



# Vendor Drug Program Payer Specifications

Health and Human Services Commission

February 23, 2024

Version 1.2

## Change History

Version	Date	Description
1.0	01/11/2024	Baseline version.
1.1	02/14/2024	Corrected values of “100” to “10” in fields 342-HC (section 2.2.6) and 111-AM (section 2.2.9) for NCPDP Claim Billing (B1) Transaction – Medicaid, CSHCN, and HTW.  Added Benefit Segment Qualifier (BSQ) value 51 to list in field 393-MV (section 1.2.6) for NCPDP Claim Billing (B1) Transaction – KHC.
1.2	2/23/2024	Value updated to reflect “00 = Compound”; Comment updated to reflect “00 = if Compound Code value is 2” (section 2.2.4) for NCPDP Claim Billing (B1) Transaction – Medicaid, CSHCN, and HTW.

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# 1 NCPDP Claim Billing (B1) Transaction – KHC

## 1.1 General Information

- **Payer Name:** Texas Vendor Drug Program (VDP)
  - Kidney Health Care (KHC) Program
- **Processor Name:**
  - Gainwell Technologies (since March 30, 2024)
- **Version/Release:**
  - D.0 (since Feb. 1, 2012)
- **Transaction Code/Name:**
  - B1 / Billing
- **Contact/Information Source:**
  - Texas Pharmacy & Technical Help Desk: (800) 435-4165
  - Texas Pharmacy Provider Procedure Manual: txvendordrug.com
- **Notes:**
  - All submitted data elements are edited for valid format and values.
  - Provider software should support all data elements on the required segments.
  - Reversals match on Provider Number, Prescription (Rx) Number, Product/Service Identifier (ID), and Date of Service (DOS) fields.
  - In cases where multiple iterations of a field (“repeating fields”) are allowed, the maximum number of iterations is indicated.
- **Field Usage Description:**
  - Mandatory (M): Submitted following the National Council for Prescription Drug Programs (NCPDP) Telecommunication Implementation Guide Version D.0.
  - Required (R): Always submitted.
  - Required When (RW): Submitted under circumstances explained in the Comment column.

- Optional (O): Submitted at the discretion of the pharmacy provider.
- Repeating (\*\*R\*\*): Designates a repeating field.



## 1.2 Transaction: Billing Request

### 1.2.1 Transaction Header Segment (mandatory in all cases)

Field #	NCPDP Field Name	Value	Usage	Comment
101-A1	Bank Identification Number (BIN)	025417	M	
102-A2	Version/Release Number	D0 = Version D.0	M	
103-A3	Transaction Code	B1 = Billing	M	Billing Request
104-A4	Processor Control Number	DRTXPRODKH	M	
109-A9	Transaction Count	1 = One Occurrence 2 = Two Occurrences 3 = Three Occurrences 4 = Four Occurrences	M	Compounds must be transmitted as one transaction.
202-B2	Service Provider ID Qualifier	01 = National Provider Identifier (NPI)	M	
201-B1	Service Provider ID		M	10-digit NPI
401-D1	Date of Service		M	Fill Date, Format = CCYYMMDD
110-AK	Software Vendor/Certification ID		M	Three-digit software identification number with space fill.

### 1.2.2 Insurance Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	04 = Insurance Segment	M	
302-C2	Cardholder ID		M	KHC cardholder ID numbers begin with 8.
301-C1	Group ID	KHC	R	Required by VDP. Enter the name of the payer.

### 1.2.3 Patient Segment (required)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	01 = Patient Segment	M	
304-C4	Date of Birth		R	Format = CCYYMMDD
305-C5	Patient Gender Code	0 = Not Specified 1 = Male 2 = Female	R	
311-CB	Patient Last Name		R	Submit a comma as the second character if the last name has only 1 character.

### 1.2.4 Claim Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	07 = Claim Segment	M	

**Vendor Drug Program Payer Specifications  
NCPDP Claim Billing (B1) Transaction – KHC**

Field #	NCPDP Field Name	Value	Usage	Comment
455-EM	Prescription/Service Reference Number Qualifier	1 = Rx Billing	M	
402-D2	Prescription/Service Reference Number		M	12-digit prescription number.
436-E1	Product/Service ID Qualifier	00 = Compound 03 = National Drug Code (NDC)		00 = if Compound Code value is "2"
407-D7	Product/Service ID		M	NDC 0 = if Compound Code value is "2"
442-E7	Quantity Dispensed		R	
403-D3	Fill Number		R	00 = indicates an original prescription 01-11 = indicates a refill prescription
405-D5	Days Supply		R	May not exceed 34 for KHC.
406-D6	Compound Code	1 = Not a Compound 2 = Compound	R	2 = Multi-Ingredient Compound Claim
408-D8	Dispense As Written (DAW) / Product Selection Code	0 = No Product Selection Indicated 1 = Substitution Not Allowed by Prescriber	R	1 = Required when physician wants a brand name dispensed and writes "Brand Necessary" or "Brand Name Medically Necessary" on the face of the prescription to reimburse at National Average Drug Acquisition Cost (NADAC) brand price.

**Vendor Drug Program Payer Specifications  
NCPDP Claim Billing (B1) Transaction – KHC**

Field #	NCPDP Field Name	Value	Usage	Comment
414-DE	Date Prescription Written		R	Format = CCYYMMDD
415-DF	Number of Refills Authorized	0 – 11 = Non-Schedule drugs 0 – 5 = Schedule 3, 4, or 5 drugs 0 = Schedule 2 drugs	R	For Non-Schedule drug, the refill limit = 11.  For Schedule 2 drugs, the refill limit = 0.  For Schedule 3, 4, or 5 drugs or Home Health Supply products, the refill limit = 5.
419-DJ	Prescription Origin Code	0 = Not Known 1 = Written 2 = Telephone 3 = Electronic 4 = Facsimile 5 = Pharmacy	R	
354-NX	Submission Clarification Code Count	1 – 3	RW	
420-DK	Submission Clarification Code	1 = No Override 2 = Other Override 8 = Process Compound For Approved Ingredients 20 = 340B / Disproportionate Share Pricing / Public Health Service	RW ***R***	2 = used when it is medically necessary for the prescribed quantity of a Home Health Supply product to exceed the maximum unit per filling.  8 = used for compound ingredient override.  20 = used for claims dispensed from 340B stock.

**Vendor Drug Program Payer Specifications  
NCPDP Claim Billing (B1) Transaction – KHC**

Field #	NCPDP Field Name	Value	Usage	Comment
460-ET	Quantity Prescribed		RW	Required when Schedule 2 drug.
308-C8	Other Coverage Code	0 = Not Specified by Patient 1 = No Other Coverage 2 = Other Coverage Exists – Payment Collected 3 = Other Coverage Billed – Claim Not Covered 4 = Other Coverage Exists – Payment Not Collected	RW	Required if Coordination of Benefits (COB) segment is transmitted.
600-28	Unit of Measure	EA = Each GM = Grams ML = Milliliters	R	
461-EU	Prior Authorization Type Code	8 = Payer Defined Exemption	RW	Required if Prior Authorization Number Submitted is transmitted.
462-EV	Prior Authorization Number Submitted	901 = Override refill too soon edits for medication synchronization	RW	Required if Prior Authorization Type Code is transmitted.
343-HD	Dispensing Status		O	If submitted, the claim will reject.
344-HF	Quantity Intended To Be Dispensed		O	If anything is submitted in this field, the claim will reject.
345-HG	Days Supply Intended To Be Dispensed		O	If anything is submitted in this field, the claim will reject.
995-E2	Route of Administration		O	

**Vendor Drug Program Payer Specifications  
NCPDP Claim Billing (B1) Transaction – KHC**

Field #	NCPDP Field Name	Value	Usage	Comment
996-G1	Compound Type	01 = Anti-Infective 02 = Ionotropic 03 = Chemotherapy 04 = Pain Management 05 = Total Parenteral Nutrition (TPN)/ Peripheral Parenteral Nutrition (PPN) 06 = Hydration 07 = Ophthalmic 99 = Other	RW	Required when compound code = 2

### 1.2.5 Prescriber Segment (required)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	03 = Prescriber Segment	M	
466-EZ	Prescriber ID Qualifier	01 = NPI	R	
411-DB	Prescriber ID		R	10-digit NPI
427-DR	Prescriber Last Name		O	

### 1.2.6 Coordination of Benefits/Other Payments Segment (optional)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	05 = COB/Other Payments Segment	M	

**Vendor Drug Program Payer Specifications  
NCPDP Claim Billing (B1) Transaction – KHC**

Field #	NCPDP Field Name	Value	Usage	Comment
337-4C	Coordination of Benefits/Other Payments Count	1 - 9	M	
338-5C	Other Payer Coverage Type	Blank = Not Specified 01 = Primary	M ***R***	
339-6C	Other Payer ID Qualifier	<b>KHC with Medicare coverage:</b> 99 = Other	RW ***R***	If the COB segment is transmitted.
340-7C	Other Payer ID	<b>KHC with Medicare Part B:</b> If "Other Payer ID Qualifier" = 99 and Other Payer is Medicare Part B, submit "MEDPARTB"  <b>KHC with Medicare Part C or Part D:</b> If "Other Payer ID Qualifier" = 99 and Other Payer is Medicare Part C or Part D, submit "MEDICARERX"	RW ***R***	
443-E8	Other Payer Date		RW ***R***	If the COB segment is transmitted.  Format = CCYYMMDD
341-HB	Other Payer Amount Paid Count	1 - 9	RW	If "Reject Count" is not transmitted.
342-HC	Other Payer Amount Paid Qualifier	07 = Drug Benefit	RW ***R***	If "Other Payer Amount Paid Count" is transmitted.
431-DV	Other Payer Amount Paid		RW ***R***	If "Other Payer Amount Paid Qualifier" is transmitted.
471-5E	Other Payer Reject Count	1 – 5	RW ***R***	If "Other Payer Amount Paid Count" is not transmitted.

**Vendor Drug Program Payer Specifications  
NCPDP Claim Billing (B1) Transaction – KHC**

Field #	NCPDP Field Name	Value	Usage	Comment
472-6E	Other Payer Reject Code		RW ***R***	If “Other Payer Reject Count” is transmitted.
353-NR	Other Payer-Patient Responsibility Amount Count	1 - 25	O	Optional when Benefit Stage Count is submitted.
351-NP	Other Payer-Patient Responsibility Amount Qualifier		O ***R***	Optional when Benefit Stage Count is submitted.
352-NQ	Other Payer-Patient Responsibility Amount		O ***R***	Optional when Benefit Stage Count is submitted.
392-MU	Benefit Stage Count		RW	Required if “Benefit Stage Qualifier” is submitted.



**Vendor Drug Program Payer Specifications  
NCPDP Claim Billing (B1) Transaction – KHC**

Field #	NCPDP Field Name	Value	Usage	Comment
393-MV	Benefit Stage Qualifier	01 = Deductible 02 = Initial Benefit 03 = Coverage Gap 04 = Catastrophic Coverage 50 = Not paid under Part D, paid under Part C benefit (for Medicare Advantage prescription drug [MA-PD] plan). 51 = Not paid under Part D, paid under Part C benefit (for MA-PD plan). 60 = Not paid under Part D, paid as or under supplemental benefit only. 61 = Part D drug not paid by Part D plan benefit, paid as or under a co-administered insured benefit only. 62 = Non-Part D/non-qualified drug not paid by Part D plan benefit. Paid as or under a co-administered benefit only. 70 = Part D drug not paid by Part D plan benefit, paid by beneficiary under plan-sponsored negotiated pricing. 80 = Non-Part D drug not paid by Part D plan benefit, paid by the beneficiary under plan-sponsored negotiated pricing. 90 = Enhance or Over The Counter (OTC) drug (Prescription Drug Event [PDE] value of Edit/Override [E/O]) not applicable to the Part D drug spend, but is covered by the Part D plan.	RW ***R***	Required if “Benefit Stage Count” is submitted

### 1.2.7 Drug Utilization Review/Professional Pharmacy Service Segment (optional)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	08 = Drug Utilization Review/ Professional Pharmacy Service Segment (DUR/PPS) Segment	M	
473-7E	DUR Code Counter	1 to 9	RW	If the DUR segment is transmitted.
439-E4	Reason for Service Code	DD = Drug-Drug Interaction HD = High Dose ID = Ingredient Duplication TD = Therapeutic	RW ***R***	
440-E5	Professional Service Code	00 = No Intervention M0 = Prescriber consulted P0 = Patient consulted R0 = Pharmacist consulted other source	RW ***R***	
441-E6	Result of Service Code	1A = Filled As Is, False Positive 1B = Filled Prescription As Is 1C = Filled, With Different Dose 1D = Filled, With Different Directions 1F = Filled, With Different Quantity 1G = Filled, With Prescriber Approval 4A = Prescribed With Acknowledgement	RW ***R***	

### 1.2.8 Pricing Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	11 = Pricing Segment	M	
409-D9	Ingredient Cost Submitted		R	
426-DQ	Usual and Customary Charge		R	For claims \$10,000.00 and over, call Gainwell Technologies at (800) 435-4165.
430-DU	Gross Amount Due		R	For claims \$10,000.00 and over, call Gainwell Technologies at (800) 435-4165.

### 1.2.9 Compound Segment (optional)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	10 = Compound Segment	M	

**Vendor Drug Program Payer Specifications  
NCPDP Claim Billing (B1) Transaction – KHC**

Field #	NCPDP Field Name	Value	Usage	Comment
450-EF	Compound Dosage Form Description Code	01 = Capsule 02 = Ointment 03 = Cream 04 = Suppository 05 = Powder 06 = Emulsion 07 = Liquid 10 = Tablet 11 = Solution 12 = Suspension 13 = Lotion 14 = Shampoo 15 = Elixir 16 = Syrup 17 = Lozenge 18 = Enema		
451-EG	Compound Dispensing Unit Form Indicator	1 = Each 2 = Grams 3 = Milliliters	M	
447-EC	Compound Ingredient Component Count	2 – 25	M	
488-RE	Compound Product ID Qualifier	03 = National Drug Code	M ***R***	

**Vendor Drug Program Payer Specifications  
NCPDP Claim Billing (B1) Transaction – KHC**

Field #	NCPDP Field Name	Value	Usage	Comment
489-TE	Compound Product ID		M ***R***	11-digit NDC, Required by HHSC
448-ED	Compound Ingredient Quantity		M ***R***	
449-EE	Compound Ingredient Drug Cost		RW ***R***	Optional
490-UE	Compound Ingredient Basis of Cost Determination	00 = Default 01 = AWP (Average Wholesale Price) 03 = Direct 08 = 340B / Disproportionate Share Pricing/Public Health Service 09 = Other	RW ***R***	Optional If "Blank" or "00", will default to "Direct".

## 1.3 Transaction: Accepted Response

### 1.3.1 Transaction Header Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
102-A2	Version/Release Number	D0 = Version D.0	M	
103-A3	Transaction Code	B1 = Billing	M	Billing Response
109-A9	Transaction Count	1 = One Occurrence 2 = Two Occurrences 3 = Three Occurrences 4 = Four Occurrences	M	
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider ID Qualifier	01 = NPI	M	
201-B1	Service Provider ID		M	10-digit NPI
401-D1	Date of Service		M	Fill Date, Format = CCYYMMDD

### 1.3.2 Response Message Segment (optional)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	20 = Response Message Segment	M	
504-F4	Message		RW	Optional

### 1.3.3 Response Insurance Segment (optional)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	25 = Response Insurance Segment	M	
301-C1	Group ID	K	RW	“K” = KHC
524-FO	Plan ID	K	RW	“K” = KHC

### 1.3.4 Response Status Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	21 = Response Status Segment	M	
112-AN	Transaction Response Status	P=Paid D=Duplicate of Paid	M	
503-F3	Authorization Number		RW	Returned when needed to identify the transaction.
130-UF	Additional Message Information Count	01 – 25	RW	
132-UH	Additional Message Information Qualifier	01 – 09	RW ***R***	The sequence number of message for each transaction.
526-FQ	Additional Message Information		RW ***R***	40 bytes
131-UG	Additional message Information Continuity	+ = Current text continues	RW ***R***	

### 1.3.5 Response Claim Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	22 = Response Claim Segment	M	
455-EM	Prescription/Service Reference Number Qualifier	1 = Rx Billing	M	
402-D2	Prescription/Service Reference Number		M	12-digit prescription number

### 1.3.6 Response Pricing Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	23 = Response Pricing Segment	M	
505-F5	Patient Pay Amount		R	Amount of Assessed Co-Pay 0 = if no Co-Pay
506-F6	Ingredient Cost Paid		R	Ingredient Cost Calculated by the processor. Included in the 'Total Amount Paid' (509-F9).
507-F7	Dispensing Fee Paid		R	Sum of miscellaneous dispensing expenses. Included in the 'Total Amount Paid' (509-F9).
562-J1	Professional Service Fee Paid		RW	Optional



**Vendor Drug Program Payer Specifications  
NCPDP Claim Billing (B1) Transaction – KHC**

Field #	NCPDP Field Name	Value	Usage	Comment
566-J5	Other Payer Amount Recognized		RW	Sum of all Other Payer Amounts. 9 occurrences
509-F9	Total Amount Paid		R	Value equals ["Ingredient Cost Paid" (506-F6) + "Dispensing Fee Paid" (507-F7) – ["Patient Pay Amount" (505-F5) + "Other Payer Amount Recognized" (566-J5)]
522-FM	Basis of Reimbursement Determination	0 = Not Specified 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 8 = Contract Pricing 12 = 340B / Disproportionate Share Pricing/Public Health Service 20 = NADAC 21 = State Average Acquisition Cost (AAC)	R	

### 1.3.7 Response DUR/PPS Segment (optional, returned if DUR alert generated)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	24 = Response DUR/PPS Segment	M	
567-J6	DUR/PPS Response Code Counter	1 – 9	RW ***R***	
439-E4	Reason for Service Code	DD = Drug-Drug Interaction HD = High Dose ID = Ingredient Duplication TD = Therapeutic	RW ***R***	
528-FS	Clinical Significance Code	Blank = Not Specified 1 = Major 2 = Moderate 3 = Minor	RW ***R***	
529-FT	Other Pharmacy Indicator	0 = Not Specified 1 = Your Pharmacy 2 = Other Pharmacy in Same Chain 3 = Other Pharmacy	RW ***R***	
530-FU	Previous Date of Fill		RW ***R***	
531-FV	Quantity of Previous Fill		RW ***R***	
532-FW	Database Indicator	Blank = Not Specified 1 = First Databank	RW ***R***	

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NCPDP Claim Billing (B1) Transaction – KHC**

Field #	NCPDP Field Name	Value	Usage	Comment
533-FX	Other Prescriber Indicator	0 = Not Specified 1 = Same Prescriber 2 = Other Prescriber	RW ***R***	
544-FY	DUR Free Text Message		RW ***R***	Required when text is needed for additional clarification.
570-NS	DUR Additional Text		RW ***R***	

## 1.4 Transaction: Rejected Response

### 1.4.1 Transaction Header Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
102-A2	Version/Release Number	D0 = Version D.0	M	
103-A3	Transaction Code	B1 = Billing	M	Billing Response
109-A9	Transaction Count	1 = One Occurrence 2 = Two Occurrences 3 = Three Occurrences 4 = Four Occurrences	M	
501-F1	Header Response Status	A = Accepted R = Rejected	M	
202-B2	Service Provider ID Qualifier	01 = NPI	M	
201-B1	Service Provider ID		M	10-digit NPI
401-D1	Date of Service		M	Fill Date, Format = CCYYMMDD

### 1.4.2 Response Message Segment (optional)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	20 = Response Message Segment	M	
504-F4	Message		RW	Optional

### 1.4.3 Response Insurance Segment (optional)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	25 = Response Insurance Segment	M	
301-C1	Group ID	K		“K” = KHC
524-FO	Plan ID	K		“K” = KHC

### 1.4.4 Response Status Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	21 = Response Status Segment	M	
112-AN	Transaction Response Status	R = Rejected	M	
503-F3	Authorization Number		RW	Returned when needed to identify the transaction.
510-FA	Reject Count	1 – 5	R	
511-FB	Reject Code		R ***R***	
546-4F	Reject Field Occurrence Indicator		R ***R***	Optional
130-UF	Additional Message Information Count	01 – 25	R	
132-UH	Additional Message Information Qualifier	01 – 09	R ***R***	The sequence number of message for each transaction.

**Vendor Drug Program Payer Specifications  
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Field #	NCPDP Field Name	Value	Usage	Comment
526-FQ	Additional Message Information	0	R ***R***	40 bytes
131-UG	Additional Message Information Continuity	+ = Current text continues	R ***R***	

#### 1.4.5 Response Claim Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	22 = Response Claim Segment	M	
455-EM	Prescription/Service Reference Number Qualifier	1 = Rx Billing	M	
402-D2	Prescription/Service Reference Number		M	12-digit prescription number

#### 1.4.6 Response DUR/PPS Segment (optional, returned if DUR alert generated)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	24 = Response DUR/PPS Segment	M	
567-J6	DUR/PPS Response Code Counter	1 – 9	RW ***R***	

**Vendor Drug Program Payer Specifications  
NCPDP Claim Billing (B1) Transaction – KHC**

Field #	NCPDP Field Name	Value	Usage	Comment
439-E4	Reason for Service Code	DD = Drug-Drug Interaction HD = High Dose ID = Ingredient Duplication TD = Therapeutic	RW ***R***	
528-FS	Clinical Significance Code	Blank = Not Specified 1 = Major 2 = Moderate 3 = Minor	RW ***R***	
529-FT	Other Pharmacy Indicator	0 = Not Specified 1 = Your Pharmacy 2 = Other Pharmacy in Same Chain 3 = Other Pharmacy	RW ***R***	
530-FU	Previous Date of Fill		RW ***R***	
531-FV	Quantity of Previous Fill		RW ***R***	
532-FW	Database Indicator	Blank = Not Specified 1 = First Databank	RW ***R***	
533-FX	Other Prescriber Indicator	0 = Not Specified 1 = Same Prescriber 2 = Other Prescriber	RW ***R***	
544-FY	DUR Free Text Message		RW ***R***	Required when text is needed for additional clarification.

**Vendor Drug Program Payer Specifications  
NCPDP Claim Billing (B1) Transaction – KHC**

Field #	NCPDP Field Name	Value	Usage	Comment
570-NS	DUR Additional Text		RW ***R***	



## 2 NCPDP Claim Billing (B1) Transaction – Medicaid, CSHCN, HTW

### 2.1 General Information

- **Payer Name:** Texas Vendor Drug Program
  - Traditional Medicaid
  - Children with Special Health Care Needs (CSHCN) Services Program
  - Healthy Texas Women (HTW) Program
- **Processor Name:**
  - Gainwell Technologies (since March 30, 2024)
- **Version/Release:**
  - D.00 (since Feb. 1, 2012)
- **Transaction Code/Name:**
  - B1 / Billing
- **Contact/Information Source:**
  - Texas Pharmacy & Technical Help Desk: (800) 435-4165
  - Texas Pharmacy Provider Procedure Manual: txvendordrug.com
- **Notes:**
  - HHSC edits all submitted data elements for valid format and values.
  - Provider software should support all data elements on the required segments.
  - Reversals match Provider Number, Rx Number, Product/Service Identifier (ID), and Date of Service fields.
  - In cases where multiple iterations of a field (“repeating fields”) are allowed, the document identifies the maximum number of iterations.
- **Field Usage Description:**
  - Mandatory (M): Submitted following the NCPDP Telecommunication Implementation Guide Version D.0.
  - Required (R): Always submitted.

- Required When (RW): Submitted under the circumstances explained in the Comment column.
- Optional (O): Submitted at the discretion of the pharmacy provider.
- Repeating (\*\*R\*\*): Designates a repeating field.

## 2.2 Transaction: Billing Request

### 2.2.1 Transaction Header Segment (mandatory in all cases)

Field #	NCPDP Field Name	Value	Usage	Comment
101-A1	BIN	025417	M	
102-A2	Version/Release Number	D00= Version D.0	M	
103-A3	Transaction Code	B1 = Billing	M	Billing Request
104-A4	Processor Control Number	DRTXPROD	M	
109-A9	Transaction Count	1 = One Occurrence 2 = Two Occurrences 3 = Three Occurrences 4 = Four Occurrences	M	Compounds must be transmitted as one transaction.
202-B2	Service Provider ID Qualifier	01 = NPI	M	
201-B1	Service Provider ID		M	10-digit NPI
401-D1	Date of Service		M	Fill Date, Format = CCYYMMDD.
110-AK	Software Vendor/Certification ID		M	3-digit software identification number with space fill.

### 2.2.2 Insurance Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	04 = Insurance Segment	M	
302-C2	Cardholder ID		M	<p>9-digit Medicaid and HTW cardholder ID numbers.</p> <p>9-digit CSHCN cardholder ID numbers begin with 9.</p> <p>16-digit Texas Department of Family and Protective Services (DFPS) ID cardholder numbers are 6-8 digits with leading zeroes.</p>
301-C1	Group ID1	<p>MEDICAID</p> <p>Children's Health Insurance Program (CHIP)</p> <p>CSHCN</p>	R	<p>Enter the name of the payer program.</p> <p>For HTW and DFPS IDs, enter 'MEDICAID'.</p> <p><b>Note:</b> Transactions for CHIP will deny with error code "AF" ("Patient Enrolled Under Managed Care").</p>

### 2.2.3 Patient Segment (required)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	01 = Patient Segment	M	
304-C4	Date of Birth		R	Format = CCYYMMDD

**Vendor Drug Program Payer Specifications**  
**NCPDP Claim Billing (B1) Transaction – Medicaid, CSHCN, HTW**

Field #	NCPDP Field Name	Value	Usage	Comment
305-C5	Patient Gender Code	0 = Not Specified 1 = Male 2 = Female	R	
311-CB	Patient Last Name		R	Submit a comma as the second character if the last name has only 1 character.

## 2.2.4 Claim Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	07 = Claim Segment	M	
455-EM	Prescription/Service Reference Number Qualifier	1 = Rx Billing	M	
402-D2	Prescription/Service Reference Number		M	12-digit prescription number.
436-E1	Product/Service ID Qualifier	00 = Compound 03 = NDC	M	00 = if Compound Code value is "2"
407-D7	Product/Service ID		M	NDC 00= if Compound Code value is "2"
442-E7	Quantity Dispensed		R	

**Vendor Drug Program Payer Specifications**  
**NCPDP Claim Billing (B1) Transaction – Medicaid, CSHCN, HTW**

Field #	NCPDP Field Name	Value	Usage	Comment
403-D3	Fill Number		R	000 = indicates an original prescription.  01-11 = indicates a refill prescription.
405-D5	Days Supply		R	May not exceed 185 for Medicaid and CSHCN.
406-D6	Compound Code	1 = Not a Compound 2 = Compound	R	2 = multi-ingredient compound claim.
408-D8	DAW / Product Selection Code	0 = No Product Selection Indicated 1 = Substitution Not Allowed by Prescriber	R	1 = Required when physician wants a brand name dispensed and writes "Brand Necessary" or "Brand Name Medically Necessary" on the face of the prescription to reimburse at NADAC brand price.
414-DE	Date Prescription Written		R	Format = CCYYMMDD
415-DF	Number of Refills Authorized	00 – 11 = Non-Schedule drugs 00 – 5 = Schedule 3, 4, or 5 drugs 00 = Schedule 2 drugs	R	For Non-Schedule drug, the refill limit = 11.  For Schedule 2 drugs, the refill limit = 0.  For Schedule 3, 4, or 5 drugs or Home Health Supply products, the refill limit = 5.

**Vendor Drug Program Payer Specifications**  
**NCPDP Claim Billing (B1) Transaction – Medicaid, CSHCN, HTW**

Field #	NCPDP Field Name	Value	Usage	Comment
419-DJ	Prescription Origin Code	00= Not Known 1 = Written 2 = Telephone 3 = Electronic 4 = Facsimile 5 = Pharmacy	R	<b>Medicaid:</b>  5 = Required to be used for COVID Vaccines.
354-NX	Submission Clarification Code Count	1 - 3	RW	
420-DK	Submission Clarification Code	1 = No Override 2 = Other Override 7 = Medically Necessary 8 = Process Compound For Approved Ingredients 20 = 340B / Disproportionate Share Pricing/Public Health Service	RW ***R***	<b>Medicaid:</b>  2 = used when medically necessary for the prescribed quantity of a Home Health Supply product to exceed the maximum unit per filling.  7 = used for medically necessary non-formulary drugs when approved.  <b>Medicaid, CSHCN:</b>  8 = used for compound ingredient override.  <b>Medicaid, CSHCN:</b>  20 = used for claims dispensed from 340B stock.
460-ET	Quantity Prescribed		RW	Required when Schedule 2 drug.

**Vendor Drug Program Payer Specifications**  
**NCPDP Claim Billing (B1) Transaction – Medicaid, CSHCN, HTW**

Field #	NCPDP Field Name	Value	Usage	Comment
308-C8	Other Coverage Code	00= Not Specified By Patient 1 = No Other Coverage 2 = Other Coverage Exists – Payment Collected 3 = Other Coverage Billed – Claim Not Covered 4 = Other Coverage Exists – Payment Not Collected	RW	Required if the COB segment is transmitted.
600-28	Unit of Measure	EA = Each GM = Grams ML = Milliliters	R	
461-EU	Prior Authorization Type Code	<b>Medicaid, DFPS ID, and CSHCN:</b> 8 = Payer Defined Exemption	RW	Required if Prior Authorization Number Submitted is transmitted.
462-EV	Prior Authorization Number Submitted	<b>Medicaid:</b> 801 = 72-hour emergency override <b>Medicaid and CSHCN:</b> 826 = Medically accepted indication for vitamins and minerals <b>DFPS ID:</b> 1027 = Submission of DFPS ID <b>All programs:</b> 901 = Override refill too soon edits for medication synchronization	RW	Required if Prior Authorization Type Code is transmitted.
343-HD	Dispensing Status		O	If submitted, the claim will reject.



**Vendor Drug Program Payer Specifications**  
**NCPDP Claim Billing (B1) Transaction – Medicaid, CSHCN, HTW**

Field #	NCPDP Field Name	Value	Usage	Comment
344-HF	Quantity Intended To Be Dispensed		O	If anything is submitted in this field, the claim will reject.
345-HG	Days Supply Intended To Be Dispensed		O	If anything is submitted in this field, the claim will reject.
995-E2	Route of Administration		O	
996-G1	Compound Type	01 = Anti-Infective 02 = Ionotropic 03 = Chemotherapy 04 = Pain Management 05 = TPN/PPN 06 = Hydration 07 = Ophthalmic 99 = Other	RW	Required when compound code = 2

### 2.2.5 Prescriber Segment (required)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	03 = Prescriber Segment	M	
466-EZ	Prescriber ID Qualifier	01 = NPI	R	
411-DB	Prescriber ID		R	10-digit NPI
427-DR	Prescriber Last Name		O	

## 2.2.6 Coordination of Benefits/Other Payments Segment (optional)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	05 = COB/Other Payments Segment	M	
337-4C	Coordination of Benefits/Other Payments Count	1 - 9	M	
338-5C	Other Payer Coverage Type	Blank = Not Specified 01 = Primary 02 = Secondary 03 = Tertiary 04 = Quaternary 05 = Quinary 06 = Senary 07 = Septenary 08 = Octonary 09 = Nonary	M ***R***	
339-6C	Other Payer ID Qualifier	<b>Medicaid with Private Insurance:</b> 03 = BIN <b>CSHCN with Private Insurance:</b> 99 = Other <b>Medicaid with Medicare Coverage:</b> 99 = Other	RW ***R***	If the COB segment is transmitted.

**Vendor Drug Program Payer Specifications**  
**NCPDP Claim Billing (B1) Transaction – Medicaid, CSHCN, HTW**

Field #	NCPDP Field Name	Value	Usage	Comment
340-7C	Other Payer ID		RW ***R***	<b>Medicaid with Private Insurance:</b> If "Other Payer ID Qualifier" = 03, submit Other Payer's BIN. <b>CSHCN with Private Insurance:</b> If "Other Payer ID Qualifier" = 99, submit "CSHCNTPL". <b>Medicaid with Medicare Part B:</b> If "Other Payer ID Qualifier" = 99 and Other Payer is Medicare Part B, submit "MEDPARTB".
443-E8	Other Payer Date		RW ***R***	If the COB segment is transmitted. Format = CCYYMMDD
341-HB	Other Payer Amount Paid Count	1 - 9	RW	If "Reject Count" is not transmitted.

**Vendor Drug Program Payer Specifications**  
**NCPDP Claim Billing (B1) Transaction – Medicaid, CSHCN, HTW**

Field #	NCPDP Field Name	Value	Usage	Comment
342-HC	Other Payer Amount Paid Qualifier	01 = Delivery 02 = Shipping 03 = Postage 04 = Administrative 05 = Incentive 06 = Cognitive Service 07 = Drug Benefit 09 = Compound Prep Cost 10 = Sales Tax	RW ***R***	If "Other Payer Amount Paid Count" is transmitted.
431-DV	Other Payer Amount Paid		RW ***R***	If "Other Payer Amount Paid Qualifier" is transmitted.
471-5E	Other Payer Reject Count	1 – 5	RW ***R***	If "Other Payer Amount Paid Count" is not transmitted.
472-6E	Other Payer Reject Code		RW ***R***	If "Other Payer Reject Count" is transmitted.

### 2.2.7 Drug Use Review/Professional Pharmacy Service Segment (optional)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	08 = DUR/PPS Segment	M	
473-7E	DUR Code Counter	1 to 9	RW	If the DUR segment is transmitted.

**Vendor Drug Program Payer Specifications**  
**NCPDP Claim Billing (B1) Transaction – Medicaid, CSHCN, HTW**

Field #	NCPDP Field Name	Value	Usage	Comment
439-E4	Reason for Service Code	DD = Drug-Drug Interaction HD = High Dose ID = Ingredient Duplication PH = Preventive Health Care PN = Prescriber Consultation PG = Pregnancy PP = Plan Protocol RF = Health Provider Referral TD = Therapeutic	RW ***R***	PH = use for pharmacist reimbursable injection or flu vaccine.  PN = use for pharmacist reimbursable injections.  RF = use for pharmacist reimbursable injections.  PP = use for COVID-19 vaccines.
440-E5	Professional Service Code	00 = No Intervention M0 = Prescriber consulted MA = Medication Administration P0 = Patient consulted R0 = Pharmacist consulted other source	RW ***R***	MA = use for pharmacist reimbursable injections.
441-E6	Result of Service Code	1A = Filled As Is, False Positive 1B = Filled Prescription As Is 1C = Filled, With Different Dose 1D = Filled, With Different Directions 1F = Filled, With Different Quantity 1G = Filled, With Prescriber Approval 3N = Medication Administration 4A = Prescribed With Acknowledgment	RW ***R***	3N = Use for pharmacist reimbursable injections.

### 2.2.8 Pricing Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	11 = Pricing Segment	M	
409-D9	Ingredient Cost Submitted		R	
426-DQ	Usual and Customary Charge		R	For claims \$10,000.00 and over, call Gainwell Technologies at (800) 435-4165.
430-DU	Gross Amount Due		R	For claims \$10,000.00 and over, call Gainwell Technologies at (800) 435-4165.
438-E3	Incentive Amount Submitted		RW	Format = s\$\$\$\$\$cc Use for pharmacist reimbursable injections.

### 2.2.9 Compound Segment (optional)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	10 = Compound Segment	M	

**Vendor Drug Program Payer Specifications**  
**NCPDP Claim Billing (B1) Transaction – Medicaid, CSHCN, HTW**

Field #	NCPDP Field Name	Value	Usage	Comment
450-EF	Compound Dosage Form Description Code	01 = Capsule 02 = Ointment 03 = Cream 04 = Suppository 05 = Powder 06 = Emulsion 07 = Liquid 10 = Tablet 11 = Solution 12 = Suspension 13 = Lotion 14 = Shampoo 15 = Elixir 16 = Syrup 17 = Lozenge 18 = Enema	M	
451-EG	Compound Dispensing Unit Form Indicator	1 = Each 2 = Grams 3 = Milliliters	M	
447-EC	Compound Ingredient Component Count	2 – 25	M	
488-RE	Compound Product ID Qualifier	03 = NDC	M ***R***	

**Vendor Drug Program Payer Specifications**  
**NCPDP Claim Billing (B1) Transaction – Medicaid, CSHCN, HTW**

Field #	NCPDP Field Name	Value	Usage	Comment
489-TE	Compound Product ID		M ***R***	11-digit NDC, required by HHSC.
448-ED	Compound Ingredient Quantity		M ***R***	
449-EE	Compound Ingredient Drug Cost		RW ***R***	Optional



## 2.3 Transaction: Accepted Response

### 2.3.1 Transaction Header Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
102-A2	Version/Release Number	D00= Version D.0	M	
103-A3	Transaction Code	B1 = Billing	M	Billing Response
109-A9	Transaction Count	1 = One Occurrence 2 = Two Occurrences 3 = Three Occurrences 4 = Four Occurrences	M	
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider ID Qualifier	01 = NPI	M	
201-B1	Service Provider ID		M	10-digit NPI
401-D1	Date of Service		M	Fill Date, Format = CCYYMMDD

### 2.3.2 Response Message Segment (optional)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	20 = Response Message Segment	M	
504-F4	Message		RW	Optional

### 2.3.3 Response Insurance Segment (optional)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	25 = Response Insurance Segment	M	
301-C1	Group ID	V C	RW	"V" = Medicaid/HTW "C" = CSHCN
524-FO	Plan ID	V C	RW	"V" = Medicaid/HTW "C" = CSHCN

### 2.3.4 Response Status Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	21 = Response Status Segment	M	
112-AN	Transaction Response Status	P = Paid D = Duplicate of Paid	M	
503-F3	Authorization Number		RW	Returned when needed to identify the transaction.
130-UF	Additional Message Information Count	01 – 25	RW	
132-UH	Additional Message Information Qualifier	01 – 09	RW ***R***	The sequence number of message for each transaction.
526-FQ	Additional Message Information		RW ***R***	400 bytes
131-UG	Additional message Information Continuity	+ = Current text continues	RW ***R***	

### 2.3.5 Response Claim Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	22 = Response Claim Segment	M	
455-EM	Prescription/Service Reference Number Qualifier	1 = Rx Billing	M	
402-D2	Prescription/Service Reference Number		M	12-digit prescription number

### 2.3.6 Response Pricing Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	23 = Response Pricing Segment	M	
505-F5	Patient Pay Amount		R	Amount of Assessed Co-Pay 00 = if no Co-Pay
506-F6	Ingredient Cost Paid		R	Ingredient Cost Calculated by the processor. Included in the 'Total Amount Paid' (509-F9).
507-F7	Dispensing Fee Paid		R	Sum of miscellaneous dispensing expenses. Included in the 'Total Amount Paid' (509-F9).
521-FL	Incentive Amount Paid		RW	Format = s\$\$\$\$\$cc
562-J1	Professional Service Fee Paid		RW	Optional

**Vendor Drug Program Payer Specifications**  
**NCPDP Claim Billing (B1) Transaction – Medicaid, CSHCN, HTW**

Field #	NCPDP Field Name	Value	Usage	Comment
566-J5	Other Payer Amount Recognized		RW	Sum of all Other Payer Amounts. 9 occurrences
509-F9	Total Amount Paid		R	Value equals ["Ingredient Cost Paid" (506-F6) plus "Dispensing Fee Paid" (507-F7) plus "Incentive Amount Paid" (521-FL)] minus ["Patient Pay Amount" (505-F5) plus "Other Payer Amount Recognized" (566-J5)]
522-FM	Basis of Reimbursement Determination	00 = Not Specified 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 8 = Contract Pricing 12 = 340B / Disproportionate Share Pricing/Public Health Service 20 = NADAC 21 = State AAC	R	

### 2.3.7 Response DUR/PPS Segment (optional, returned if DUR alert generated)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	24 = Response DUR/PPS Segment	M	
567-J6	DUR/PPS Response Code Counter	1 – 9	RW ***RW***	
439-E4	Reason for Service Code	DD = Drug-Drug Interaction HD = High Dose ID = Ingredient Duplication PG = Pregnancy PP = Plan Protocol TD = Therapeutic	RW ***RW***	PP = use for COVID-19 vaccines.
528-FS	Clinical Significance Code	Blank = Not Specified 1 = Major 2 = Moderate 3 = Minor	RW ***RW***	
529-FT	Other Pharmacy Indicator	00= Not Specified 1 = Your Pharmacy 2 = Other Pharmacy in Same Chain 3 = Other Pharmacy	RW ***RW***	
530-FU	Previous Date of Fill		RW ***RW***	
531-FV	Quantity of Previous Fill		RW ***RW***	

**Vendor Drug Program Payer Specifications**  
**NCPDP Claim Billing (B1) Transaction – Medicaid, CSHCN, HTW**

Field #	NCPDP Field Name	Value	Usage	Comment
532-FW	Database Indicator	Blank = Not Specified 1 = First Databank	RW ***RW***	
533-FX	Other Prescriber Indicator	00 = Not Specified 1 = Same Prescriber 2 = Other Prescriber	RW ***RW***	
544-FY	DUR Free Text Message		RW ***RW***	Required when text is needed for additional clarification.
570-NS	DUR Additional Text		RW ***RW***	

## 2.4 Transaction: Rejected Response

### 2.4.1 Transaction Header Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
102-A2	Version/Release Number	D00 = Version D.0	M	
103-A3	Transaction Code	B1 = Billing	M	Billing Response
109-A9	Transaction Count	1 = One Occurrence 2 = Two Occurrences 3 = Three Occurrences 4 = Four Occurrences	M	
501-F1	Header Response Status	A = Accepted R = Rejected	M	

**Vendor Drug Program Payer Specifications**  
**NCPDP Claim Billing (B1) Transaction – Medicaid, CSHCN, HTW**

Field #	NCPDP Field Name	Value	Usage	Comment
202-B2	Service Provider ID Qualifier	01 = NPI	M	
201-B1	Service Provider ID		M	10-digit NPI
401-D1	Date of Service		M	Fill Date, Format = CCYYMMDD

### 2.4.2 Response Message Segment (optional)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	20 = Response Message Segment	M	
504-F4	Message		RW	Optional

### 2.4.3 Response Insurance Segment (optional)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	25 = Response Insurance Segment	M	
301-C1	Group ID	V C		"V" = Medicaid/HTW "C" = CSHCN
524-FO	Plan ID	V C		"V" = Medicaid/HTW "C" = CSHCN

#### 2.4.4 Response Status Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	21 = Response Status Segment	M	
112-AN	Transaction Response Status	R = Rejected	M	
503-F3	Authorization Number		RW	Returned when needed to identify the transaction.
510-FA	Reject Count	1 – 5	R	
511-FB	Reject Code		R ***R***	
546-4F	Reject Field Occurrence Indicator		R ***R***	Optional
130-UF	Additional Message Information Count	01 – 25	R	
132-UH	Additional Message Information Qualifier	01 – 09	R ***R***	The sequence number of message for each transaction.
526-FQ	Additional Message Information		R ***R***	
131-UG	Additional Message Information Continuity		R ***R***	



### 2.4.5 Response Claim Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	22 = Response Claim Segment	M	
455-EM	Prescription/Service Reference Number Qualifier	1 = Rx Billing	M	
402-D2	Prescription/Service Reference Number		M	Twelve-digit prescription number.

### 2.4.6 Response DUR/PPS Segment (optional, returned if DUR alert generated)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	24 = Response DUR/PPS Segment	M	
567-J6	DUR/PPS Response Code Counter	1 – 9	RW ***R***	
439-E4	Reason for Service Code	DD = Drug-Drug Interaction HD = High Dose ID = Ingredient Duplication PG = Pregnancy PP = Plan Protocol TD = Therapeutic	RW ***R***	PP = use for COVID-19 vaccines.
528-FS	Clinical Significance Code	Blank = Not Specified 1 = Major 2 = Moderate 3 = Minor	RW ***R***	

**Vendor Drug Program Payer Specifications**  
**NCPDP Claim Billing (B1) Transaction – Medicaid, CSHCN, HTW**

Field #	NCPDP Field Name	Value	Usage	Comment
529-FT	Other Pharmacy Indicator	00 = Not Specified 1 = Your Pharmacy 2 = Other Pharmacy in Same Chain 3 = Other Pharmacy	RW ***R***	
530-FU	Previous Date of Fill		RW ***R***	
531-FV	Quantity of Previous Fill		RW ***R***	
532-FW	Database Indicator	Blank = Not Specified 1 = First Databank	RW ***R***	
533-FX	Other Prescriber Indicator	00 = Not Specified 1 = Same Prescriber 2 = Other Prescriber	RW ***R***	
544-FY	DUR Free Text Message		RW ***R***	Required when text is needed for additional clarification.
570-NS	DUR Additional Text		RW ***R***	

### 3 NCPDP Claim Billing Reversal (B2) Transaction – Medicaid, CSHCN, HTW, KHC

#### 3.1 General Information

- **Payer Name:** Texas Vendor Drug Program
  - Traditional Medicaid
  - CSHCN Services Program
  - HTW Program
  - KHC Program
- **Processor Name:**
  - Gainwell Technologies (since March 30, 2024)
- **Version/Release:**
  - D.0 (since Feb. 1, 2012)
- **Transaction Code/Name:**
  - B2 / Reversal
- **Contact/Information Source:**
  - Texas Pharmacy & Technical Help Desk: (800) 435-4165
  - Texas Pharmacy Provider Procedure Manual: txvendordrug.com
- **Notes:**
  - All submitted data elements are edited for valid format and values.
  - Provider software should support all data elements on the required segments.
  - Reversals match on Provider Number, Rx Number, Product/Service (Identifier) ID, and Date of Service fields.
  - In cases where multiple iterations of a field (“repeating fields”) are allowed, the maximum number of iterations is indicated.
- **Field Usage Description:**

**Vendor Drug Program Payer Specifications**  
**NCPDP Claim Billing Reversal (B2) Transaction – Medicaid, CSHCN, HTW, KHC**

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- Mandatory (M): Submitted following the NCPDP Telecommunication Implementation Guide Version D.0.
- Required (R): Always submitted.
- Required When (RW): Submitted under circumstances explained in the Comment column.
- Optional (O): Submitted at the discretion of the pharmacy provider.
- Repeating (\*\*R\*\*): Designates a repeating field.

## 3.2 Transaction: Reversal Request

### 3.2.1 Transaction Header Segment (mandatory in all cases)

Field #	NCPDP Field Name	Value	Usage	Comment
101-A1	BIN	025417	M	
102-A2	Version/Release Number	D0 = Version D.0	M	
103-A3	Transaction Code	B2 = Reversal	M	Reversal Request
104-A4	Processor Control Number	<b>Medicaid, CSHCN, and HTW:</b> DRTXPROD <b>KHC:</b> DRTXPRODKH	M	
109-A9	Transaction Count	1 = One Occurrence 2 = Two Occurrences 3 = Three Occurrences 4 = Four Occurrences	M	
202-B2	Service Provider ID Qualifier	01 = NPI	M	
201-B1	Service Provider ID		M	10-digit NPI
401-D1	Date of Service		M	Fill Date, Format = CCYYMMDD
110-AK	Software Vendor/Certification ID		M	3-digit software identification number with space fill.

### 3.2.2 Claim Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	07 = Claim Segment	M	
455-EM	Prescription/Service Reference Number Qualifier	1 = Rx Billing	M	
402-D2	Prescription/Service Reference Number		M	12-digit prescription number
436-E1	Product/Service ID Qualifier	00 = Compound 03 = NDC	M	Value “00” if Compound Code = “2”
407-D7	Product/Service ID		M	

### 3.2.3 Drug Utilization Review / Professional Pharmacy Service Segment (optional)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	08 = 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 PP = Plan Protocol TD = Therapeutic	RW ***R***	PP = use for COVID-19 vaccines.

**Vendor Drug Program Payer Specifications**  
**NCPDP Claim Billing Reversal (B2) Transaction – Medicaid, CSHCN, HTW, KHC**

Field #	NCPDP Field Name	Value	Usage	Comment
440-E5	Professional Service Code	00 = No Intervention M0 = Prescriber consulted P0 = Patient consulted R0 = Pharmacist consulted other source	RW ***R***	
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 ***R***	

### 3.3 Transaction: Accepted Response

#### 3.3.1 Transaction Header Segment (mandatory in all cases)

Field #	NCPDP Field Name	Value	Usage	Comment
102-A2	Version/Release Number	D0 = Version D.0	M	
103-A3	Transaction Code	B2 = Reversal	M	Reversal Response
109-A9	Transaction Count	1 = One Occurrence 2 = Two Occurrences 3 = Three Occurrences 4 = Four Occurrences	M	
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider ID Qualifier	01 = NPI	M	
201-B1	Service Provider ID		M	10-digit NPI
401-D1	Date of Service		M	Fill Date, Format = CCYYMMDD

#### 3.3.2 Response Status Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	21 = Response Status Segment	M	
112-AN	Transaction Response Status	A = Approved S = Duplicate of Approved	M	



**Vendor Drug Program Payer Specifications**  
**NCPDP Claim Billing Reversal (B2) Transaction – Medicaid, CSHCN, HTW, KHC**

Field #	NCPDP Field Name	Value	Usage	Comment
503-F3	Authorization Number		RW	Returned when needed to identify the transaction.
130-UF	Additional Message Information Count	01 - 25	RW	
132-UH	Additional Message Information Qualifier	01 – 09	RW ***R***	The sequence number of message for each transaction.
526-FQ	Additional Message Information		RW ***R***	40 bytes
131-UG	Additional message Information Continuity	+ = Current text continues	RW ***R***	

### 3.3.3 Response Claim Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	22 = Response Claim Segment	M	
455-EM	Prescription/Service Reference Number Qualifier	1 = Rx Billing	M	
402-D2	Prescription/Service Reference Number		M	12-digit prescription number

## 3.4 Transaction: Rejected Response

### 3.4.1 Transaction Header Segment (mandatory in all cases)

Field #	NCPDP Field Name	Value	Usage	Comment
102-A2	Version/Release Number	D0 = Version D.0	M	
103-A3	Transaction Code	B2 = Reversal	M	Reversal Response
109-A9	Transaction Count	1 = One Occurrence 2 = Two Occurrences 3 = Three Occurrences 4 = Four Occurrences	M	
501-F1	Header Response Status	A = Accepted R = Rejected	M	
202-B2	Service Provider ID Qualifier	01 = NPI	M	
201-B1	Service Provider ID		M	10-digit NPI
401-D1	Date of Service		M	Fill Date, Format = CCYYMMDD

### 3.4.2 Response Status Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	21 = Response Status Segment	M	
112-AN	Transaction Response Status	R = Rejected	M	
503-F3	Authorization Number		RW	Returned when needed to identify the transaction.

**Vendor Drug Program Payer Specifications**  
**NCPDP Claim Billing Reversal (B2) Transaction – Medicaid, CSHCN, HTW, KHC**

Field #	NCPDP Field Name	Value	Usage	Comment
510-FA	Reject Count	1 – 5	R	
511-FB	Reject Code		R ***R***	
546-4F	Reject Field Occurrence Indicator		R ***R***	Optional
130-UF	Additional Message Information Count	1 – 25	R	
132-UH	Additional Message Information Qualifier	1 – 9	RW ***R***	The sequence number of message for each transaction.
526-FQ	Additional Message Information		RW ***R***	40 bytes
131-UG	Additional message Information Continuity	+ = Current text continues	RW ***R***	

### 3.4.3 Response Claim Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	22 = Response Claim Segment	M	
455-EM	Prescription/Service Reference Number Qualifier	1 = Rx Billing	M	
402-D2	Prescription/Service Reference Number		M	12-digit prescription number

## 4 NCPDP Eligibility Verification (E1) Transaction – Medicaid, CHIP, CSHCN, HTW, KHC

### 4.1 General Information

- **Payer Name:** Texas Vendor Drug Program
  - Traditional Medicaid
  - CHIP
  - CSHCN Services Program
  - HTW Program
  - KHC Program
- **Processor Name:**
  - Gainwell Technologies (since March 30, 2024)
- **Version/Release:**
  - D.0 (since Feb. 1, 2012)
- **Transaction Code/Name:**
  - E1 / Eligibility Verification
- **Contact/Information Source:**
  - Texas Pharmacy & Technical Help Desk: (800) 435-4165
  - Texas Pharmacy Provider Procedure Manual: txvendordrug.com
- **Notes:**
  - All submitted data elements are edited for valid format and values.
  - Provider software should support all data elements on the required segments.
  - In cases where multiple iterations of a field (“repeating fields”) are allowed, the maximum number of iterations is indicated.
- **Field Usage Description:**

**Vendor Drug Program Payer Specifications**  
**NCPDP Eligibility Verification (E1) Transaction – Medicaid, CHIP, CSHCN, HTW, KHC**

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- Mandatory (M): Submitted following the NCPDP Telecommunication Implementation Guide Version D.0.
- Required (R): Always submitted.
- Required When (RW): Submitted under circumstances explained in the Comment column.
- Optional (O): Submitted at the discretion of the pharmacy provider.
- Repeating (\*\*R\*\*): Designates a repeating field.

## 4.2 E1 Transaction: Eligibility Request

### 4.2.1 Transaction Header Segment (mandatory in all cases)

Field #	NCPDP Field Name	Value	Usage	Comment
101-A1	BIN	025417	M	
102-A2	Version/Release Number	D0 = Version D.0	M	
103-A3	Transaction Code	E1 = Eligibility Verification	M	
104-A4	Processor Control Number	DRTXPROD DRTXPRODKH	M	DRTXPROD = Medicaid, CSHCN, and HTW DTXPRODKH = KHC
109-A9	Transaction Count	1 = One Occurrence	M	
202-B2	Service Provider ID Qualifier	01 = NPI	M	
201-B1	Service Provider ID	10-digit NPI	M	
401-D1	Date of Service		M	Fill Date, Format = CCYYMMDD
110-AK	Software Vendor/Certification ID	3-digit software identification number	M	

### 4.2.2 Insurance Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	04 = Insurance Segment	M	

**Vendor Drug Program Payer Specifications**  
**NCPDP Eligibility Verification (E1) Transaction – Medicaid, CHIP, CSHCN, HTW, KHC**

Field #	NCPDP Field Name	Value	Usage	Comment
302-C2	Cardholder ID		R	<p>Recipient Program ID Number</p> <p><b>Medicaid, CHIP, and HTW:</b></p> <p>9-digit numbers begin with 1-6</p> <p><b>CSHCN:</b></p> <p>9-digit numbers begin with 9.</p> <p><b>KHC:</b></p> <p>9-digit numbers begin with 8.</p> <p><b>Social Security Number (SSN):</b></p> <p>9-digit is preceded with "S" (e.g., SSN 123456789 is entered as "S123456789")</p>
313-CD	Cardholder Last Name		O	Optional; must match if transmitted.
301-C1	Group ID	<p>MEDICAID</p> <p>CHIP</p> <p>CSHCN</p> <p>KHC</p>	R	For HTW cardholder IDs, enter 'MEDICAID'.

### 4.2.3 Patient Segment (required)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	01 = Patient Segment	M	
304-C4	Date of Birth		R	Format = CCYYMMDD
305-C5	Patient Gender Code	0 = Not Specified 1 = Male 2 = Female	R	

## 4.3 E1 Transaction: Accepted Response

### 4.3.1 Transaction Header Segment (mandatory in all cases)

Field #	NCPDP Field Name	Value	Usage	Comment
102-A2	Version/Release Number	D0 = Version D.0	M	
103-A3	Transaction Code	E1 = Eligibility Verification	M	Eligibility Verification Response
109-A9	Transaction Count	1 = One Occurrence	M	
501-F1	Header Response Status	A = Accepted	M	
202-B2	Service Provider ID Qualifier	01 = NPI	M	
201-B1	Service Provider ID	10-digit NPI	M	
401-D1	Date of Service		M	Fill Date, Format = CCYYMMDD



### 4.3.2 Response Status Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	21 = Response Status Segment	M	
112-AN	Transaction Response Status	A = Approved	M	
130-UF	Additional Message Information Count	1 – 25	RW	
132-UH	Additional Message Information Qualifier	1 – 09	RW ***R***	The sequence number of message for each transaction.
526-FQ	Additional Message Information		RW ***R***	Cardholder ID is only returned when SSN is transmitted in field 302-C2.  Refer to Field Response for an Accepted Eligibility Verification.
131-UG	Additional Message Information Continuity	+ = Current text continues	RW ***R***	

## 4.4 Field Responses for an Accepted Eligibility Verification

Pharmacies must have an executed Pharmacy Provider agreement with the HHSC for participation in other programs (CHIP, CSHCN, and KHC) before eligibility information is returned.

#### 4.4.1 Medicaid, HTW Program

Message	Explanation
MEDmmddyy-mmddyy	<ul style="list-style-type: none"> <li>The most current or the last effective Medicaid prescription eligibility period based on the date submitted in the "Date of Service" field (401-D1) is returned. This period could include an end date of eligibility if the person has been denied or will be denied for prescription coverage (e.g., MED010103-073104).</li> <li>If the most current eligibility period reflects an actively-enrolled person with no denial of coverage, then only the start date is returned. Zeros (0) are returned as an end date (e.g., MED010103-000000).</li> </ul>
PACE ELIG	<ul style="list-style-type: none"> <li>The person is enrolled in the Programs of All-Inclusive Care for the Elderly (PACE) and has no Medicaid drug benefit.</li> </ul>
CONTACT (Plan name). CLIENT ENROLLED IN THIS PLAN	<ul style="list-style-type: none"> <li>The person is enrolled in a Managed Care Organization (MCO). The message will return the name of the MCO that the person is enrolled in. Refer to the MCO Search at <a href="http://txvendordrug.com">txvendordrug.com</a> for MCO-specific BIN, Processor Control Number (PCN), and Group values.</li> </ul>
MED NOT ELIGIBLE	<ul style="list-style-type: none"> <li>Returned if the person's number is found, but no Medicaid drug eligibility exists.</li> </ul>
UNLIM-RX-mm/yy	<ul style="list-style-type: none"> <li>Designates whether the person qualifies for unlimited prescriptions. The response pertains only to the month of service of the date entered in the "Date of Service" field (401-D1).</li> </ul>
3RX-LIMIT-mm/yy	<ul style="list-style-type: none"> <li>Designates whether the person is limited to three (3) prescriptions per month. The response pertains only to the month of service of the date entered in the "Date of Service" field (401-D1).</li> </ul>
PRIOR ELIG EXIST	<ul style="list-style-type: none"> <li>Returned only if prior occurrences exist to the HHSC eligibility period returned in the "MED" eligibility message.</li> </ul>
POST ELIG EXIST	<ul style="list-style-type: none"> <li>Returned only if post occurrences exist to the HHSC eligibility period returned in the "MED" eligibility message.</li> </ul>
MCBmmddyy-mmddyy	<ul style="list-style-type: none"> <li>Designates Medicare Part B eligibility and effective dates.</li> </ul>
MCDmmddyy-mmddyy	<ul style="list-style-type: none"> <li>Designates Medicare Part D eligibility and effective dates.</li> </ul>

**Vendor Drug Program Payer Specifications**  
**NCPDP Eligibility Verification (E1) Transaction – Medicaid, CHIP, CSHCN, HTW, KHC**

Message	Explanation
OTHER COV EXIST	<p><b>For pharmacies enrolled in CSHCN:</b></p> <ul style="list-style-type: none"> <li>OTHER COV EXIST CSHCN</li> </ul> <p><b>**If the Cardholder ID equals Medicaid drug coverage and the person is dually eligible for both Medicaid and CSHCN, then to obtain CSHCN eligibility information, submit an eligibility verification transaction using the CSHCN Cardholder ID number.</b></p> <p><b>For pharmacies not enrolled in CSHCN:</b></p> <ul style="list-style-type: none"> <li>Gainwell Edit 7131 (Provider ID not Registered or Not Active on DOS)</li> </ul>

#### 4.4.2 CSHCN Services Program

Message	Explanation
CSHCNmmddyy-mmddyy	<ul style="list-style-type: none"> <li>The most current or the last effective CSHCN prescription eligibility period based on the date submitted in the "Date of Service" field (401-D1) is returned. This period could include an end date of eligibility if the person has been denied or will be denied prescription coverage (e.g., CSHCN010103-073104).</li> <li>If the most current eligibility period reflects an actively-enrolled person with no denial of coverage, only the start date is returned. Zeros (0) are returned as an end date (e.g., CSHCN010103-000000).</li> </ul>
ATmmddyy-mmddyy	<ul style="list-style-type: none"> <li>Designates the person's most current period of prior approval for aerosolized Tobramycin if applicable. This eligibility period is always returned, if it exists, regardless of the date entered in the "Date of Service" field (401-D1).</li> <li>Prior approvals are granted for one-year periods and may not match the person's prescription eligibility period shown under "CSHCN." Should a person lose prescription eligibility within a prior approval period, the "one-year" prior approval period is returned, but the person's prescription eligibility will always take precedence.</li> </ul>

**Vendor Drug Program Payer Specifications**  
**NCPDP Eligibility Verification (E1) Transaction – Medicaid, CHIP, CSHCN, HTW, KHC**

Message	Explanation
OTHER COV EXIST	<ul style="list-style-type: none"> <li>Returned if the person is dually eligible for CSHCN and Medicaid.</li> <li>MED ID#nnnnnnnnn - Medicaid Cardholder ID. To obtain Medicaid eligibility information, submit an eligibility verification transaction using the Medicaid Cardholder ID number.</li> </ul>

#### 4.4.3 KHC Program

Message	Explanation
KHCmmddyy-mmddyy	<ul style="list-style-type: none"> <li>The most current or the last effective KHC prescription eligibility period based on the date submitted in the "Date of Service" field (401-D1) is returned. This period could include an end date of eligibility if the person has been denied or will be denied prescription coverage (e.g., KHC010103-073104).</li> <li>If the most current eligibility period reflects an actively-enrolled person with no denial or coverage, only the start date is returned. Zeros (0) are returned as an end date (e.g., KHC010103-000000).</li> </ul>
COPAY \$00 OR \$00	<ul style="list-style-type: none"> <li>The co-payment level of the person, for both brand and generic, is returned.</li> </ul>
MCBmmddyy-mmddyy	<ul style="list-style-type: none"> <li>Designates Medicare Part B eligibility and effective dates.</li> </ul>
MCDmmddyy-mmddyy	<ul style="list-style-type: none"> <li>Designates Medicare Part D eligibility and effective dates.</li> </ul>

#### 4.4.4 CHIP Program

Message	Explanation
CONTACT (Plan name). CLIENT ENROLLED IN THIS PLAN	<ul style="list-style-type: none"> <li>The person is enrolled in a CHIP MCO. The message returns the name of the MCO that the person is enrolled in. Refer to the MCO resource information for MCO-specific BIN, PCN, and Group values.</li> </ul>

## 4.5 E1 Transaction: Rejected Response

### 4.5.1 Transaction Header Segment (mandatory in all cases)

Field #	NCPDP Field Name	Value	Usage	Comment
102-A2	Version/Release Number	D0 = Version D.0	M	
103-A3	Transaction Code	E1 = Eligibility Verification	M	Eligibility Verification Response
109-A9	Transaction Count	1 = One Occurrence	M	
501-F1	Header Response Status	R = Rejected	M	
202-B2	Service Provider ID Qualifier	01 = NPI	M	
201-B1	Service Provider ID	10-digit NPI	M	
401-D1	Date of Service		M	Fill Date, Format = CCYYMMDD

### 4.5.2 Response Status Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	21 = Response Status Segment	M	
112-AN	Transaction Response Status	R = Rejected	M	
510-FA	Reject Count	1 – 5	R	
511-FB	Reject Code		R ***R***	

**Vendor Drug Program Payer Specifications**  
**NCPDP Eligibility Verification (E1) Transaction – Medicaid, CHIP, CSHCN, HTW, KHC**

Field #	NCPDP Field Name	Value	Usage	Comment
130-UF	Additional Message Information Count	1 – 25	RW	
132-UH	Additional Message Information Qualifier	1 – 9	RW ***R***	The sequence number of message for each transaction.
526-FQ	Additional Message Information		RW ***R***	
131-UG	Additional Message Information Continuity	+ = Current text continues	RW ***R***	

## Appendix A Abbreviations

The following table provides definitions of the abbreviations used in this document.

**Table 1:** Abbreviations

Acronym	Definition
AAC	Average Acquisition Cost
AWP	Average Wholesale Price
BIN	Bank Identification Number
CHIP	Children's Health Insurance Program
COB	Coordination of Benefits
CSHCN	Children with Special Health Care Needs
DAW	Dispense As Written
DFPS	Texas Department of Family and Protective Services
DOS	Date of Service
DUR	Drug Utilization Review
E/O	Edit/Override
HHSC	Health and Human Services Commission
HTW	Healthy Texas Women
ID	Identifier
KHC	Kidney Health Care
MCO	Managed Care Organization
NADAC	National Average Drug Acquisition Cost
NCPDP	National Council for Prescription Drug Programs
NDC	National Drug Code
NPI	National Provider Identifier

**Vendor Drug Program Payer Specifications**  
**Abbreviations**

Acronym	Definition
OTC	Over the Counter
PACE	Program of All-Inclusive Care for the Elderly
PCN	Processor Control Number
PDE	Prescription Drug Event
PPN	Peripheral Parenteral Nutrition
PPS	Professional Pharmacy Service
Rx	Prescription
SSN	Social Security Number
TPN	Total Parenteral Nutrition
VDP	Vendor Drug Program