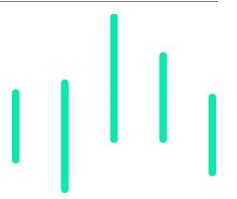gainwell

Vendor Drug Program Payer Specifications

Health and Human Services Commission

Traditional Medicaid and Healthy Texas Women (HTW) Program

October 4, 2024

Version 1.1

Change History

Version	Date	Description
1.0	08/1/2024	Baseline version.
1.1	10/4/2024	Added value of "9" in field 461-EU and 462-EV "*When Disaster occurs, number and details will be issued" for NCPDP Claim Billing (B1) Transaction

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1 NCPDP Claim Billing (B1) Transaction – Medicaid, HTW

1.1 General Information

- **Payer Name:** Texas Vendor Drug Program
  - Traditional Medicaid
  - 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.

- o Optional (O): Submitted at the discretion of the pharmacy provider.
- o 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	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.

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	9-digit Medicaid and HTW cardholder ID numbers. 16-digit Texas Department of Family and Protective Services (DFPS) ID cardholder numbers are 6-8 digits with leading zeroes.
301-C1	Group ID	MEDICAID Children's Health Insurance Program (CHIP)	R	Enter the name of the payer program. For HTW and DFPS IDs, enter 'MEDICAID'. **Note:** Transactions for CHIP will deny with error code "AF" ("Patient Enrolled Under Managed Care").

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

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.

1.2.4 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	

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.
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.

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	**Medicaid:** 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***	**Medicaid:** 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. **Medicaid:** 8 = used for compound ingredient override. **Medicaid:** 20 = used for claims dispensed from 340B stock.
460-ET	Quantity Prescribed		RW	Required when Schedule 2 drug.

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	**Medicaid, and DFPS ID:** 8 = Payer Defined Exemption 9 = Emergency Preparedness	RW	Required if Prior Authorization Number Submitted is transmitted.
462-EV	Prior Authorization Number Submitted	**Medicaid:** 801 = 72-hour emergency override **Medicaid:** 826 = Medically accepted indication for vitamins and minerals **DFPS ID:** 1027 = Submission of DFPS ID **All programs:** 901 = Override refill too soon edits for medication synchronization *When disaster occurs, number and details will be issued	RW	Required if Prior Authorization Type Code is transmitted.

Field #	NCPDP Field Name	Value	Usage	Comment
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	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

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

Field #	NCPDP Field Name	Value	Usage	Comment
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	
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	**Medicaid with Private Insurance:** 03 = BIN **Medicaid with Medicare Coverage:** 99 = Other	RW ***R***	If the COB segment is transmitted.

Field #	NCPDP Field Name	Value	Usage	Comment
340-7C	Other Payer ID		RW ***R***	**Medicaid with Private Insurance:** If "Other Payer ID Qualifier" = 03, submit Other Payer's BIN. **Medicaid with Medicare Part 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.
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.

Field #	NCPDP Field Name	Value	Usage	Comment
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.

1.2.7 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.
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.

Field #	NCPDP Field Name	Value	Usage	Comment
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.

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.

Field #	NCPDP Field Name	Value	Usage	Comment
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.

1.2.9 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	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***	

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

1.3 Transaction: Accepted Response

1.3.1 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

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	V	RW	"V" = Medicaid/HTW
524-FO	Plan ID	V	RW	"V" = Medicaid/HTW

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***	400 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 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

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	

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 ***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***	

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***	

1.4 Transaction: Rejected Response

1.4.1 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	

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

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	V		"V" = Medicaid/HTW
524-FO	Plan ID	V		"V" = Medicaid/HTW

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.
526-FQ	Additional Message Information		R ***R***	
131-UG	Additional Message Information Continuity		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	Twelve-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***	
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***	

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***	

2 NCPDP Claim Billing Reversal (B2) Transaction – Medicaid and HTW

2.1 General Information

- **Payer Name:** Texas Vendor Drug Program
    - Traditional Medicaid
    - HTW 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:**
    - Mandatory (M): Submitted following the NCPDP Telecommunication Implementation Guide Version D.0.
    - Required (R): Always submitted.

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

2.2 Transaction: Reversal 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	D0 = Version D.0	M	
103-A3	Transaction Code	B2 = Reversal	M	Reversal Request
104-A4	Processor Control Number	**Medicaid and HTW:** DRTXPROD	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.

2.2.2 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	

2.2.3 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.

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***	

2.3 Transaction: Accepted Response

2.3.1 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

2.3.2 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	

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***	

2.3.3 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

2.4 Transaction: Rejected Response

2.4.1 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

2.4.2 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.

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***	

2.4.3 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

3 NCPDP Eligibility Verification (E1) Transaction – Medicaid, HTW & CHIP

3.1 General Information

- **Payer Name:** Texas Vendor Drug Program
  - o Traditional Medicaid
  - o CHIP
  - o HTW Program

- **Processor Name:**
  - o Gainwell Technologies (since March 30, 2024)

- **Version/Release:**
  - o D.0 (since Feb. 1, 2012)

- **Transaction Code/Name:**
  - o E1 / Eligibility Verification

- **Contact/Information Source:**
  - o Texas Pharmacy & Technical Help Desk: (800) 435-4165
  - o Texas Pharmacy Provider Procedure Manual: txvendordrug.com

- **Notes:**
  - o All submitted data elements are edited for valid format and values.
  - o Provider software should support all data elements on the required segments.
  - o In cases where multiple iterations of a field ("repeating fields") are allowed, the maximum number of iterations is indicated.

- **Field Usage Description:**
  - o Mandatory (M): Submitted following the NCPDP Telecommunication Implementation Guide Version D.0.
  - o Required (R): Always submitted.
  - o Required When (RW): Submitted under circumstances explained in the Comment column.

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

3.2 E1 Transaction: Eligibility 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	E1 = Eligibility Verification	M	
104-A4	Processor Control Number	DRTXPROD	M	DRTXPROD = Medicaid, and HTW
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	

3.2.2 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		R	Recipient Program ID Number **Medicaid, CHIP, and HTW:** 9-digit numbers begin with 1-6 **Social Security Number (SSN):** 9-digit is proceeded with "S" (e.g., SSN 123456789 is entered as "S123456789")
313-CD	Cardholder Last Name		O	Optional; must match if transmitted.
301-C1	Group ID	MEDICAID CHIP	R	For HTW cardholder IDs, enter 'MEDICAID'.

3.2.3 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	R	

Field #	NCPDP Field Name	Value	Usage	Comment
		2 = Female		

3.3 E1 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	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

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	M	

Field #	NCPDP Field Name	Value	Usage	Comment
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***	

3.4 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.

3.4.1 Medicaid, HTW Program

Message	Explanation
MEDmmddyy-mmddyy	• 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). • 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).

Message	Explanation
PACE ELIG	• The person is enrolled in the Programs of All-Inclusive Care for the Elderly (PACE) and has no Medicaid drug benefit.
CONTACT (Plan name). CLIENT ENROLLED IN THIS PLAN	• 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 txvendordrug.com for MCO-specific BIN, Processor Control Number (PCN), and Group values.
MED NOT ELIGIBLE	• Returned if the person's number is found, but no Medicaid drug eligibility exists.
UNLIM-RX-mm/yy	• 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).
3RX-LIMIT-mm/yy	• 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).
PRIOR ELIG EXIST	• Returned only if prior occurrences exist to the HHSC eligibility period returned in the "MED" eligibility message.
POST ELIG EXIST	• Returned only if post occurrences exist to the HHSC eligibility period returned in the "MED" eligibility message.
MCBmmddyy-mmddyy	• Designates Medicare Part B eligibility and effective dates.
MCDmmddyy-mmddyy	• Designates Medicare Part D eligibility and effective dates.
OTHER COV EXIST	**For pharmacies enrolled in CSHCN:** • OTHER COV EXIST CSHCN **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. **For pharmacies not enrolled in CSHCN:** • Gainwell Edit 7131 (Provider ID not Registered or Not Active on DOS)

3.4.2 CHIP Program

Message	Explanation
CONTACT (Plan name). CLIENT ENROLLED IN THIS PLAN	• 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.

3.5 E1 Transaction: Rejected Response

3.5.1 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

3.5.2 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***	

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
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
OTC	Over the Counter

Acronym	Definition
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