Prescription Drug Event Record Layout

HDR RECORD

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

BHD RECORD

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

DET RECORD

FIELD NO.	FIELD NAME	NCPDP FIELD	POSITION	PICTURE	LENGTH	NCPDP, CMS OR PDFS DEFINED	DEFINITION / VALUES	M, S, O (See Notes)
1	RECORD ID		1 - 3	X(3)	3	PDFS	"DET"	M
2	SEQUENCE NO		4 - 10	9(7)	7	PDFS	Must start with 0000001	M
3	CLAIM CONTROL NUMBER		11 - 50	X(40)	40	CMS		O
4	HEALTH INSURANCE CLAIM NUMBER (HICN)		51 - 70	X(20)	20	CMS	Medicare Health Insurance Claim Number or Railroad Retirement Board (RRB) number.	M
5	CARDHOLDER ID	302-C2	71 - 90	X(20)	20	NCPDP	Plan identification of the enrollee. Assigned by plan.	M
6	PATIENT DATE OF BIRTH (DOB)	304-C4	91 - 98	9(8)	8	NCPDP	CCYYMMDD	O
7	PATIENT GENDER CODE	305-C5	99 - 99	9(1)	1	NCPDP	1 = M 2 = F Unspecified or unknown values are not accepted	M
8	DATE OF SERVICE (DOS)	401-D1	100 - 107	9(8)	8	NCPDP	CCYYMMDD	M
9	PAID DATE		108 - 115	9(8)	8	CMS	CCYYMMDD, The date the plan paid the pharmacy for the prescription drug.	Fallback plan = M, All other plans = O
10	PRESCRIPTION SERVICE REFERENCE NO	402-D2	116 - 124	9(9)	9	NCPDP	The field length is 9 to accommodate proposed future NCPDP standard. Under 5.1 right justify and fill with 2 leading zeros. When plans compile PDEs from non-standard formats, the plans must assign a unique reference number if necessary. A reference number must be unique for any DOS and Service Provider ID combination.	M
11	FILLER		125 - 126	X(2)	2		SPACES	M

FIELD NO.	FIELD NAME	NCPDP FIELD	POSITION	PICTURE	LENGTH	NCPDP, CMS OR PDFS DEFINED	DEFINITION / VALUES	M, S, O (See Notes)
12	PRODUCT SERVICE ID	407-D7	127 - 145	X(19)	19	NCPDP	DDPS accepts NDC only. Do not report HRI or UPC codes. 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.	M
13	SERVICE PROVIDER ID QUALIFIER	202-B2	146 - 147	X(2)	2	NCPDP	The type of pharmacy provider identifier used in field 14. 01 = National Provider Identifier (NPI) 06 = UPIN 07 = NCPDP Number 08 = State License 11 – Federal Tax Number 99 – Other Values of '06', '08', '11' and '99' only acceptable if non-Standard Format = 'B', 'X' or 'P')	M
14	SERVICE PROVIDER ID	201-B1	148 - 162	X(15)	15	NCPDP	For Standard Data Format, valid values are 01 – NPI or 07 – NCPDP Provider ID For Non-Standard Data Format, any value in Service Provider ID Qualifier is valid. When Plans report Service Provider ID Qualifier = '99' - Other, populate Service Provider ID with the default value "PAPERCLAIM" defined for TrOOP Facilitation Contract. When Plans report Federal Tax Number (TIN), use the following format: ex: 999999999 (do not report embedded dashes)	M
15	FILL NUMBER	403-D3	163 - 164	9(2)	2	NCPDP	Values = 0 - 99. If unavailable, use 0.	M
16	DISPENSING STATUS	343-HD	165 -165	X(1)	1	NCPDP	Blank = Not Specified P = Partial Fill C = Completion of Partial Fill	S
17	COMPOUND CODE	406-D6	166 - 166	9(1)	1	NCPDP	0=Not specified 1=Not a Compound 2=Compound	M

FIELD NO.	FIELD NAME	NCPDP FIELD	POSITION	PICTURE	LENGTH	NCPDP, CMS OR PDFS DEFINED	DEFINITION / VALUES	M, S, O (See Notes)
18	DISPENSE AS WRITTEN (DAW) PRODUCT SELECTION CODE	408-D8	167 - 167	X(1)	1	NCPDP	0=No Product Selection Indicated 1=Substitution Not Allowed by Prescriber 2=Substitution Allowed - Patient Requested Product Dispensed 3=Substitution Allowed - Pharmacist Selected Product Dispensed 4=Substitution Allowed - Generic Drug Not in Stock 5=Substitution Allowed - Brand Drug Dispensed as Generic 6=Override 7=Substitution Not Allowed - Brand Drug Mandated by Law 8=Substitution Allowed Generic Drug Not Available in Marketplace 9=Other	M
19	QUANTITY DISPENSED	442-E7	168 - 177	9(7)V999	10	NCPDP	Number of Units, Grams, Milliliters, other. If compounded item, total of all ingredients will be supplied as Quantity Dispensed.	M
20	DAYS SUPPLY	405-D5	178 - 180	9(3)	3	NCPDP	0 – 999	M
21	PRESCRIBER ID QUALIFIER	466-EZ	181 - 182	X(2)	2	NCPDP	The type of prescriber identifier used in field 22. 01 = National Provider Identifier (NPI when implemented) 06 = UPIN 08 = State License Number 12 = Drug Enforcement Administration (DEA) number	M, O when Non-Standard Format Code= ‘B’ or ‘X’ or ‘P’
22	PRESCRIBER ID	411-DB	183 - 197	X(15)	15	NCPDP		M, O when non-Standard Format Code= ‘B’ or ‘X’ or ‘P’

FIELD NO.	FIELD NAME	NCPDP FIELD	POSITION	PICTURE	LENGTH	NCPDP, CMS OR PDFS DEFINED	DEFINITION / VALUES	M, S, O (See Notes)
23	DRUG COVERAGE STATUS CODE		198 - 198	X(1)	1	CMS	Coverage status of the drug under part D and/or the PBP. C = Covered E = Supplemental drugs (reported by Enhanced Alternative plans only) O = Over-the-counter drugs	M
24	ADJUSTMENT DELETION CODE		199 - 199	X(1)	1	CMS	A = Adjustment D = Deletion Blank = Original PDE	S
25	NON- STANDARD FORMAT CODE		200 - 200	X(1)	1	CMS	Format of claims originating in a non-standard format. X = X12 837 B = Beneficiary submitted claim P = Paper claim from provider Blank = NCPDP electronic format	S
26	PRICING EXCEPTION CODE		201 - 201	X(1)	1	CMS	M = Medicare as Secondary Payer O = Out-of-network pharmacy Blank = In-network pharmacy and Medicare Primary	S
27	CATASTROPHIC COVERAGE CODE		202 - 202	X(1)	1	CMS	A = Attachment Point met on this event C = Above Attachment Point Blank = Attachment Point Not Met	S
28	INGREDIENT COST PAID	506-F6	203 - 210	S9(6)V99	8	NCPDP	Amount the pharmacy is paid for the drug itself. Dispensing fees or other costs are not included in this amount.	M
29	DISPENSING FEE PAID	507-F7	211 - 218	S9(6)V99	8	NCPDP	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.	M
30	TOTAL AMOUNT ATTRIBUTED TO SALES TAX		219 - 226	S9(6)V99	8	CMS	Depending on jurisdiction, Sales Tax may be calculated in different ways or reported in multiple NCPDP fields. Plans will report the total sales tax for the PDE irregardless of how the tax is calculated or reported at point-of-sale.	S

FIELD NO.	FIELD NAME	NCPDP FIELD	POSITION	PICTURE	LENGTH	NCPDP, CMS OR PDFS DEFINED	DEFINITION / VALUES	M, S, O (See Notes)
31	GROSS DRUG COST BELOW OUT- OF-POCKET THRESHOLD (GDCB)		227 - 234	S9(6)V99	8	CMS	When the Catastrophic Coverage Code = blank, this field equals the sum of Ingredient Cost Paid + Dispensing Fee Paid + Total Amount Attributed to Sales Tax. When the Catastrophic Coverage Code = A this field equals the portion of Ingredient Cost Paid + Dispensing Fee Paid + Total Amount Attributed to Sales Tax falling at or below the OOP threshold. The remaining portion is reported in GDCA.	M
32	GROSS DRUG COST ABOVE OUT-OF-POCKET THRESHOLD (GDCA)		235 - 242	S9(6)V99	8	CMS	When the Catastrophic Coverage Code = 'C', this field equals the sum of Ingredient Cost Paid + Dispensing Fee Paid + Total Amount Attributed to Sales Tax 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 falling above the OOP threshold. The remaining portion is reported in GDCB.	M
33	PATIENT PAY AMOUNT	505-F5	243 - 250	S9(6)V99	8	NCPDP	Payments made by the beneficiary or by family or friends at point of sale. These amounts count towards a beneficiary's TrOOP costs.	M
34	OTHER TROOP AMOUNT		251 - 258	S9(6)V99	8	CMS	Other health insurance payments by TrOOP-eligible other payers. This field records all third party payments that contribute to a beneficiary's TrOOP, i.e. all TrOOP eligible payments except LICS and Patient Pay Amount. Examples: payments made on behalf of a beneficiary by charities or qualified SPAPs.	M
35	LOW INCOME COST SHARING SUBSIDYAMOUNT (LICS)		259 - 266	S9(6)V99	8	CMS	Amount the plan reduced patient liability due to a beneficiary's LICS status. The MMA provides for Medicare payments to plans to subsidize the cost-sharing liability of qualifying low-income beneficiaries at the point of sale. This amount counts towards a beneficiary's TrOOP costs.	M

FIELD NO.	FIELD NAME	NCPDP FIELD	POSITION	PICTURE	LENGTH	NCPDP, CMS OR PDFS DEFINED	DEFINITION / VALUES	M, S, O (See Notes)
36	PATIENT LIABILITY REDUCTION DUE TO OTHER PAYER AMOUNT (PLRO)		267 - 274	S9(6)V99	8	CMS	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.	M
37	COVERED D PLAN PAID AMOUNT (CPP)		275 - 282	S9(6)V99	8	CMS	The net amount the plan has paid for a Part D covered drug. Supplemental drugs, supplemental cost-sharing and Over-the-Counter drugs are excluded from this field.	M
38	NON COVERED PLAN PAID AMOUNT (NPP)		283 - 290	S9(6)V99	8	CMS	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 and TrOOP accumulation.	M
39	FILLER		291 - 445	X(155)	155		SPACES	M
40	CORRECTED HICN		446 - 465	X(20)	20			M*
41	ERROR COUNT		466 - 467	9(2)	2			M*
42	ERROR 1		468- 470	X(3)	3	CMS		M*
43	ERROR 2		471 - 473	X(3)	3	CMS		M*
44	ERROR 3		474 - 476	X(3)	3	CMS		M*
45	ERROR 4		477 - 479	X(3)	3	CMS		M*
46	ERROR 5		480 - 482	X(3)	3	CMS		M*

FIELD NO.	FIELD NAME	NCPDP FIELD	POSITION	PICTURE	LENGTH	NCPDP, CMS OR PDFS DEFINED	DEFINITION / VALUES	M, S, O (See Notes)
47	ERROR 6		483 - 485	X(3)	3	CMS		M*
48	ERROR 7		486 - 488	X(3)	3	CMS		M*
49	ERROR 8		489 - 491	X(3)	3	CMS		M*
50	ERROR 9		492 - 494	X(3)	3	CMS		M*
51	ERROR 10		495 - 497	X(3)	3	CMS		M*
52	FILLER		498 - 512	X(15)	15		SPACES	

Notes:
M = Mandatory, S = Situational, O = Optional
For any field that references NCPDP values, please refer to the appropriate NCPDP specification to ensure compliance.
All dollar fields are mandatory. If the field is not applicable, report a default value of zeroes. Since the field is a signed field, plans must utilize the appropriate overpunch signs as specified in the *NCPDP Telecommunications Standard, Version 5.1*.
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.
*Error Count, Corrected HICN, and Errors 1 -10 will be populated as necessary during data processing and will appear only on the return file. Submitters should populate these fields with spaces.

BTR RECORD

FIELD NO.	FIELD NAME	NCPDP FIELD	POSITION	PICTURE	LENGTH	NCPDP, CMS OR PDFS DEFINED	DEFINITION / VALUES	M, S, O (See Notes)
1	RECORD ID		1 - 3	X(3)	3	PDFS	"BTR"	M
2	SEQUENCE NO		4 - 10	9(7)	7	PDFS	Must start with 0000001	M
3	CONTRACT NO		11 - 15	X(5)	5	CMS	Must match BHD	M
4	PBP ID		16 - 18	X(3)	3	CMS	Must match BHD	M
5	DET RECORD TOTAL		19 - 25	9(7)	7	CMS	Total count of DET records	M
6	DET ACCEPTED RECORD TOTAL		26 - 32	9(7)	7	CMS	Total count of DET Accepted records*	M
7	DET INFORMATIONAL RECORD TOTAL		33 - 39	9(7)	7	CMS	Total count of DET Informational records*	M
8	DET REJECTED RECORD TOTAL		40 - 46	9(7)	7	CMS	Total count of DET Rejected records*	M
9	FILLER		47 - 512	X(466)	466		SPACES	

TLR RECORD

FIELD NO.	FIELD NAME	NCPDP FIELD	POSITION	PICTURE	LENGTH	NCPDP, CMS OR PDFS DEFINED	DEFINITION / VALUES	M, S, O (See notes)
1	RECORD ID		1 - 3	X(3)	3	PDFS	"TLR"	M
2	SUBMITTER ID		4 - 9	X(6)	6	CMS	Must match HDR	M
3	FILE ID		10 - 19	X(10)	10	PDFS	Must match HDR	M
4	TLR BHD RECORD TOTAL		20 - 28	9(9)	9	CMS	Total count of BHD records	M
5	TLR DET RECORD TOTAL		29 - 37	9(9)	9	CMS	Total count of DET records	M
6	TLR DET ACCEPTED RECORD TOTAL		38 - 46	9(9)	9	CMS	Total count of DET Accepted records*	M
7	TLR DET INFORMATIONAL RECORD TOTAL		47 - 55	9(9)	9	CMS	Total count of DET Informational records*	M
8	TLR DET REJECTED RECORD TOTAL		56 - 64	9(9)	9	CMS	Total count of DET Rejected records*	M
9	FILLER		65 - 512	X(448)	448		SPACES	

*These fields will be populated as necessary during data processing and will appear only on the return file. Submitters should populate these fields with 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.