

NCPDP VERSION D.Ø B2 REVERSAL REQUEST PAYER SHEET
 Medicaid / CHIP / CSHCN / KHC

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| B2 REQUEST |
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****GENERAL INFORMATION****

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| 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 |
|------------------|------------------|
| B2 | Reversal |

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 in all cases | | | | |
|--|----------------------------------|--|--------|---|
| Field # | NCPDP Field Name | Value | M/R/RW | Comment |
| 1Ø1-A1 | BIN Number | 61ØØ84 | M | |
| 1Ø2-A2 | Version/Release Number | DØ = Version D.Ø | M | |
| 1Ø3-A3 | Transaction Code | B2 = Reversal | M | |
| 1Ø4-A4 | Processor Control Number | DRTXPROD (for Medicaid/STAR Health, CHIP, and CSHCN) DRTXPRODKH (for KHC) | M | |
| 1Ø9-A9 | Transaction Count | 1 = One occurrence 2 = Two occurrences 3 = Three occurrences 4 = Four occurrences | M | |
| 2Ø2-B2 | Service Provider ID Qualifier | Ø1 = National Provided Identifier (NPI) | M | |
| 2Ø1-B1 | Service Provider ID | | M | 1Ø-digit NPI |
| 4Ø1-D1 | Date of Service | | M | Format = CCYYMMDD |
| 11Ø-AK | Software Vendor/Certification ID | | M | Three-digit software identification number with space fill. |

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| 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 | Ø7 = 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 |
| 436-E1 | Product/Service ID Qualifier | Ø3 = National Drug Code | M | |
| 4Ø7-D7 | Product/Service ID | | M | |

| DUR/PPS Segment: Optional | | | | |
|----------------------------------|---------------------------|---|-------------------|------------------------|
| <i>Field #</i> | <i>NCPDP Field Name</i> | <i>Value</i> | <i>M/R/RW</i> | <i>Comment</i> |
| 111-AM | Segment Identification | Ø8 = DUR/PPS Segment | M | |
| 473-7E | DUR Code Counter | 1 to 9 | RW | If segment transmitted |
| 439-E4 | Reason for Service Code | DD = Drug-Drug Interaction HD = High Dose ID = Ingredient Duplication TD = Therapeutic | RW (Repeating) | Optional |
| 44Ø-E5 | Professional Service Code | ØØ = No Intervention MØ = Prescriber consulted PØ = Patient consulted RØ = Pharmacist consulted other source | RW (Repeating) | Optional |
| 441-E6 | Result of Service Code | 1C = Filled, With Different Dose 1D = Filled, With Different Directions 1E = Filled, With Different Drug 1F = Filled, With Different Quantity 2A = Prescription Not Filled 2B = Not Filled, Directions Clarified | RW (Repeating) | Optional |