

NCPDP VERSION D.Ø B1 BILLING RESPONSE PAYER SHEET
 Medicaid / CHIP / CSHCN / KHC

B1

A RESPONSE

****GENERAL INFORMATION****

Payer Name: Texas Health and Human Services Commission Medicaid/CHIP Vendor Drug Program	
Processor: ACS-Pharmacy	
Effective as of: April 1, 2012	Version/Release: D.Ø
Contact/Information Source: <ul style="list-style-type: none"> • Texas Medicaid Vendor Drug Pharmacy Handbook • Texas Medicaid Vendor Drug Prescription Drug Claim Procedures Manual • Vendor Drug website (txvendordrug.com) 	
Provider Relations Help Desk Info: 1-800-435-4165	

**** OTHER TRANSACTIONS SUPPORTED ****

Payer: Please list each transaction supported with the segments, fields, and pertinent information on each transaction.

Transaction Code	Transaction Name
B1	Billing

The following lists the segments available in a Billing Transaction. The document also lists values as defined under Version D.Ø. The Transaction Header Segment is mandatory. The Segment summaries below list the mandatory data fields. Fields designed as “**Mandatory**” (M) are in accordance with the NCPDP Telecommunication Implementation Guide Version D.Ø and are the only fields designated mandatory. Fields designated as “**Required**” (R) will always be sent. Fields designated as “**Required When**” (RW) will be sent under circumstances that are explained in the Comment column.

Transaction Header Segment: Mandatory				
Field #	NCPDP Field Name	Value	M/R/RW	Comment
1Ø2-A2	Version/Release Number	DØ = Version D.Ø	M	
1Ø3-A3	Transaction Code	B1 = Billing	M	
1Ø9-A9	Transaction Count	1 = One occurrence 2 = Two occurrences 3 = Three occurrences 4 = Four occurrences	M	
5Ø1-F1	Header Response Status	A = Accepted	M	
2Ø2-B2	Service Provider ID Qualifier	Ø1 = National Provider Identifier (NPI)	M	
2Ø1-B1	Service Provider ID		M	1Ø-digit NPI
4Ø1-D1	Date of Service		M	Format = CCYYMMDD

Response Message Segment: Optional				
Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	2Ø = Response Message Segment	M	
5Ø4-F4	Message		RW	Optional

Response Insurance Segment: Not Used				
Field #	NCPDP Field Name	Value	M/R/RW	Comment
111-AM	Segment Identification	25 = Response Insurance Segment	M	Segment NOT REQUIRED at this time; fields intentionally not listed.

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Response Status Segment: Mandatory				
<i>Field</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	21 = Response Status Segment	M	
112-AN	Transaction Response Status	P=Paid D=Duplicate of Paid	M	
5Ø3-F3	Authorization Number		RW	Returned when needed to identify the transaction.
13Ø-UF	Additional Message Information Count	Ø1 – 25	RW	
132-UH	Additional Message Information Qualifier	Ø1 – Ø9	RW (Repeating)	Sequence number of message for each transaction
526-FQ	Additional Message Information	4Ø bytes	RW (Repeating)	
131-UG	Additional message Information Continuity	+ = Current text continues	RW (Repeating)	

Response Claim Segment: Mandatory				
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	22 = Response Claim Segment	M	
455-EM	Prescription/Service Reference Number Qualifier	1 = Rx Billing	M	
4Ø2-D2	Prescription/Service Reference Number		M	Twelve-digit prescription number

Response Pricing Segment: Mandatory				
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	23 = Response Pricing Segment	M	
5Ø5-F5	Patient Pay Amount		R	Amount of Assessed Co-Pay Ø if no co-pay
5Ø6-F6	Ingredient Cost Paid		R	Ingredient Cost Calculated by processor. Included in the 'Total Amount Paid' (5Ø9-F9)
5Ø7-F7	Dispensing Fee Paid		R	Sum of miscellaneous dispensing expenses. Included in the 'Total Amount Paid' (5Ø9-F9)
521-FL	Incentive Amount Paid		RW	Format=s\$\$\$\$\$cc
562-J1	Professional Service Fee Paid		RW	Optional
566-J5	Other Payer Amount Recognized		RW	Sum of all Other Payer Amounts.
5Ø9-F9	Total Amount Paid		R	Value equals (Ingredient Cost Paid 5Ø6-F6 + Dispensing Fee Paid 5Ø7-F7 + Incentive Amount Paid 521-FL) – (Patient Pay Amount 5Ø5-F5 + Other Payer Amount Recognized 566-J5)

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<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
522-FM	Basis of Reimbursement Determination	Ø = Not Specified 1 = Ingredient Cost Paid as Submitted 2 = Ingredient Cost Reduced to AWP Pricing 3 = Ingredient Cost Reduced to AWP Less X% Pricing 4 = Usual & Customary Paid as Submitted 5 = Paid Lower of Ingredient Cost Plus Fees Versus Usual & Customary 6 = MAC Pricing Ingredient Cost Paid 7 = MAC Pricing Ingredient Cost Reduced to MAC 8 = Contract Pricing 9 = Acquisition Pricing 12 = 34ØB / Disproportionate Share Pricing/Public Health Service	R	

Response DUR/PPS Segment: Optional; returned if DUR alerts generated				
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	24 = Response DUR/PPS Segment	M	
567-J6	DUR/PPS Response Code Counter	1 - 9	RW (Repeating)	
439-E4	Reason for Service Code	DD = Drug-Drug Interaction HD = High Dose ID = Ingredient Duplication TD = Therapeutic	RW (Repeating)	
528-FS	Clinical Significance Code	Blank = Not Specified 1 = Major 2 = Moderate 3 = Minor	RW (Repeating)	
529-FT	Other Pharmacy Indicator	Ø = Not Specified 1 = Your Pharmacy 2 = Other Pharmacy in Same Chain 3 = Other Pharmacy	RW (Repeating)	
53Ø-FU	Previous Date of Fill		RW (Repeating)	
531-FV	Quantity of Previous Fill		RW (Repeating)	
532-FW	Database Indicator	Blank = Not Specified 1 = First Databank	RW (Repeating)	
533-FX	Other Prescriber Indicator	Ø = Not Specified 1 = Same Prescriber 2 = Other Prescriber	RW (Repeating)	
544-FY	DUR Free Text Message		RW (Repeating)	Required when text is needed for additional clarification.
57Ø-NS	DUR Additional Text		RW (Repeating)	

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Response Prior Authorization Segment: Not Used				
<i>Field #</i>	<i>NCPDP Field Name</i>	<i>Value</i>	<i>M/R/RW</i>	<i>Comment</i>
111-AM	Segment Identification	24 = Response DUR/PPS Segment	M	Segment NOT REQUIRED at this time; fields intentionally not listed.