

South Carolina Web Claims Submission Required Fields

The table below represents the required or mandatory fields for a typical South Carolina Web Claims Submission form. These are the minimum required fields in order to receive a payable claim. The fields are located in different segments throughout the templates.

Field Name	South Carolina Values
Date Filled	MMDDCCYY – Date product was provided to beneficiary.
Cardholder ID	Cardholder ID # from the beneficiary’s Medicaid card
Prescription Reference Number	This is a unique number assigned to each prescription or doctor’s order. The same number may be used for multiple dates of service from the same prescription or doctor’s order. Otherwise this number must not be reused.
Product/Service ID	Enter NDC from the product dispensed or distributed.
Quantity Dispensed	Varies as written on the prescription or order
Days Supply	Calculated based on the quantity and the directions from the prescriber.
New/Refill Code (Fill Number)	00-99 (00 is for the first fill from a prescription or order, refills then begin with 01 and proceed chronologically to represent the number of times the product was dispensed from the same order.
Date Prescription Written	Varies, based on the date prescription or order was written by the prescriber.
Prescriber ID	Enter NPI # for the prescriber
Ingredient Cost Submitted	Varies, represents product cost
Usual and Customary Charge	Varies, represents the providers usual charge
Gross Amount Due	Varies, represents amount due to the provider and may be the same as Usual and Customary Charge.

The table below displays *situational* segments that *may* need to be populated based upon the recipient and their coverage and eligibility.

Coordination of Benefits

The following fields will need to be populated if the patient has additional coverage.

Field Name	South Carolina Values
Other Coverage Code	02 = other coverage exists – payment collected 03 = other coverage exists – claim not covered 04 = other coverage exists – payment not collected (will not be allowed)

Field Name	South Carolina Values
	beginning 5/6/09) 07 = other coverage exists – not in effect on DOS 08 = claim billing for co pay (will be allowed beginning 5/6/09)
Coordination of Benefits/Other Payments Count	1-3
Other Payer Coverage Type	01 = Primary 02 = Secondary 03 = Tertiary
Other Payer ID Qualifier	99 = Other
Other Payer ID	SOUTH CAROLINA MEDICAID Other Payer ID – See “Other Payer ID” list at http://southcarolina.fhsc.com . Click on Pharmacy providers, documents, listings, TPL Other Coverage codes.
Other Payer Date	Date the other coverage paid
Other Payer Amount Paid Count	Automatically populated based on how many other payer coverage types there are
Other Payer Amount Paid Qualifier	08 = Sum of all Reimbursements
Other Payer Amount Paid	The amount paid by the other payer
Other Payer Reject Count	How many rejects in the claim.
Other Payer Reject Code	NCPDP Reject Error Code. Populated based on the claim submitted to the other payer denial.