



# Vendor Drug Program Payer Specifications

## *NCPDP Claim Billing (B1) Transaction*

- **Last Updated:** Dec. 21, 2020
- **Effective:** Dec. 28, 2020

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## 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:** 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](http://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 document identifies the maximum number of iterations.
- **Field Usage Description:**
  - ▶ Mandatory (M): Submitted following the NCPDP Telecommunication Implementation Guide Version D.Ø.
  - ▶ 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.

## 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         | DRTXPROD   | M     |   |
| 109-A9  | Transaction Count                | 1 = One Occurrence<br>2 = Two Occurrences<br>3 = Three Occurrences<br>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     |         |

| Field # | NCPDP Field Name | Value                     | Usage | Comment   |
|---------|------------------|---------------------------|-------|---|
| 302-C2  | Cardholder ID    |                           | M     | <p>Medicaid and HTW cardholder ID numbers begin with 1-6.</p> <p>CSHCN cardholder ID numbers begin with 9.</p> <p>DFPS ID cardholder numbers are 6-8 digits with leading 0's for a total of sixteen characters.</p>           |
| 301-C1  | Group ID         | MEDICAID<br>CHIP<br>CSHCN | R     | <p>Required by VDP. 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> |

### 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    | 1 = Male<br>2 = Female | R     |                    |

| Field # | NCPDP Field Name  | Value | Usage | Comment   |
|---------|-------------------|-------|-------|---|
| 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     |  |
| 4Ø2-D2  | Prescription/Service Reference Number           |  | M     | Twelve-digit prescription number.  |
| 436-E1  | Product/Service ID Qualifier                    | ØØ = Compound<br>Ø3 = National Drug Code (NDC) | M     | ØØ = if Compound Code value is "2".  |
| 4Ø7-D7  | Product/Service ID                              |  | M     | NDC<br><br>Ø = if Compound Code value is "2"   |
| 442-E7  | Quantity Dispensed                              |  | R     |  |
| 4Ø3-D3  | Fill Number                                     |  | R     | ØØ = indicates an original prescription.<br><br>Ø1-11 = indicates a refill prescription. |
| 4Ø5-D5  | Days Supply                                     |  | R     | May not exceed 185 for Medicaid and CSHCN.   |
| 4Ø6-D6  | Compound Code                                   | 1 = Not a Compound<br>2 = Compound             | R     | 2 = multi-ingredient compound claim.   |

| Field # | NCPDP Field Name                    | Value   | Usage | Comment   |
|---------|-------------------------------------|---|-------|---|
| 408-D8  | DAW / Product Selection Code        | Ø = No Product Selection Indicated<br>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        | Ø – 11 for Non-schedule drugs<br>Ø – 5 for Schedule 3, 4, or 5, drugs<br>Ø for Schedule 2 drugs   | R     | For Non-schedule drug the limit = 11.<br><br>For Schedule 2 drugs, the limit = Ø.<br><br>For Schedule 3, 4, or 5 drugs or Home Health Supply products, the limit = 5. |
| 419-DJ  | Prescription Origin Code            | Ø = Not Known<br>1 = Written<br>2 = Telephone<br>3 = Electronic<br>4 = Facsimile<br>5 = Pharmacy. | R     |   |
| 354-NX  | Submission Clarification Code Count | 1 - 3   | RW    |   |

| Field # | NCPDP Field Name              | Value  | Usage         | Comment   |
|---------|-------------------------------|--|---------------|---|
| 42Ø-DK  | Submission Clarification Code | 1 = No Override<br>2 = Other override<br>6 = Starter Dose<br>8 = Process Compound For Approved Ingredients<br>2Ø = 34ØB / Disproportionate Share Pricing/Public Health Service                               | RW<br>***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.<br><br>2 = used when the initial dose of the multi-dose COVID vaccine.<br><br>6 = used for final dose of the multi-dose COVID vaccine.<br><br>8 = used for compound ingredient override.<br><br>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<br>1 = No Other Coverage<br>2 = Other Coverage Exists – Payment Collected<br>3 = Other Coverage Billed – Claim Not Covered<br>4 = Other Coverage Exists – Payment Not Collected | RW            | Required if the COB segment is transmitted.   |
| 6ØØ-28  | Unit of Measure               | EA = Each<br>GM = Grams<br>ML = Milliliters  | R             |   |

| Field # | NCPDP Field Name                     | Value   | Usage | Comment  |
|---------|--------------------------------------|---|-------|--|
| 461-EU  | Prior Authorization Type Code        | <u>Medicaid, DFPS ID, and CSHCN:</u><br>8 = Payer Defined Exemption   | RW    | Required if Prior Authorization Number Submitted is transmitted. |
| 462-EV  | Prior Authorization Number Submitted | <u>Medicaid:</u><br>801 = 72-hour emergency override<br><br><u>Medicaid and CSHCN:</u><br>826 = Medically accepted indication for vitamins and minerals<br><br><u>DFPS ID:</u><br>1027 = Submission of DFPS ID<br><br><u>All programs:</u><br>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     |  |



| Field # | NCPDP Field Name | Value  | Usage | Comment                         |
|---------|------------------|--|-------|---------------------------------|
| 996-G1  | Compound Type    | Ø1 = Anti-Infective<br>Ø2 = Ionotropic<br>Ø3 = Chemotherapy<br>Ø4 = Pain Management<br>Ø5 = TPN/PPN<br>Ø6 = Hydration<br>Ø7 = Ophthalmic<br>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     |              |
| 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     |         |

| Field # | NCPDP Field Name          | Value  | Usage         | Comment                            |
|---------|---------------------------|--|---------------|------------------------------------|
| 338-5C  | Other Payer Coverage Type | Blank = Not Specified<br>Ø1 = Primary<br>Ø2 = Secondary<br>Ø3 = Tertiary<br>Ø4 = Quaternary<br>Ø5 = Quinary<br>Ø6 = Senary<br>Ø7 = Septenary<br>Ø8 = Octonary<br>Ø9 = Nonary                         | M<br>***R***  |                                    |
| 339-6C  | Other Payer ID Qualifier  | <u>Medicaid with Private Insurance:</u><br>Ø3 = Bank Information Number (BIN)<br><br><u>CSHCN with Private Insurance:</u><br>99 = Other<br><br><u>Medicaid with Medicare coverage:</u><br>99 = Other | RW<br>***R*** | If the COB segment is transmitted. |

| Field # | NCPDP Field Name                  | Value   | Usage         | Comment  |
|---------|-----------------------------------|---|---------------|--|
| 340-7C  | Other Payer ID                    |   | RW<br>***R*** | <p><u>Medicaid with Private Insurance:</u><br/>If "Other Payer ID Qualifier" = 03, submit Other Payer's BIN.</p> <p><u>CSHCN with Private Insurance:</u><br/>If "Other Payer ID Qualifier" = 99, submit "CSHCNTPL"</p> <p><u>Medicaid with Medicare Part B:</u><br/>If "Other Payer ID Qualifier" = 99 and Other Payer is Medicare Part B, submit "MEDPARTB"</p> |
| 443-E8  | Other Payer Date                  |   | RW<br>***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 | 01 = Delivery<br>02 = Shipping<br>03 = Postage<br>04 = Administrative<br>05 = Incentive<br>06 = Cognitive Service<br>07 = Drug Benefit<br>09 = Compound Prep Cost<br>10 = Sales Tax | RW<br>***R*** | If "Other Payer Amount Paid Count" is transmitted.   |
| 431-DV  | Other Payer Amount Paid           |   | RW<br>***R*** | If "Other Payer Amount Paid Qualifier" is transmitted.   |

| Field # | NCPDP Field Name         | Value | Usage         | Comment  |
|---------|--------------------------|-------|---------------|--|
| 471-5E  | Other Payer Reject Count | 1 – 5 | RW<br>***R*** | If "Other Payer Amount Paid Count" is not transmitted. |
| 472-6E  | Other Payer Reject Code  |       | RW<br>***R*** | If "Other Payer Reject Count" is transmitted.          |

### 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<br>HD = High Dose<br>ID = Ingredient Duplication<br>PH = Preventive Health Care<br>PN = Prescriber Consultation<br>RF = Health Provider Referral<br>TD = Therapeutic | RW<br>***R*** | PH = use for pharmacist reimbursable injection or flu vaccine.<br>PN = use for pharmacist reimbursable injections.<br>RF = use for pharmacist reimbursable injections. |
| 44Ø-E5  | Professional Service Code | ØØ = No Intervention<br>MØ = Prescriber consulted<br>MA = Medication Administration<br>PØ = Patient consulted<br>RØ = Pharmacist consulted other source   | RW<br>***R*** | MA = use for pharmacist reimbursable injections.   |

| Field # | NCPDP Field Name       | Value   | Usage         | Comment  |
|---------|------------------------|---|---------------|--|
| 441-E6  | Result of Service Code | 1A = Filled As Is, False Positive<br>1B = Filled Prescription as is<br>1C = Filled, With Different Dose<br>1D = Filled, With Different Directions<br>1F = Filled, With Different Quantity<br>1G = Filled, With Prescriber Approval<br>3N = Medication Administration<br>4A = Prescribed with acknowledgment | RW<br>***R*** | 3N = Use for pharmacist reimbursable injections. |

### 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 VDP.                              |
| 430-DU  | Gross Amount Due           |                      | R     | For claims \$10,000.00 and over, call VDP.                              |
| 438-E3  | Incentive Amount Submitted |                      | RW    | Format=s\$\$\$\$\$cc<br><br>Use for pharmacist reimbursable injections. |

### Compound Segment (optional)

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

| Field # | NCPDP Field Name                        | Value   | Usage         | Comment              |
|---------|---|---|---------------|----------------------|
| 450-EF  | Compound Dosage Form Description Code   | Ø1 = Capsule<br>Ø2 = Ointment<br>Ø3 = Cream<br>Ø4 = Suppository<br>Ø5 = Powder<br>Ø6 = Emulsion<br>Ø7 = Liquid<br>1Ø = Tablet<br>11 = Solution<br>12 = Suspension<br>13 = Lotion<br>14 = Shampoo<br>15 = Elixir<br>16 = Syrup<br>17 = Lozenge<br>18 = Enema | M             |                      |
| 451-EG  | Compound Dispensing Unit Form Indicator | 1 = Each<br>2 = Grams<br>3 = Milliliters  | M             |                      |
| 447-EC  | Compound Ingredient Component Count     | 2 – 25  | M             |                      |
| 488-RE  | Compound Product ID Qualifier           | Ø3 = National Drug Code   | M<br>***R***  |                      |
| 489-TE  | Compound Product ID                     |   | M<br>***R***  | NDC, Required by VDP |
| 448-ED  | Compound Ingredient Quantity            |   | M<br>***R***  |                      |
| 449-EE  | Compound Ingredient Drug Cost           |   | RW<br>***R*** | Optional             |

| Field # | NCPDP Field Name                                | Value   | Usage         | Comment  |
|---------|---|---|---------------|--|
| 49Ø-UE  | Compound Ingredient Basis of Cost Determination | ØØ = Default<br>Ø1 = AWP (Average Wholesale Price)<br>Ø3 = Direct<br>Ø8 = 34ØB / Disproportionate Share Pricing/Public Health Service<br>Ø9 = Other | RW<br>***R*** | Optional<br>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        | DØ = Version D.Ø   | M     |                              |
| 103-A3  | Transaction Code              | B1 = Billing   | M     | Billing Response             |
| 109-A9  | Transaction Count             | 1 = One Occurrence<br>2 = Two Occurrences<br>3 = Three Occurrences<br>4 = Four Occurrences | M     |                              |
| 501-F1  | Header Response Status        | A = Accepted   | M     |                              |
| 202-B2  | Service Provider ID Qualifier | Ø1 = 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 | 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               | V<br>C                          | RW    | "V" = Medicaid/HTW<br>"C" = CSHCN |
| 524-FO  | Plan ID                | V<br>C                          | RW    | "V" = Medicaid/HTW<br>"C" = CSHCN |

### 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<br>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<br>***R*** | The sequence number of message for each transaction |
| 526-FQ  | Additional Message Information            |                               | RW<br>***R*** | 40 bytes  |
| 131-UG  | Additional message Information Continuity | + = Current text continues    | RW<br>***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<br><br>Ø if no co-pay  |
| 506-F6  | Ingredient Cost Paid   |                               | R     | Ingredient Cost Calculated by the processor.<br><br>Included in the 'Total Amount Paid' (509-F9) |
| 507-F7  | Dispensing Fee Paid    |                               | R     | Sum of miscellaneous dispensing expenses.<br><br>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<br>1 = Ingredient Cost Paid as Submitted<br>2 = Ingredient Cost Reduced to AWP Pricing<br>3 = Ingredient Cost Reduced to AWP Less X% Pricing<br>4 = Usual & Customary Paid as Submitted<br>5 = Paid Lower of Ingredient Cost Plus Fees Versus Usual & Customary<br>6 = MAC Pricing Ingredient Cost Paid<br>7 = MAC Pricing Ingredient Cost Reduced to MAC<br>8 = Contract Pricing<br>9 = Acquisition Pricing<br>12 = 340B / Disproportionate Share Pricing/Public Health Service<br>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<br>***R*** |  |
| 439-E4  | Reason for Service Code       | DD = Drug-Drug Interaction<br>HD = High Dose<br>ID = Ingredient Duplication<br>TD = Therapeutic  | RW<br>***R*** |  |
| 528-FS  | Clinical Significance Code    | Blank = Not Specified<br>1 = Major<br>2 = Moderate<br>3 = Minor                                  | RW<br>***R*** |  |
| 529-FT  | Other Pharmacy Indicator      | Ø = Not Specified<br>1 = Your Pharmacy<br>2 = Other Pharmacy in Same Chain<br>3 = Other Pharmacy | RW<br>***R*** |  |
| 53Ø-FU  | Previous Date of Fill         |  | RW<br>***R*** |  |
| 531-FV  | Quantity of Previous Fill     |  | RW<br>***R*** |  |
| 532-FW  | Database Indicator            | Blank = Not Specified<br>1 = First Databank  | RW<br>***R*** |  |
| 533-FX  | Other Prescriber Indicator    | Ø = Not Specified<br>1 = Same Prescriber<br>2 = Other Prescriber                                 | RW<br>***R*** |  |
| 544-FY  | DUR Free Text Message         |  | RW<br>***R*** | Required when text is needed for additional clarification. |

| Field # | NCPDP Field Name    | Value | Usage         | Comment |
|---------|---------------------|-------|---------------|---------|
| 570-NS  | DUR Additional Text |       | RW<br>***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<br>2 = Two Occurrences<br>3 = Three Occurrences<br>4 = Four Occurrences | M     |                             |
| 501-F1  | Header Response Status        | A = Accepted<br>R = Rejected   | M     |                             |
| 202-B2  | Service Provider ID Qualifier | Ø1 = National Provider Identifier (NPI)  | M     |                             |
| 201-B1  | Service Provider ID           |  | M     | 10-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               | V<br>C                          |       | "V" = Medicaid/HTW<br>"C" = CSHCN |
| 524-FO  | Plan ID                | V<br>C                          |       | "V" = Medicaid/HTW<br>"C" = CSHCN |

### 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<br>***R*** |   |
| 546-4F  | Reject Field Occurrence Indicator        |                              | R<br>***R*** | Optional  |
| 130-UF  | Additional Message Information Count     | 01 – 25                      | R            |   |
| 132-UH  | Additional Message Information Qualifier | 01 – 09                      | R<br>***R*** | The sequence number of message for each transaction |

| Field # | NCPDP Field Name                          | Value                      | Usage        | Comment |
|---------|---|----------------------------|--------------|---------|
| 526-FQ  | Additional Message Information            | 40 bytes                   | R<br>***R*** |         |
| 131-UG  | Additional Message Information Continuity | + = Current text continues | R<br>***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<br>***R*** |         |
| 439-E4  | Reason for Service Code       | DD = Drug-Drug Interaction<br>HD = High Dose<br>ID = Ingredient Duplication<br>TD = Therapeutic | RW<br>***R*** |         |



| Field # | NCPDP Field Name           | Value  | Usage         | Comment  |
|---------|----------------------------|--|---------------|--|
| 528-FS  | Clinical Significance Code | Blank = Not Specified<br>1 = Major<br>2 = Moderate<br>3 = Minor                                  | RW<br>***R*** |  |
| 529-FT  | Other Pharmacy Indicator   | Ø = Not Specified<br>1 = Your Pharmacy<br>2 = Other Pharmacy in Same Chain<br>3 = Other Pharmacy | RW<br>***R*** |  |
| 53Ø-FU  | Previous Date of Fill      |  | RW<br>***R*** |  |
| 531-FV  | Quantity of Previous Fill  |  | RW<br>***R*** |  |
| 532-FW  | Database Indicator         | Blank = Not Specified<br>1 = First Databank  | RW<br>***R*** |  |
| 533-FX  | Other Prescriber Indicator | Ø = Not Specified<br>1 = Same Prescriber<br>2 = Other Prescriber                                 | RW<br>***R*** |  |
| 544-FY  | DUR Free Text Message      |  | RW<br>***R*** | Required when text is needed for additional clarification. |
| 57Ø-NS  | DUR Additional Text        |  | RW<br>***R*** |  |

## Document History Log

| STATUS <sup>1</sup> | REVISION <sup>2</sup> | EFFECTIVE      | DESCRIPTION <sup>3</sup>   |
|---------------------|-----------------------|----------------|--|
| Revision            | 1.2                   | Dec. 28, 2020  | <ul style="list-style-type: none"> <li>• Project: COVID-19 Vaccine               <ul style="list-style-type: none"> <li>◦ Billing transaction: claim segment (Submission Clarification Code)</li> </ul> </li> </ul>  |
| Revision            | 1.1                   | Sept. 21, 2020 | <ul style="list-style-type: none"> <li>• Project: Quantity Prescribed for Schedule II Drugs               <ul style="list-style-type: none"> <li>◦ Billing transaction: claim segment</li> </ul> </li> <li>• Project: Pharmacist Reimbursable Injections               <ul style="list-style-type: none"> <li>◦ Billing transaction: DUR/PPS, pricing segments</li> </ul> </li> <li>• Format update</li> </ul> |
| Baseline            | 1.0                   | Jan. 1, 2017   | <ul style="list-style-type: none"> <li>• Initial update</li> </ul>   |

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.