

FIRST HEALTH SERVICES

PAYER SPECIFICATIONS INFORMATION for

South Carolina Medicaid Pharmacy Services

First Health Services Corporation (First Health Services), on behalf of the ***South Carolina Department of Health and Human Services***, implemented NCPDP v.5.1 effective September 10, 2003, with requirements that all designated transactions and segments support the NCPDP v.5.1 format. NCPDP v.5.1 functionality is being rolled out incrementally. Please check with your software vendor to ensure that you are able to support NCPDP v.5.1 as required by the ***South Carolina Department of Health and Human Services***.

February 22, 2008

General Information:

PAYER: South Carolina Medicaid Pharmacy Services	
Processor: First Health Services	Information Source: First Health Services
Effective as of: September 10, 2003	Document Date: August 8, 2003
Provider Help Desk Number (Richmond): 866 – 254 - 1669	Testing/ Certification Help Number: 804 – 934 - 4247 or Vendor_Certification@fhsc.com
Other versions supported: None	Testing/ Certification Window: TBD

➤ **Version 5.1 Transactions** (some transactions may be required at a future date to be determined):

NCPDP Lower Version Transaction Code	NCPDP Lower Version Transaction Name	NCPDP V.5.1 Transaction Code	NCPDP V.5.1 Transaction Name	Transaction Support Requirements
00	Eligibility Verification	E1	Eligibility Verification	Required <future date>.
01 – 04	Rx Billing	B1	Billing	Required <9/10/2003>.
11	Rx Reversal	B2	Reversal	Required <9/10/2003>.
21 – 24	Rx Downtime Billing	N/A	N/A	Not supported in v.5.1.
31 – 34	Rx Re-billing	B3	Re-bill	Required <9/10/2003>.
41	Prior Authorization Request with Request for Payment	P1	Prior Authorization Request and Billing	Required <future date>.
45	Prior Authorization Inquiry	P3	Prior Authorization Inquiry	Required <future date>.
46	Prior Authorization Reversal	P2	Prior Authorization Reversal	Required <future date>.
51	Prior Authorization Request Only	P4	Prior Authorization Request Only	Required <future date>.
81 – 84	Rx DUR	N1	Information Reporting	No planned requirements at this time; may be required at a future date.
91 – 94	Rx Refill	N/A		Not supported in v.5.1.
N/A	N/A	N2	Information Reporting Reversal	No planned requirements at this time; may be required at a future date.
N/A	N/A	N3	Information Reporting Re-bill	No planned requirements at this time; may be required at a future date.
N/A	N/A	C1	Controlled Substance Reporting	No planned requirements at this time; may be required at a future date.
N/A	N/A	C2	Controlled Substance Reporting Reversal	No planned requirements at this time; may be required at a future date.
N/A	N/A	C3	Controlled Substance Reporting Re-bill	No planned requirements at this time; may be required at a future date.

➤ **Version 5.1 Transaction Segments Mandatory/ Situational/ Not Sent:**

NCPDP Request Segment Matrix									Segment Support Requirements
Transaction Code	E1	B1	B2	B3	P1	P2	P3	P4	Some segments may be required at a future date to be determined.
Segment									
Header	M	M	M	M	M	M	M	M	Required <9/10/2003>.
Patient	S	S	S	S	S	S	S	S	Required <9/10/2003>.
Insurance	M	M	S	M	M	S	M	M	Required <9/10/2003>.
Claim	N	M	M	M	M	M	M	M	Required <9/10/2003>.
Pharmacy Provider	S	S	N	S	S	S	S	S	No planned requirements at this time; may be required at a future date.
Prescriber	N	S	N	S	S	S	S	S	Required <9/10/2003>.
COB/ Other Payments	N	S	N	S	S	N	S	S	Required <9/10/2003>.
Worker's Comp	N	S	N	S	S	S	S	S	Not required.
DUR/ PPS	N	S	S	S	S	S	S	S	Required <9/10/2003>.
Pricing	N	M	S	M	M	S	S	S	Required <9/10/2003>.
Coupon	N	S	N	S	S	S	S	S	No planned requirements at this time; may be required at a future date.
Compound	N	S	N	S	S	S	S	S	Required 7/6/2005.
PA	N	S	N	S	M	S	M	M	Required <future date>.
Clinical	N	S	N	S	S	N	N	S	Required <future date>.

NCPDP Designations: M = Mandatory (required at all times); S = Situational (required in designated conditions); N = Not Sent (not necessary).

NOTE: Some segments indicated as "Situational" by NCPDP may be "Required" to support specific transactions for this program.

➤ **Important notes regarding v. 5.1:**

For claims submitted on 7/6/2005 and thereafter, compounds will be processed using the Compound Segment. Effective 7/6/2005, "dummy" NDC numbers may no longer be submitted when billing for a compounded prescription.
In cases where there is a repeating field, the maximum number of iterations has been indicated.
Partial fill functionality will be supported on 7/6/2005.
Reversals require a match on Provider Number (i.e., NPI number), Rx Number, DOS and NDC/product ID.
FIRST HEALTH edits any/all data elements submitted for valid format and values.
Provider software must support any/all data elements on the required segments.

➤ **Field requirement legend:**

Code	Description
M	Designated as MANDATORY in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1. These fields must be sent if the segment is required for the transaction.
S	Designated as situational in accordance with the NCPDP Telecommunication Implementation Guide Version 5.1. It is necessary to send these fields in noted situations. Some fields designated as situational by NCPDP may be required for all South Carolina Medicaid Pharmacy Services transactions.
X***R***	The “R***” indicates that the field is repeating. One of the other designators, ‘M’, ‘or ‘S,’ will precede it.
NOTES:	
1. Specific field values that are required for the program are identified as “ SOUTH CAROLINA VALUES SUPPORTED ”.	
2. There may be additional information regarding field values in the Provider Manual.	

TRANSACTION HEADER SEGMENT		Segment MANDATORY for all transactions.	
Field	Field Name	Mandatory Situational	SOUTH CAROLINA VALUES SUPPORTED
1Ø1-A1	BIN NUMBER	M	ØØ9745 South Carolina Medicaid Pharmacy Services
1Ø2-A2	VERSION/RELEASE NUMBER	M	51
1Ø3-A3	TRANSACTION CODE	M	B1, B2, B3
1Ø4-A4	PROCESSOR CONTROL NUMBER	M	P006009745
1Ø9-A9	TRANSACTION COUNT	M	B1 = 1-4 B2 = 1-4 B3 = 1-4
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	M	Ø1 = NPI (National Provider ID)
2Ø1-B1	SERVICE PROVIDER ID	M	NPI Provider Number <provider specific>
4Ø1-D1	DATE OF SERVICE	M	Format = CCYYMMDD
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	M	Assigned when software vendor is certified with FIRST HEALTH; will reject if missing or not valid.

PATIENT SEGMENT		Segment REQUIRED for these transactions: B1 and B3.	
Field	Field Name	Mandatory Situational	SOUTH CAROLINA VALUES SUPPORTED
111-AM	SEGMENT IDENTIFICATION	M	Ø1 = Patient Segment
331-CX	PATIENT ID QUALIFIER	S	
332-CY	PATIENT ID	S	
3Ø4-C4	DATE OF BIRTH	S	
3Ø5-C5	PATIENT GENDER CODE	S	
31Ø-CA	PATIENT FIRST NAME	S	Required for this program for eligibility validation.
311-CB	PATIENT LAST NAME	S	Required for this program for eligibility validation.
322-CM	PATIENT STREET ADDRESS	S	
323-CN	PATIENT CITY ADDRESS	S	
324-CO	PATIENT STATE/PROVINCE ADDRESS	S	
325-CP	PATIENT ZIP/POSTAL ZONE	S	
326-CQ	PATIENT PHONE NUMBER	S	
3Ø7-C7	PATIENT LOCATION	S	Required for this program when needed to identify the patient's living conditions.
333-CZ	EMPLOYER ID	S	
334-1C	SMOKER / NON-SMOKER CODE	S	
335-2C	PREGNANCY INDICATOR	S	

INSURANCE SEGMENT		Segment MANDATORY for these transactions: E1, B1, and B3.	
Field	Field Name	Mandatory Situational	SOUTH CAROLINA VALUES SUPPORTED
111-AM	SEGMENT IDENTIFICATION	M	Ø4 = Insurance Segment
3Ø2-C2	CARDHOLDER ID	M	Medicaid ID Number <patient specific> (CARDHOLDER ID # FOR SILVERXCARD IS SSN)
312-CC	CARDHOLDER FIRST NAME	S	
313-CD	CARDHOLDER LAST NAME	S	
314-CE	HOME PLAN	S	
524-FO	PLAN ID	S	
3Ø9-C9	ELIGIBILITY CLARIFICATION CODE	S	
336-8C	FACILITY ID	S	
3Ø1-C1	GROUP ID	S	Required for this program. SCMEDICAID
3Ø3-C3	PERSON CODE	S	
3Ø6-C6	PATIENT RELATIONSHIP CODE	S	

CLAIM SEGMENT		Segment MANDATORY for these transactions: B1, B2, and B3.	
Field	Field Name	Mandatory Situational	SOUTH CAROLINA VALUES SUPPORTED
111-AM	SEGMENT IDENTIFICATION	M	Ø7 = Claim Segment
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	1 = Rx billing
4Ø2-D2	PRESCRIPTION/SERVICE REFERENCE NUMBER	M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	M	Ø3 = NDC
4Ø7-D7	PRODUCT/SERVICE ID	M	NDC * The pharmacy will submit all zeroes in this field for a multi-ingredient compound
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE #	S	
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	S	
458-SE	PROCEDURE MODIFIER CODE COUNT	S	
459-ER	PROCEDURE MODIFIER CODE	S***R***	
442-E7	QUANTITY DISPENSED	S	Required for this program; expressed in metric decimal units.
4Ø3-D3	FILL NUMBER	S	Required for this program.
4Ø5-D5	DAYS SUPPLY	S	Required for this program.
4Ø6-D6	COMPOUND CODE	S	Required for this program. Ø = Not specified 1 = Not a compound 2 = Compound
4Ø8-D8	DISPENSE AS WRITTEN (DAW) /PRODUCT SELECTION CODE	S	Required for this program. Ø = No product selection indicated 1 = Substitution not allowed by prescriber 2 = Substitution allowed – patient requested brand 3 = Substitution allowed – pharmacist selected product dispensed 4 = Substitution allowed – generic drug not in stock 5 = Substitution allowed – brand drug dispensed as generic 6 = Override 7 = Substitution not allowed – brand drug mandated by law 8 = Substitution allowed – generic drug not available in marketplace 9 = other
414-DE	DATE PRESCRIPTION WRITTEN	S	Required for this program.
415-DF	NUMBER OF REFILLS AUTHORIZED	S	Required for this program.
419-DJ	PRESCRIPTION ORIGIN CODE	S	
42Ø-DK	SUBMISSION CLARIFICATION CODE	S	Required when needed to provide additional information for coverage purposes.
46Ø-ET	QUANTITY PRESCRIBED	S	
3Ø8-C8	OTHER COVERAGE CODE	S	Required for this program. ØØ = Not specified Ø1 = no other coverage Ø2 = other coverage exists – payment collected Ø3 = other coverage exists – claim not covered Ø4 = Other coverage exists – payment not collected Ø5 = Managed care plan denial Ø6 = Other coverage denied – not a participating provider Ø7 = Other coverage exists – not in effect on DOS Ø8 = Claim is billing for co pay

CLAIM SEGMENT		Segment MANDATORY for these transactions: B1, B2, and B3.	
Field	Field Name	Mandatory Situational	SOUTH CAROLINA VALUES SUPPORTED
429-DT	UNIT DOSE INDICATOR	S	
453-EJ	ORIGINALLY PRESCRIBED PRODUCT/SERVICE ID QUALIFIER	S	
445-EA	ORIGINALLY PRESCRIBED PRODUCT/SERVICE CODE	S	
446-EB	ORIGINALLY PRESCRIBED QUANTITY	S	
33Ø-CW	ALTERNATE ID	S	
454-EK	SCHEDULED PRESCRIPTION ID NUMBER	S	
6ØØ-28	UNIT OF MEASURE	S	
418-DI	LEVEL OF SERVICE	S	Required when needed to identify emergency conditions. 3 = Emergency
461-EU	PRIOR AUTHORIZATION TYPE CODE	S	Required when needed to identify designated prior authorization and/or override conditions. See Provider Manual for additional details.
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	S	
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID	S	
464-EX	INTERMEDIARY AUTHORIZATION ID	S	
343-HD	DISPENSING STATUS	S	
344-HF	QUANTITY INTENDED TO BE DISPENSED	S	
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	S	

PRICING SEGMENT		Segment MANDATORY for these transactions: B1 and B3.	
Field	Field Name	Mandatory Situational	SOUTH CAROLINA VALUES SUPPORTED
111-AM	SEGMENT IDENTIFICATION	M	11 = Pricing Segment
409-D9	INGREDIENT COST SUBMITTED	S	
412-DC	DISPENSING FEE SUBMITTED	S	
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED	S	
433-DX	PATIENT PAID AMOUNT SUBMITTED	S	Required for this program.
438-E3	INCENTIVE AMOUNT SUBMITTED	S	Required for this program.
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	S***R*** Max = 3	Required for this program.
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	S***R*** Max = 3	Required for this program.
480-H9	OTHER AMOUNT CLAIMED SUBMITTED	R***R*** Max = 3	Required for this program.
481-HA	FLAT SALES TAX AMOUNT SUBMITTED	S	
482-GE	PERCENTAGE SALES TAX AMOUNT SUBMITTED	S	
483-HE	PERCENTAGE SALES TAX RATE SUBMITTED	S	
484-JE	PERCENTAGE SALES TAX BASIS SUBMITTED	S	
426-DQ	USUAL AND CUSTOMARY CHARGE	S	Required for this program.
430-DU	GROSS AMOUNT DUE	S	Required for this program.
423-DN	BASIS OF COST DETERMINATION	S	

PHARMACY PROVIDER SEGMENT	Segment NOT REQUIRED at this time; fields intentionally not listed. Possible future use.
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PRESCRIBER SEGMENT		Segment REQUIRED for these transactions: B1 and B3.	
Field	Field Name	Mandatory Situational	SOUTH CAROLINA VALUES SUPPORTED
111-AM	SEGMENT IDENTIFICATION	M	03 = Prescriber Segment
466-EZ	PRESCRIBER ID QUALIFIER	S	13 = State Issued ID
411-DB	PRESCRIBER ID	S	SC Prescriber ID (prescriber specific)
467-1E	PRESCRIBER LOCATION CODE	S	
427-DR	PRESCRIBER LAST NAME	S	
498-PM	PRESCRIBER PHONE NUMBER	S	
468-2E	PRIMARY CARE PROVIDER ID QUALIFIER	S	
421-DL	PRIMARY CARE PROVIDER ID	S	
469-H5	PRIMARY CARE PROVIDER LOCATION CODE	S	
470-4E	PRIMARY CARE PROVIDER LAST NAME	S	

COB SEGMENT		Segment REQUIRED for these transactions: B1 and B3 if there is OTHER PAYER information.	
Field	Field Name	Mandatory Situational	SOUTH CAROLINA VALUES SUPPORTED
111-AM	SEGMENT IDENTIFICATION	M	Ø5 = Coordination of Benefits/ Other Payments Segment
337-4C	COORDINATION OF BENEFITS/OTHER PAYMENTS COUNT	M Max = 3	
338-5C	OTHER PAYER COVERAGE TYPE	M***R*** Max = 3	Ø1 = Primary Ø2 = Secondary Ø3 = Tertiary
339-6C	OTHER PAYER ID QUALIFIER	S***R*** Max = 3	Required for this program. 99 = Other
34Ø-7C	OTHER PAYER ID	S***R*** Max = 3	SOUTH CAROLINA MEDICAID Other Payer ID - See "Pharmacy TPL codes" listed on the First Health Services' South Carolina Pharmacy Services website http://southcarolina.fhsc.com
443-E8	OTHER PAYER DATE	S***R*** Max = 3	Required for this program.
341-HB	OTHER PAYER AMOUNT PAID COUNT	S	Required for this program.
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	S***R*** Max = 3	Required for this program. See Provider Manual for additional details.
431-DV	OTHER PAYER AMOUNT PAID	S***R*** Max = 3	Required for this program.
471-5E	OTHER PAYER REJECT COUNT	S	Required for the program.
472-6E	OTHER PAYER REJECT CODE	S	Required for this program.

WORKERS' COMP SEGMENT	Segment NOT REQUIRED; fields intentionally not listed.
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DUR SEGMENT		Segment REQUIRED for these transactions: B1 and B3 if there is DUR information.	
Field	Field Name	Mandatory Situational	SOUTH CAROLINA VALUES SUPPORTED
111-AM	SEGMENT IDENTIFICATION	M	Ø8 = DUR/ PPS Segment
473-7E	DUR/PPS CODE COUNTER	S***R Max = 9	Required when needed to communicate DUR information.
439-E4	REASON FOR SERVICE CODE	S***R Max = 9	Required when needed to communicate DUR information. See "ProDUR" section in Provider Manual.
44Ø-E5	PROFESSIONAL SERVICE CODE	S***R Max = 9	Required when needed to communicate DUR information. See "ProDUR" section in Provider Manual.
441-E6	RESULT OF SERVICE CODE	S***R Max = 9	Required when needed to communicate DUR information. See "ProDUR" section in Provider Manual.
474-8E	DUR/PPS LEVEL OF EFFORT	S***R Max = 9	Required when needed to communicate DUR information. See "ProDUR" section in Provider Manual.
475-J9	DUR CO-AGENT ID QUALIFIER	S***R Max = 9	
476-H6	DUR CO-AGENT ID	S***R Max = 9	

COUPON SEGMENT	Segment NOT REQUIRED at this time; fields intentionally not listed. Possible future use.
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COMPOUND SEGMENT		Segment SITUATIONAL. Will be implemented July 6, 2005.	
Field	Field Name	Mandatory Situational	SOUTH CAROLINA VALUES SUPPORTED
111-AM	SEGMENT IDENTIFICATION	M	10 = Compound Segment
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	M	
451-EG	COMPOUND DISPENSING UNIT FORM INDICATOR	M	
452-EH	COMPOUND ROUTE OF ADMINISTRATION	M	
447-EC	COMPOUND INGREDIENT COMPONENT COUNT	M	Maximum of 25 iterations
488-RE	COMPOUND PRODUCT ID QUALIFIER	M***R***	03 = NDC
489-TE	COMPOUND PRODUCT ID	M***R***	NDC
448-ED	COMPOUND INGREDIENT QUANTITY	M***R***	Expressed in metric decimal units.
449-EE	COMPOUND INGREDIENT DRUG COST	S***R***	Required for this program.
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S***R***	

PRIOR AUTHORIZATION SEGMENT	Segment NOT REQUIRED at this time; fields intentionally not listed. Future use. Specifications will be provided at a later date.
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CLINICAL SEGMENT		Segment MAY BE REQUIRED at a future date for these transactions: B1 and B3 if designated clinical information is needed for drug coverage consideration.	
Field	Field Name	Mandatory Situational	SOUTH CAROLINA VALUES SUPPORTED
111-AM	SEGMENT IDENTIFICATION	M	13 = Clinical Segment
491-VE	DIAGNOSIS CODE COUNT	S Max = 5	
492-WE	DIAGNOSIS CODE QUALIFIER	S***R*** Max = 5	
424-DO	DIAGNOSIS CODE	S***R*** Max = 5	
493-XE	CLINICAL INFORMATION COUNTER	S	
494-ZE	MEASUREMENT DATE	S	
495-H1	MEASUREMENT TIME	S	
496-H2	MEASUREMENT DIMENSION	S	
497-H3	MEASUREMENT UNIT	S	
499-H4	MEASUREMENT VALUE	S	

Response segment and field requirements - PAID (or DUPLICATE OF PAID) Response:

TRANSACTION HEADER SEGMENT		Segment MANDATORY for all transactions.	
Field	Field Name	Mandatory Situational	SOUTH CAROLINA VALUES SUPPORTED
1Ø2-A2	VERSION/RELEASE NUMBER	M	Same value as in request billing
1Ø3-A3	TRANSACTION CODE	M	Same value as in request billing
1Ø9-A9	TRANSACTION COUNT	M	Same value as in request billing
5Ø1-F1	HEADER RESPONSE STATUS	M	A
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	M	Same value as in request billing
2Ø1-B1	SERVICE PROVIDER ID	M	Same value as in request billing
4Ø1-D1	DATE OF SERVICE	M	Same value as in request billing

RESPONSE MESSAGE SEGMENT		Segment SITUATIONAL.	
Field	Field Name	Mandatory Situational	SOUTH CAROLINA VALUES SUPPORTED
111-AM	SEGMENT IDENTIFICATION	M	2Ø = Response Message Segment
5Ø4-F4	MESSAGE	S	

RESPONSE INSURANCE SEGMENT		Segment SITUATIONAL.	
Field	Field Name	Mandatory Situational	SOUTH CAROLINA VALUES SUPPORTED
111-AM	SEGMENT IDENTIFICATION	M	25 = Response Insurance Segment
3Ø1-C1	GROUP ID	S	
524-FO	PLAN ID	S	
545-2F	NETWORK REIMBURSEMENT ID	S	
568-J7	PAYER ID QUALIFIER	S	
569-J8	PAYER ID	S	

RESPONSE STATUS SEGMENT		Segment SITUATIONAL.	
Field	Field Name	Mandatory Situational	SOUTH CAROLINA VALUES SUPPORTED
111-AM	SEGMENT IDENTIFICATION	M	21 = Response Status Segment
112-AN	TRANSACTION RESPONSE STATUS	M	P = Paid D = Duplicate
5Ø3-F3	AUTHORIZATION NUMBER	S	Returned when needed to identify the transaction.
51Ø-FA	REJECT COUNT	S	
511-FB	REJECT CODE	S***R***	
546-4F	REJECT FIELD OCCURRENCE INDICATOR	S***R***	
547-5F	APPROVED MESSAGE CODE COUNT	S	
548-6F	APPROVED MESSAGE CODE	S***R***	
526-FQ	ADDITIONAL MESSAGE INFORMATION	S	
549-7F	HELP DESK PHONE NUMBER QUALIFIER	S	
55Ø-8F	HELP DESK PHONE NUMBER	S	

RESPONSE CLAIM SEGMENT		Segment SITUATIONAL.	
Field	Field Name	Mandatory Situational	SOUTH CAROLINA VALUES SUPPORTED
111-AM	SEGMENT IDENTIFICATION	M	22 = Response Claim Segment
455-EM	PRESCRIPTION/ SERVICE REFERENCE NUMBER QUALIFIER	M	1 = Rx billing
402-D2	PRESCRIPTION/ SERVICE REFERENCE NUMBER	M	
551-9F	PREFERRED PRODUCT COUNT	S	
552-AP	PREFERRED PRODUCT ID QUALIFIER	S***R***	
553-AR	PREFERRED PRODUCT ID	S***R***	
554-AS	PREFERRED PRODUCT INCENTIVE	S***R***	
555-AT	PREFERRED PRODUCT CO PAY INCENTIVE	S***R***	
556-AU	PREFERRED PRODUCT DESCRIPTION	S***R***	

RESPONSE PRICING SEGMENT		Segment SITUATIONAL.	
Field	Field Name	Mandatory Situational	SOUTH CAROLINA VALUES SUPPORTED
111-AM	SEGMENT IDENTIFICATION	M	23 = Response Pricing Segment
505-F5	PATIENT PAY AMOUNT	S	Returned if the processor determines that the patient has payment responsibility for part/ all of the claim.
506-F6	INGREDIENT COST PAID	S	Required if this value is used to arrive at the final reimbursement.
507-F7	DISPENSING FEE PAID	S	Required if this value is used to arrive at the final reimbursement.
557-AV	TAX EXEMPT INDICATOR	S	
558-AW	FLAT SALES TAX AMOUNT PAID	S	
559-AX	PERCENTAGE SALES TAX AMOUNT PAID	S	
560-AY	PERCENTAGE SALES TAX RATE PAID	S	
561-AZ	PERCENTAGE SALES TAX BASIS PAID	S	
521-FL	INCENTIVE AMOUNT PAID	S	Required if this value is used to arrive at the final reimbursement.
562-J1	PROFESSIONAL SERVICE FEE PAID	S	
563-J2	OTHER AMOUNT PAID COUNT	S	Required if Other Amount Paid is used.
564-J3	OTHER AMOUNT PAID QUALIFIER	S***R***	Required if Other Amount Paid is used.
565-J4	OTHER AMOUNT PAID	S***R***	Required when this value is used to arrive at the final reimbursement.
566-J5	OTHER PAYER AMOUNT RECOGNIZED	S	Required if Other Payer Amount Submitted is greater than zero (Ø) and COB/Other Payments Segment is supported.
509-F9	TOTAL AMOUNT PAID	S	
522-FM	BASIS OF REIMBURSEMENT DETERMINATION	S	
523-FN	AMOUNT ATTRIBUTED TO SALES TAX	S	
512-FC	ACCUMULATED DEDUCTIBLE AMOUNT	S	
513-FD	REMAINING DEDUCTIBLE AMOUNT	S	
514-FE	REMAINING BENEFIT AMOUNT	S	
517-FH	AMOUNT APPLIED TO PERIODIC DEDUCTIBLE	S	
518-FI	AMOUNT OF INSURANCE/CO-INSURANCE	S	
519-FJ	AMOUNT ATTRIBUTED TO PRODUCT	S	

RESPONSE PRICING SEGMENT		Segment SITUATIONAL.	
Field	Field Name	Mandatory Situational	SOUTH CAROLINA VALUES SUPPORTED
	SELECTION		
52Ø-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM	S	
346-HH	BASIS OF CALCULATION – DISPENSING FEE	S	
347-HJ	BASIS OF CALCULATION – CO PAY	S	
348-HK	BASIS OF CALCULATION – FLAT SALES TAX	S	
349-HM	BASIS OF CALCULATION – PERCENTAGE SALES TAX	S	

RESPONSE DUR/ PPS SEGMENT		Segment SITUATIONAL.	
Field	Field Name	Mandatory Situational	SOUTH CAROLINA VALUES SUPPORTED
111-AM	SEGMENT IDENTIFICATION	M	24 = Response DUR/ PPS Segment
567-J6	DUR/ PPS RESPONSE CODE COUNTER	S***R***	
439-E4	REASON FOR SERVICE CODE	S***R***	See Provider Manual for allowed values.
528-FS	CLINICAL SIGNIFICANCE CODE	S***R***	
529-FT	OTHER PHARMACY INDICATOR	S***R***	Ø = Not specified 1 = Your pharmacy 2 = Other pharmacy in same chain 3 = Other pharmacy
53Ø-FU	PREVIOUS DATE OF FILL	S***R***	
531-FV	QUANTITY OF PREVIOUS FILL	S***R***	
532-FW	DATABASE INDICATOR	S***R***	
533-FX	OTHER PRESCRIBER INDICATOR	S***R***	Ø = Not specified 1 = Same prescriber 2 = Other prescriber
544-FY	DUR FREE TEXT MESSAGE	S***R***	Required when text is needed for additional clarification.

RESPONSE PRIOR AUTHORIZATION SEGMENT	Segment NOT REQUIRED at this time; fields intentionally not listed. Future use. Specifications will be provided at a later date.
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Response segment and field requirements - REJECT Response:

TRANSACTION HEADER SEGMENT		Segment MANDATORY for all transactions.	
Field	Field Name	Mandatory Situational	SOUTH CAROLINA VALUES SUPPORTED
1Ø2-A2	VERSION/RELEASE NUMBER	M	Same value as in request billing
1Ø3-A3	TRANSACTION CODE	M	Same value as in request billing
1Ø9-A9	TRANSACTION COUNT	M	Same value as in request billing
5Ø1-F1	HEADER RESPONSE STATUS	M	R
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	M	Same value as in request billing
2Ø1-B1	SERVICE PROVIDER ID	M	Same value as in request billing
4Ø1-D1	DATE OF SERVICE	M	Same value as in request billing

RESPONSE MESSAGE SEGMENT		Segment OPTIONAL.	
Field	Field Name	Mandatory Situational	SOUTH CAROLINA VALUES SUPPORTED
111-AM	SEGMENT IDENTIFICATION	M	20 = Response Message Segment
504-F4	MESSAGE	S	Required if text is needed for clarification or detail.

RESPONSE STATUS SEGMENT		Segment OPTIONAL.	
Field	Field Name	Mandatory Situational	SOUTH CAROLINA VALUES SUPPORTED
111-AM	SEGMENT IDENTIFICATION	M	21 = Response Status Segment
112-AN	TRANSACTION RESPONSE STATUS	M	R = Rejected
503-F3	AUTHORIZATION NUMBER	S	Returned if needed to identify the transaction
510-FA	REJECT COUNT	S	
511-FB	REJECT CODE	S***R***	See Provider Manual for list of applicable error codes.
546-4F	REJECT FIELD OCCURRENCE INDICATOR	S***R***	
547-5F	APPROVED MESSAGE CODE COUNT	S	
548-6F	APPROVED MESSAGE CODE	S***R***	
526-FQ	ADDITIONAL MESSAGE INFORMATION	S	
549-7F	HELP DESK PHONE NUMBER QUALIFIER	S	
550-8F	HELP DESK PHONE NUMBER	S	