



Vendor Drug Program Payer Specifications

NCPDP Claim Billing (B1) Transaction

- **Last Updated:** Sept. 21, 2020

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General Information

- **Payer Name:** Texas Vendor Drug Program
 - ▶ Kidney Health Care (KHC) Program
- **Processor name:** Conduent (since Jan. 1, 2017)
- **Version/Release:** D.Ø (since Feb. 1, 2012)
- **Transaction Code / Name:** B1 / Billing
- **Contact/Information Source:**
 - ▶ Pharmacy Benefits Access Help Desk: 1-800-435-4165
 - ▶ 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 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:**
 - ▶ Mandatory (M): Submitted following the NCPDP Telecommunication Implementation Guide Version D.Ø.
 - ▶ 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.

Transaction: Billing Request

Transaction Header Segment (mandatory in all cases)

Field #	NCPDP Field Name	Value	Usage	Comment
101-A1	BIN Number	610084	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.

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.

Field #	NCPDP Field Name	Value	Usage	Comment
301-C1	Group ID	KHC	R	Required by VDP. Enter the name of the payer program.

Patient Segment (required)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	Ø1 = Patient Segment	M	
304-C4	Date of Birth		R	Format = CCYYMMDD.
305-C5	Patient Gender Code	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.

Claim Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	Ø7 = 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.
436-E1	Product/Service ID Qualifier	ØØ = Compound Ø3 = National Drug Code (NDC)	M	ØØ = if Compound Code value is "2".

Field #	NCPDP Field Name	Value	Usage	Comment
407-D7	Product/Service ID		M	NDC ∅ = if Compound Code value is "2"
442-E7	Quantity Dispensed		R	
403-D3	Fill Number		R	∅∅ = indicates an original prescription. ∅1-11 = 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	DAW / Product Selection Code	∅ = No Product Selection Indicated 1 = Substitution Not Allowed by Prescriber	R	1 = MAC override when the physician writes "Brand Necessary" on the face of the prescription.
414-DE	Date Prescription Written		R	Format = CCYYMMDD.
415-DF	Number of Refills Authorized	∅ – 11 for Non-schedule drugs ∅ – 5 for Schedule 3, 4, or 5, drugs ∅ for Schedule 2 drugs	R	For Non-schedule drug the limit = 11. For Schedule 2 drugs, the limit = ∅. For Schedule 3, 4, or 5 drugs or Home Health Supply products, the limit = 5.

Field #	NCPDP Field Name	Value	Usage	Comment
419-DJ	Prescription Origin Code	Ø = Not Known 1 = Written 2 = Telephone 3 = Electronic 4 = Facsimile 5 = Pharmacy.	R	
354-NX	Submission Clarification Code Count	1 - 3	RW	
42Ø-DK	Submission Clarification Code	1 = No Override 2 = Other override 8 = Process Compound For Approved Ingredients 2Ø = 34ØB / 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 34ØB stock.
460-ET	Quantity Prescribed		RW	Required when Schedule II drug.
3Ø8-C8	Other Coverage Code	Ø = 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 COB segment is transmitted.
6ØØ-28	Unit of Measure	EA = Each GM = Grams ML = Milliliters	R	

Field #	NCPDP Field Name	Value	Usage	Comment
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	9Ø1 = 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	
996-G1	Compound Type	Ø1 = Anti-Infective Ø2 = Ionotropic Ø3 = Chemotherapy Ø4 = Pain Management Ø5 = TPN/PPN Ø6 = Hydration Ø7 = Ophthalmic 99 = Other	RW	Required when compound code = 2

Prescriber Segment (required)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	Ø3 = Prescriber Segment	M	
466-EZ	Prescriber ID Qualifier	Ø1 = National Provider Identifier (NPI)	R	

Field #	NCPDP Field Name	Value	Usage	Comment
411-DB	Prescriber ID		R	10-digit NPI
427-DR	Prescriber Last Name		O	

Coordination of Benefits/Other Payments Segment (optional)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	Ø5 = 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 Ø1 = Primary Ø2 = Secondary Ø3 = Tertiary Ø4 = Quaternary Ø5 = Quinary Ø6 = Senary Ø7 = Septenary Ø8 = Octonary Ø9 = Nonary	M ***R***	
339-6C	Other Payer ID Qualifier	<u>KHC with Medicare coverage:</u> 99 = Other	RW ***R***	If the COB segment is transmitted.

Field #	NCPDP Field Name	Value	Usage	Comment
340-7C	Other Payer ID		RW ***R***	<u>KHC with Medicare Part B:</u> If "Other Payer ID Qualifier" = 99 and Other Payer is Medicare Part B, submit "MEDPARTB" <u>KHC with Medicare Part D:</u> If "Other Payer ID Qualifier" = 99 and Other Payer is Medicare Part D, submit "MEDICARERX"
443-E8	Other Payer Date		RW ***R***	If the COB segment is transmitted. Format = CCYMMDD
341-HB	Other Payer Amount Paid Count	1 - 9	RW	If "Reject Count" is not transmitted.
342-HC	Other Payer Amount Paid Qualifier	Ø1 = Delivery Ø2 = Shipping Ø3 = Postage Ø4 = Administrative Ø5 = Incentive Ø6 = Cognitive Service Ø7 = Drug Benefit Ø9 = Compound Prep Cost 1Ø = 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.

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

Field #	NCPDP Field Name	Value	Usage	Comment
393-MV	Benefit Stage Qualifier	Ø1=Deductible Ø2=Initial Benefit Ø3=Coverage Gap Ø4=Catastrophic Coverage 5Ø=Not paid under Part D, paid under Part C benefit (for MA-PD plan) 6Ø=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 7Ø=Part D drug not paid by Part D plan benefit, paid by beneficiary under plan-sponsored negotiated pricing 8Ø=Non-Part D drug not paid by Part D plan benefit, paid by the beneficiary under plan-sponsored negotiated pricing 9Ø=Enhance or OTC drug (PDE value of 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
394-MW	Benefit Stage Amount		RW ***R***	Required if "Benefit Stage Count" is submitted

Drug Use Review/Professional Pharmacy Service Segment (optional)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	Ø8 = 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***	
44Ø-E5	Professional Service Code	ØØ = No Intervention MØ = Prescriber consulted PØ = Patient consulted RØ = 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***	

Pricing Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	11 = Pricing Segment	M	
4Ø9-D9	Ingredient Cost Submitted		R	

Field #	NCPDP Field Name	Value	Usage	Comment
426-DQ	Usual and Customary Charge		R	For claims \$10,000.00 and over, call VDP.
43Ø-DU	Gross Amount Due		R	For claims \$10,000.00 and over, call VDP.

Compound Segment (optional)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	1Ø = Compound Segment	M	
45Ø-EF	Compound Dosage Form Description Code	Ø1 = Capsule Ø2 = Ointment Ø3 = Cream Ø4 = Suppository Ø5 = Powder Ø6 = Emulsion Ø7 = Liquid 1Ø = 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	Ø3 = National Drug Code	M ***R***	

Field #	NCPDP Field Name	Value	Usage	Comment
489-TE	Compound Product ID		M ***R***	NDC, Required by VDP
448-ED	Compound Ingredient Quantity		M ***R***	
449-EE	Compound Ingredient Drug Cost		RW ***R***	Optional
49Ø-UE	Compound Ingredient Basis of Cost Determination	ØØ = Default Ø1 = AWP (Average Wholesale Price) Ø3 = Direct Ø8 = 34ØB / Disproportionate Share Pricing/Public Health Service Ø9 = Other	RW ***R***	Optional If "Blank" or "ØØ" will default to "Direct".

Transaction: Accepted Response

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 = National Provider Identifier (NPI)	M	
201-B1	Service Provider ID		M	10-digit NPI
401-D1	Date of Service		M	Fill Date, Format = CCYYMMDD

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

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

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***	

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

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 Ø 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

Field #	NCPDP Field Name	Value	Usage	Comment
562-J1	Professional Service Fee Paid		RW	Optional
566-J5	Other Payer Amount Recognized		RW	Sum of all Other Payer Amounts.
509-F9	Total Amount Paid		R	Value equals ["Ingredient Cost Paid" (506-F6) + "Dispensing Fee Paid" (507-F7) + "Incentive Amount Paid" (521-FL)] – ["Patient Pay Amount" (505-F5) + "Other Payer Amount Recognized" (566-J5)]
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 = 340B / Disproportionate Share Pricing/Public Health Service 2Ø - National Average Drug Acquisition Cost (NADAC)	R	

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	Ø = Not Specified 1 = Your Pharmacy 2 = Other Pharmacy in Same Chain 3 = Other Pharmacy	RW ***R***	
53Ø-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	Ø = 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.

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

Transaction: Rejected Response

Transaction Header Segment (mandatory)

Field #	NCPDP Field Name	Value	Usage	Comment
102-A2	Version/Release Number	DØ = Version D.Ø	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	Ø1 = National Provider Identifier (NPI)	M	
201-B1	Service Provider ID		M	1Ø-digit NPI
401-D1	Date of Service		M	Fill Date, Format = CCYMMDD

Response Message Segment (optional)

Field #	NCPDP Field Name	Value	Usage	Comment
111-AM	Segment Identification	2Ø = Response Message Segment	M	
504-F4	Message		RW	Optional

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

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

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

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

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***	

Field #	NCPDP Field Name	Value	Usage	Comment
528-FS	Clinical Significance Code	Blank = Not Specified 1 = Major 2 = Moderate 3 = Minor	RW ***R***	
529-FT	Other Pharmacy Indicator	Ø = Not Specified 1 = Your Pharmacy 2 = Other Pharmacy in Same Chain 3 = Other Pharmacy	RW ***R***	
53Ø-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	Ø = 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.
57Ø-NS	DUR Additional Text		RW ***R***	

Document History Log

STATUS ¹	REVISION ²	EFFECTIVE	DESCRIPTION ³
Revision	1.1	Sept. 21, 2020	<ul style="list-style-type: none">• Project: Quantity Prescribed for Schedule II Drugs<ul style="list-style-type: none">◦ Billing transaction: claim segment• Format update
Baseline	1.0	Jan. 1, 2017	<ul style="list-style-type: none">• Initial update

1. Status is represented as “Baseline” for initial issuances, “Revision” for changes to the Baseline version, and “Cancellation” for withdrawn versions
2. Revisions are numbered according to the version of the issuance and sequential numbering of the revision; e.g., “1.2” refers to the first version of the document and the second revision.
3. Brief description of the changes to the document made in the revision.