATUS | 343-HD | 168 - 168 | X(1) | 1 | NCPDP |
| 17 | COMPOUND CODE | 406-D6 | 169 - 169 | 9(1) | 1 | NCPDP |
| 18 | DISPENSE AS WRITTEN (DAW) PRODUCT SELECTION CODE | 408-D8 | 170 - 170 | X(1) | 1 | NCPDP |

| FIELD NO. | FIELD NAME | NCPDP FIELD | POSITION | PICTURE | LENGTH | NCPDP, CMS OR PDFS DEFINED |
|---|---|---|---|---|---|---|
| 19 | QUANTITY DISPENSED | 442-E7 | 171 - 180 | 9(7)V999 | 10 | NCPDP |
| 20 | FILLER | | 181 - 182 | X(2) | 2 | |
| 21 | DAYS SUPPLY | 405-D5 | 183 - 185 | 9(3) | 3 | NCPDP |
| 22 | PRESCRIBER ID QUALIFIER | 466-EZ | 186 - 187 | X(2) | 2 | NCPDP |
| 23 | PRESCRIBER ID | 411-DB | 188 - 202 | X(15) | 15 | NCPDP |
| 24 | DRUG COVERAGE STATUS CODE | | 203 - 203 | X(1) | 1 | CMS |
| 25 | ADJUSTMENT DELETION CODE | | 204 - 204 | X(1) | 1 | CMS |
| 26 | NON- STANDARD FORMAT CODE | | 205 - 205 | X(1) | 1 | CMS |
| 27 | PRICING EXCEPTION CODE | | 206 - 206 | X(1) | 1 | CMS |

| FIELD NO. | FIELD NAME | NCPDP FIELD | POSITION | PICTURE | LENGTH | NCPDP, CMS OR PDFS DEFINED |
|---|---|---|---|---|---|---|
| 28 | CATASTROPHIC COVERAGE CODE | | 207 - 207 | X(1) | 1 | CMS |
| 29 | INGREDIENT COST PAID | 506-F6 | 208 - 215 | S9(6)V99 | 8 | NCPDP |
| 30 | DISPENSING FEE PAID | 507-F7 | 216 - 223 | S9(6)V99 | 8 | NCPDP |
| 31 | TOTAL AMOUNT ATTRIBUTED TO SALES TAX | | 224 - 231 | S9(6)V99 | 8 | CMS |
| 32 | GROSS DRUG COST BELOW OUT- OF-POCKET THRESHOLD (GDCB) | | 232 - 239 | S9(6)V99 | 8 | CMS |

| FIELD NO. | FIELD NAME | NCPDP FIELD | POSITION | PICTURE | LENGTH | NCPDP, CMS OR PDFS DEFINED |
|---|---|---|---|---|---|---|
| 33 | GROSS DRUG COST ABOVE OUT-OF-POCKET THRESHOLD (GDCA) | | 240 - 247 | S9(6)V99 | 8 | CMS |
| 34 | PATIENT PAY AMOUNT | 505-F5 | 248 - 255 | S9(6)V99 | 8 | NCPDP |
| 35 | OTHER TROOP AMOUNT | | 256 - 263 | S9(6)V99 | 8 | CMS |
| 36 | LOW INCOME COST SHARING SUBSIDYAMOUNT (LICS) | | 264 - 271 | S9(6)V99 | 8 | CMS |
| 37 | PATIENT LIABILITY REDUCTION DUE TO OTHER PAYER AMOUNT (PLRO) | | 272 - 279 | S9(6)V99 | 8 | CMS |
| 38 | COVERED D PLAN PAID AMOUNT (CPP) | | 280 - 287 | S9(6)V99 | 8 | CMS |
| 39 | NON COVERED PLAN PAID AMOUNT (NPP) | | 288 - 295 | S9(6)V99 | 8 | CMS |
| 40 | ESTIMATED REBATE AT POS | | 296 - 303 | S9(6)V99 | 8 | CMS |

| FIELD NO. | FIELD NAME | NCPDP FIELD | POSITION | PICTURE | LENGTH | NCPDP, CMS OR PDFS DEFINED |
| --- | --- | --- | --- | --- | --- | --- |
| 41 | VACCINE ADMINISTRATION FEE | | 304 - 311 | S9(6)V99 | 8 | CMS |
| 42 | PRESCRIPTION ORIGIN CODE | 419-DJ | 312 - 312 | X(1) | 1 | NCPDP |
| 43 | DATE ORIGINAL CLAIM RECEIVED | | 313 - 320 | 9(8) | 8 | CMS |
| 44 | CLAIM ADJUDICATION BEGAN TIMESTAMP | | 321 - 346 | X(26) | 26 | CMS |
| 45 | TOTAL GROSS COVERED DRUG COST ACCUMULATOR | | 347 - 355 | S9(7)V99 | 9 | CMS |
| 46 | TRUE OUT-OF-POCKET ACCUMULATOR | | 356 - 363 | S9(6)V99 | 8 | CMS |
| 47 | BRAND/GENERIC CODE | | 364 - 364 | X(1) | 1 | CMS |

| FIELD NO. | FIELD NAME | NCPDP FIELD | POSITION | PICTURE | LENGTH | NCPDP, CMS OR PDFS DEFINED |
|---|---|---|---|---|---|---|
| 48 | BEGINNING BENEFIT PHASE | | 365 - 365 | X(1) | 1 | CMS |
| 49 | ENDING BENEFIT PHASE | | 366 - 366 | X(1) | 1 | CMS |
| 50 | REPORTED GAP DISCOUNT | | 367 - 374 | S9(6)V99 | 8 | CMS |
| 51 | TIER | | 375 - 375 | X(1) | 1 | CMS |

| FIELD NO. | FIELD NAME | NCPDP FIELD | POSITION | PICTURE | LENGTH | NCPDP, CMS OR PDFS DEFINED |
|---|---|---|---|---|---|---|
| 52 | FORMULARY CODE | | 376 - 376 | X(1) | 1 | CMS |
| 53 | GAP DISCOUNT PLAN OVERRIDE CODE | | 377 - 377 | X(1) | 1 | CMS |
| 54 | Pharmacy Service Type | | 378 - 379 | X(2) | 2 | CMS |
| 55 | Patient Residence | | 380 - 381 | X(2) | 2 | CMS |

| FIELD NO. | FIELD NAME | NCPDP FIELD | POSITION | PICTURE | LENGTH | NCPDP, CMS OR PDFS DEFINED |
|---|---|---|---|---|---|---|
| 56 | Submission Clarification Code | | 382 - 383 | X(2) | 2 | CMS |
| 57 | FILLER | | 384 - 512 | X(129) | 129 | CMS |

Notes:

For any field that references NCPDP values, please refer to the appropriate NCPDP specification to ensure compliance.
*NCPDP Telecommunications Standard, Version 5.1.*

| DEFINITION / VALUES |
| --- |
| "DET" |
| Must start with 0000001 |
| Optional Field |
| Medicare Health Insurance Claim Number or Railroad Retirement Board (RRB) number. |
| Plan identification of the enrollee. Assigned by plan. |
| CCYYMMDD<br>Optional Field |
| 1 = M<br>2 = F<br><br>Unspecified or unknown values are not accepted |
| CCYYMMDD |
| CCYYMMDD. The date the plan paid the pharmacy for the prescription drug. Mandatory for Fallback plans. Optional for all other plans. |
| The field length of 12 will be implemented in DDPS on January 1, 2011 in anticipation of the implementation of the NCPDP D.0 standard in 2012 . Field will be right justified and filled with 5 leading zeroes. Applies to all PDEs submitted January 1, 2011 and after. |
| SPACES |
| Submit 11 digit NDC only. Fill the first 11 positions, no spaces or hyphens, followed by 8 spaces. Format is MMMMMDDDDPP. DDPS will reject the following billing codes for compounded legend and/or scheduled drugs: 99999999999, 99999999992, 99999999993, 99999999994, 99999999995, and 99999999996 |

| DEFINITION / VALUES |
| --- |
| The type of pharmacy provider identifier used in field 14.<br><br>01 = National Provider Identifier (NPI)<br>06 = UPIN<br>07 = NCPDP Provider ID<br>08 = State License<br>11 = Federal Tax Number<br>99 = Other (Reported Gap Discount must = 0)<br><br>Mandatory for standard format. For standard format, valid values are 01 - NPI or 07 - NCPDP Provider ID.<br><br>For non-standard format any of the above values are acceptable. |
| When Plans report Service Provider ID Qualifier = “99” - Other, populate Service Provider ID with the default value “PAPERCLAIM” defined for TrOOP Facilitation Contract.<br><br>When Plans report Federal Tax Number (TIN), use the following format: ex: 999999999 (do not report embedded dashes). |
| Values = 0 - 99. |
| On PDEs with DOS on or after January 1, 2011, must be blank.<br><br>On PDEs with DOS prior to January 1, 2011, valid values are:<br>Blank = Not Specified<br>P = Partial Fill<br>C = Completion of Partial Fill |
| 0=Not specified<br>1=Not a Compound<br>2=Compound |
| 0=No Product Selection Indicated<br>1=Substitution Not Allowed by Prescriber<br>2=Substitution Allowed - Patient Requested Product Dispensed<br>3=Substitution Allowed - Pharmacist Selected Product Dispensed<br>4=Substitution Allowed - Generic Drug Not in Stock<br>5=Substitution Allowed - Brand Drug Dispensed as Generic<br>6=Override<br>7=Substitution Not Allowed - Brand Drug Mandated by Law<br>8=Substitution Allowed Generic Drug Not Available in Marketplace<br>9=Other |

| DEFINITION / VALUES |
| --- |
| Number of Units, Grams, Milliliters, other. If compounded item, total of all ingredients will be supplied as Quantity Dispensed. |
| SPACES |
| 0 – 999 |
| The type of prescriber identifier used in field 23.<br><br>01 = National Provider Identifier<br>06 = UPIN<br>08 = State License Number<br>12 = Drug Enforcement Administration (DEA) number<br><br>Mandatory for standard format.<br><br>Optional when Non-Standard Format Code = "B", "C", "P", or "X" but must be valid value if present. |
| Mandatory for standard format. Mandatory for non-standard format (Non-Standard Format Code = "B", "C", "P" or "X") when Prescriber ID Qualifier is present and valid, otherwise optional. |
| Coverage status of the drug under Part D and/or the PBP.<br><br>C = Covered<br>E = Supplemental drugs (reported by Enhanced Alternative plans only)<br>O = Over-the-counter drugs |
| A = Adjustment<br>D = Deletion<br>Blank = Original PDE |
| Format of claims originating in a non-standard format.<br><br>B = Beneficiary submitted claim<br>C = COB claim<br>P = Paper claim from provider<br>X = X12 837<br>Blank = NCPDP electronic format |
| M= Medicare as Secondary Payer<br>O = Out-of-network pharmacy (Medicare is Primary)<br>Blank = In-network pharmacy (Medicare is Primary) |

| DEFINITION / VALUES |
| --- |
| Optional for PDEs with DOS January 1, 2011 and forward.<br><br>Mandatory on PDEs with DOS prior to January 1, 2011. Valid values are:<br>A = Attachment Point met on this event<br>C = Above Attachment Point<br>Blank = Attachment Point not met |
| Amount the pharmacy is paid for the drug itself. Dispensing fees or other costs are not included in this amount. |
| Amount the pharmacy is paid for dispensing the medication. The fee may be negotiated with pharmacies at the plan or PBM level. Additional fees may be charged for compounding/mixing multiple drugs. Do not include administrative fees. Vaccine Administration Fee reported in Field 41. |
| Depending on jurisdiction, sales tax may be calculated in different ways or distributed in multiple NCPDP fields. Plans will report the total sales tax for the PDE regardless of how the tax is calculated or reported at point-of-sale. |
| Reports covered drug cost at or below the out of pocket threshold. Any remaining portion of covered drug cost is reported in GDCA. Covered drug cost is the sum of Ingredient Cost Paid + Dispensing Fee Paid + Total Amount Attributed to Sales Tax + Vaccine Administration Fee.<br><br>For DOS prior to January 1, 2011, when the Catastrophic Coverage Code = blank, this field equals the sum of Ingredient Cost Paid + Dispensing Fee Paid + Total Amount Attributed to Sales Tax + Vaccine Administration Fee. When the Catastrophic Coverage Code = 'A', this field equals the portion of Ingredient Cost Paid + Dispensing Fee Paid + Total Amount Attributed to Sales Tax + Vaccine Administration Fee falling at or below the OOP threshold. Any remaining portion is reported in GDCA. This amount increments the Total Gross Covered Drug Cost Accumulator amount. |

| DEFINITION / VALUES |
| --- |
| Reports covered drug cost above the out of pocket threshold. Any remaining portion of covered drug cost is reported in GDCB. Covered drug cost is the sum of Ingredient Cost Paid + Dispensing Fee Paid + Total Amount Attributed to Sales Tax + Vaccine Administration Fee.<br><br>For DOS prior to January 1, 2011, when the Catastrophic Coverage Code = 'C', this field equals the sum of Ingredient Cost Paid + Dispensing Fee Paid + Total Amount Attributed to Sales Tax + Vaccine Administration Fee above the OOP threshold. When the Catastrophic Coverage Code = 'A', this field equals the portion of Ingredient Cost Paid + Dispensing Fee Paid + Total Amount Attributed to Sales Tax + Vaccine Administration Fee falling above the OOP threshold. Any remaining portion is reported in GDCB. This amount increments the Total Gross Covered Drug Cost Accumulator amount. |
| Payments made by the beneficiary or by family or friends at point of sale. This amount increments the True Out-of-Pocket Accumulator amount. |
| Other health insurance payments by TrOOP-eligible other payers (e.g. SPAPs). This field records all third party payments that contribute to a beneficiary's TrOOP except LICS, Patient Pay Amount, and Reported Gap Discount. This amount increments the True Out-of-Pocket Accumulator amount. |
| Amount the plan advanced at point-of-sale due to a beneficiary's LI status. This amount increments the True Out-of-Pocket Accumulator amount. |
| Amounts by which patient liability is reduced due to payment by other payers that are not TrOOP-eligible and do not participate in Part D. Examples of non-TrOOP-eligible payers: group health plans, governmental programs (e.g. VA, TRICARE), Workers' Compensation, Auto/No-Fault/Liability Insurances. |
| The net Medicare covered amount which the plan has paid for a Part D covered drug under the Basic benefit. Amounts paid for supplemental drugs, supplemental cost-sharing and Over-the-Counter drugs are excluded from this field. |
| The amount of plan payment for enhanced alternative benefits (cost sharing fill-in and/or non-Part D drugs). This dollar amount is excluded from risk corridor calculations. |
| The estimated amount of rebate that the plan sponsor has elected to apply to the negotiated price as a reduction in the drug price made available to the beneficiary at the point of sale. This estimate should reflect the rebate amount that the plan sponsor reasonably expects to receive from a pharmaceutical manufacturer or other entity. |

| DEFINITION / VALUES |
|---|
| The amount reported by a pharmacy, physician, or provider to cover the cost of administering a vaccine, excluding the ingredient cost and dispensing fee. |
| Required on PDEs with DOS January 1, 2010 and forward.<br><br>Valid values are:<br>“1” = Written<br>“2” = Telephone<br>“3” = Electronic<br>“4” = Facsimile<br>"5" = Pharmacy<br><br>On PDEs with DOS prior to January 1, 2010, “0” = Not Specified and blank are also allowed. |
| Date sponsor received original claim. Required on PDEs with DOS January 1, 2011 and forward. On PDEs with DOS prior to January 1, 2011, must be blank or zeros. Required for all LI NET PDEs submitted January 1, 2011 and after, regardless of DOS. |
| Date and time sponsor began adjudicating the claim in Greenwich Mean Time. Required on PDEs with DOS January 1, 2011 and forward. On PDEs with DOS prior to January 1, 2011, must be blank or zeros. |
| Sum of beneficiary's covered drug costs for the benefit year known immediately prior to adjudicating the claim. Required on PDEs with DOS January 1, 2011 and forward. On PDEs with DOS prior to January 1, 2011, must be blank or zeros. |
| Sum of beneficiary's incurred costs (Patient Pay Amount, LICS, Other TrOOP Amount, Reported Gap Discount) for the benefit year known immediately prior to adjudicating the claim. Required on PDEs with DOS January 1, 2011 and forward. On PDEs with DOS prior to January 1, 2011, must be blank or zeros. |
| Plan reported value indicating whether the plan adjudicated the claim as a brand or generic drug.<br><br>B - Brand<br>G - Generic<br><br>Required on PDEs with DOS January 1, 2011 and forward. On PDEs with DOS prior to January 1, 2011, must be blank. Applies to covered drugs only. |

| DEFINITION / VALUES |
| --- |
| Plan-defined benefit phase in effect immediately prior to the time the sponsor began adjudicating the individual claim being reported.<br><br>D - Deductible<br>N - Initial Coverage Period<br>G - Coverage Gap<br>C - Catastrophic<br><br>Required on PDEs with DOS January 1, 2011 and forward. On PDEs with DOS prior to January 1, 2011, must be blank. Applies to covered drugs only. |
| Plan-defined benefit phase in effect upon the sponsor completing adjudication of the individual claim being reported.<br><br>D - Deductible<br>N - Initial Coverage Period<br>G - Coverage Gap<br>C - Catastrophic<br><br>Required on PDEs with DOS January 1, 2011 and forward. On PDEs with DOS prior to January 1, 2011, must be blank. Applies to covered drugs only. |
| The reported amount that sponsor advanced at point of sale for the Gap Discount for applicable drugs.<br><br>Required on PDEs with DOS January 1, 2011 and forward.<br><br>On PDEs with DOS prior to January 1, 2011 must be blank or zeros. This amount increments the True Out-of-Pocket Accumulator amount. |
| Formulary tier in which the sponsor adjudicated the claim.<br><br>Values = 1-6 or space.<br><br>Required on PDEs with DOS January 1, 2011 and forward.<br><br>On PDEs with DOS prior to January 1, 2011, must be blank.<br><br>Applies to covered drugs only. |

| DEFINITION / VALUES |
| --- |
| Indicates if the drug is on the plan's formulary.<br><br>F - Formulary<br>N - Non-Formulary<br><br>Required on PDEs with DOS January 1, 2011 and forward.<br><br>On PDEs with DOS prior to January 1, 2011, must be blank.<br><br>Applies to covered drugs only. |
| For future use - values TBD.  Must be blank. |
| Required on PDEs with DOS February 28, 2013 and forward.  Valid values are:<br>01 – Community/Retail Pharmacy Services<br>02 – Compounding Pharmacy Services<br>03 – Home Infusion Therapy Provider Services<br>04 – Institutional Pharmacy Services<br>05 – Long Term Care Pharmacy Services<br>06 – Mail Order Pharmacy Services<br>07 – Managed Care Organization Pharmacy Services<br>08 – Specialty Care Pharmacy Services<br>99 - Other<br><br>For DOS on or before February 27, 2013, can be spaces or any of the valid values listed above. |
| Required on PDEs with DOS February 28, 2013 and forward.  Valid values are:<br>00 – Not specified, other patient residence not identified below<br>01 – Home<br>03 – Nursing Facility<br>04 – Assisted Living Facility<br>06 – Group Home<br>09 – Intermediate Care Facility/Mentally Retarded<br>11 – Hospice<br><br>For DOS on or before February 27, 2013, can be spaces or any of the valid values listed above. |

| DEFINITION / VALUES |
| --- |
| For PDEs with DOS February 28, 2013 and forward IF Patient Residence is "03", valid values are:<br>Spaces<br>16 – Long Term Care (LTC) emergency box or automated dispensing machine<br>21 – LTC dispensing, 14 days or less not applicable<br>22 – LTC dispensing, 7 day supply<br>23 – LTC dispensing, 4 day supply<br>24 – LTC dispensing, 3 day supply<br>25 – LTC dispensing, 2 day supply<br>26 – LTC dispensing, 1 day supply<br>27 – LTC dispensing, 4 day, then 3 day supply<br>28 – LTC dispensing, 2 day, then 2 day, then 3 day supply<br>29 – LTC dispensing, daily during the week then multiple days for weekend<br>30 – LTC dispensing, per shift<br>31 – LTC dispensing, per med pass<br>32 – LTC dispensing, PRN on demand<br>33 – LTC dispensing, other 7 day or less cycle<br>34 – LTC dispensing, 14 day supply<br>35 – LTC dispensing, other 8-14 day dispensing not listed above<br>36 – LTC dispensing, outside short cycle, determined to be Medicare Part D after originally submitted to another payer<br><br>For DOS on or afer February 28, 2013 and a Patient Residence Code not equal to '03', must be spaces.<br><br>For DOS on or before February 27, 2013, must be spaces . |
| SPACES |

| FIELD NO. | FIELD NAME | NCPDP FIELD | POSITION | PICTURE | LENGTH | NCPDP, CMS OR PDFS DEFINED | DEFINITION / VALUES |
|---|---|---|---|---|---|---|---|
| 1 | RECORD ID | | 1 - 3 | X(3) | 3 | PDFS | "BTR" |
| 2 | SEQUENCE NO | | 4 - 10 | 9(7) | 7 | PDFS | Must match BHD. Must start with 0000001. |
| 3 | CONTRACT NO | | 11 - 15 | X(5) | 5 | CMS | Must match BHD |
| 4 | PBP ID | | 16 - 18 | X(3) | 3 | CMS | Must match BHD |
| 5 | DET RECORD TOTAL | | 19 - 25 | 9(7) | 7 | CMS | Total count of DET records |
| 6 | FILLER | | 26 -512 | X(487) | 487 | CMS | SPACES |

| FIELD NO. | FIELD NAME | NCPDP FIELD | POSITION | PICTURE | LENGTH | NCPDP, CMS OR PDFS DEFINED | DEFINITION / VALUES |
|---|---|---|---|---|---|---|---|
| 1 | RECORD ID | | 1 - 3 | X(3) | 3 | PDFS | "TLR" |
| 2 | SUBMITTER ID | | 4 - 9 | X(6) | 6 | CMS | Must match HDR |
| 3 | FILE ID | | 10 - 19 | X(10) | 10 | PDFS | Must match HDR |
| 4 | TLR BHD RECORD TOTAL | | 20 - 28 | 9(9) | 9 | CMS | Total count of BHD records |
| 5 | TLR DET RECORD TOTAL | | 29 - 37 | 9(9) | 9 | CMS | Total count of DET records |
| 6 | FILLER | | 38 -512 | X(475) | 475 | CMS | SPACES |

Note:
Maximum number of detail records per file is 3 million records. If one file contains multiple batches, maximum record count applies to the cumulative total across all batches.

this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.