



First Health Services Corporation

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TO: Pharmacy Providers and Software Vendors
FROM: **First Health Services Corporation**
DATE: October 19, 2004
SUBJECT: *The Kentucky Medicaid Pharmacy Program*

PROVIDER NOTICE 10.19.04 - 01

First Health Services Corporation is pleased to announce that we have been awarded the contract to provide Point-of-Sale claims processing for the *Kentucky Medicaid Pharmacy Program*. Providers may begin submitting claims through **First Health** on Saturday, December 4, 2004. Effective December 4, 2004, all claims regardless of Date-of-Service should be submitted through **First Health**. Kentucky Medicaid has a timely filing limit of 366 days.

Important information will be included in a future notice that will provide additional details regarding the transition from the Unisys system to the **First Health** system. Important information will also be provided regarding transitioning the prior authorization process.

The POS system will require pharmacies to submit claims to **First Health** electronically in the National Council for Prescription Drug Programs (NCPDP) standardized Version 5.1. After submission, **First Health** will respond to the pharmacy provider with information regarding recipient eligibility, *Kentucky Medicaid's* allowed amount, applicable Prospective Drug Utilization Review (ProDUR) messages, and applicable Rejection messages. ProDUR messages will be returned in the DUR response fields; other important related information will be displayed in the free form message area. ProDUR denials may be overridden using designated NCPDP codes in approved situations. It is of utmost importance that all providers see the appropriate messages exactly as **First Health** returns them.

First Health strongly encourages POS claims submission for its benefits with regard to immediate response. Providers authorized to submit batch claims should do so via the NCPDP Batch 1.1 format. Providers who are authorized to submit paper claims should do so via the Universal Claim Form. Providers needing assistance with obtaining the Universal Claim Form or using the Universal Claim Form should contact **First Health**.

First Health will continue to provide a method of direct data entry for those providers approved by the Commonwealth. Providers who have been participating in the web-entry program using direct data entry should call 804-217-5060 for further details.

All arrangements with switching companies should be handled directly by the provider with the preferred switching company.

Software vendors must be certified with **First Health** to submit NCPDP version 5.1. If you have any questions regarding this or need assistance in any way, please contact 804-217-5060 or email Vendor_Certification@fhsc.com. Software vendors who are already certified with **First Health** do not need to re-certify.

Some of the changes that will occur with the **First Health** implementation include:

- The **BIN Number** (field # 101-A1) will be **011529**.
- The **PCN Number** (field # 104-A4) will be **P022011529**.
- The **Group Number** (field # 301-C1) **KYMEDICAID** must be submitted on the claim.
- **MAC pricing** will be expanded.
- Changes to **Prospective Drug Utilization Review (ProDUR)** edits:
 - Claims that indicate a Drug/Drug (DD) Severity Level 1 will deny. Requests for overrides should be directed to the First Health PA Call Center.
 - Claims that indicate a Therapeutic Duplication (TD) for atypical anti-psychotics, narcotic analgesics and anti-anxiety drugs will deny. Requests for overrides should be directed to the First Health PA Call Center.
- The **Federal Upper Limit (FUL)** will be used as part of “lesser-of” pricing.
- **Multi-ingredient compound** functionality using the Compound Segment will be required on/ about February 1, 2005. At that time all compound claims must be submitted via the Compound Segment.
- There will be changes to **Long-Term-Care** claims. This information will be included in future correspondence with LTC providers.

In order to facilitate the transition process, we are enclosing the First Health Payer Specification document for this program.

If you have any questions, please contact the **First Health** Plan Administrator for Kentucky Medicaid, Rob Rust at RRRust@fhsc.com or (804) 934-4247. We look forward to working with you to ensure the success of the **Kentucky Medicaid Pharmacy Program**.

**Commonwealth of Kentucky
Cabinet for Health and Family Services
Department for Medicaid Services
with
First Health Services**

Payer Specification Information

for the

Kentucky Medicaid Pharmacy Program

First Health Services, on behalf of Kentucky Medicaid is implementing Point-of-Sale (POS) pharmacy claims processing using NCPDP v. 5.1 effective December 4, 2004. Note that Kentucky Medicaid will require use of the NCPDP v.5.1 format. First Health Services will not accept any lower NCPDP version. Please check with your software vendor to ensure that you are able to support NCPDP v.5.1 as required by Kentucky Medicaid in a timely manner.

October 15, 2004

PAYER:
KENTUCKY MEDICAID

Processor: First Health Services	Information Source: First Health Services
Effective as of: December 4, 2004	Document Date: October 15, 2004
Provider Help Desk Number:	Certification Help Number: 804 – 217 – 5060
Other versions supported: No	

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	Supported <12/04/2004>.
01 – 04	Rx Billing	B1	Billing	Required <12/04/2004>.
11	Rx Reversal	B2	Reversal	Required <12/04/2004>.
21 – 24	Rx Downtime Billing	N/A	N/A	Not supported in v.5.1.
31 – 34	Rx Re-billing	B3	Re-bill	Required <12/04/2004>.
41	Prior Authorization Request with Request for Payment	P1	Prior Authorization Request and Billing	Not required.
45	Prior Authorization Inquiry	P3	Prior Authorization Inquiry	Not required.
46	Prior Authorization Reversal	P2	Prior Authorization Reversal	Not required.
51	Prior Authorization Request Only	P4	Prior Authorization Request Only	Not required.

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 <12/04/2004>.
Patient	S	S	S	S	S	S	S	S	Required <12/04/2004>.
Insurance	M	M	S	M	M	S	M	M	Required <12/04/2004>.
Claim	N	M	M	M	M	M	M	M	Required <12/04/2004>.
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 <12/04/2004>.
COB/ Other Payments	N	S	N	S	S	N	S	S	Required <12/04/2004>.
Worker's Comp	N	S	N	S	S	S	S	S	Not required.
DUR/ PPS	N	S	S	S	S	S	S	S	Required <12/04/2004>.
Pricing	N	M	S	M	M	S	S	S	Required <12/04/2004>.
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	Will be required February 1, 2005.
PA	N	S	N	S	M	S	M	M	No planned requirements at this time; may be required at a future date.
Clinical	N	S	N	S	S	N	N	S	Required <12/04/2004>.

Program Highlights
The software/certification ID will control whether 5.1 claims will be accepted by the production system. Your software vendor will receive a number upon certification with First Health Services. This number must be included on the transaction header segment. Software vendors must be certified. Contact Vendor_Certification@fhsc.com or 804-217-5060.
Compounds will be processed on-line using the Compound Segment effective 02/01/2005. Providers should use existing protocols prior to that time.
Coordination of Benefits will be supported via the COB segment only.
In cases where multiple iterations of a field ("repeating fields") are allowed, the maximum number of iterations has been indicated.
Partial fills will be supported.
Reversals will match on Provider Number, RX Number, DOS and Product (NDC).
Any/ all submitted data elements will be edited for valid format and values.
Provider software should support any/ all data elements on the required segments.

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 <i>required for all KENTUCKY MEDICAID transactions</i> . Some fields designated as situational by NCPDP may be <i>required for KENTUCKY MEDICAID transactions where specific conditions are met</i> .
X***R***	The "R***" indicates that the field is repeating.
NOTES:	
1. Specific field values that are required for the program are identified as " KENTUCKY MEDICAID VALUES SUPPORTED ".	
2. There will be additional information regarding field values in the Provider Manual.	
3. Situational fields not required for this program at this time may be required in the future.	
4. All mandatory fields are required. All bolded situational fields are required as indicated.	

TRANSACTION HEADER SEGMENT		Segment MANDATORY for all transactions.	
Field	Field Name	Mandatory Situational	KENTUCKY MEDICAID VALUES SUPPORTED
101-A1	BIN NUMBER	M	011529
102-A2	VERSION/RELEASE NUMBER	M	51
103-A3	TRANSACTION CODE	M	B1, B2, B3
104-A4	PROCESSOR CONTROL NUMBER	M	P022011529
109-A9	TRANSACTION COUNT	M	B1 = 1-4 (except multi-ingredient compound <when implemented> = 1) B2 = 1-4 (except multi-ingredient compound <when implemented> = 1) B3 = 1-4 (except multi-ingredient compound <when implemented> = 1)
202-B2	SERVICE PROVIDER ID QUALIFIER	M	05 = Medicaid ID
201-B1	SERVICE PROVIDER ID	M	KY Medicaid ID
401-D1	DATE OF SERVICE	M	Format = CCYYMMDD
110-AK	SOFTWARE VENDOR/CERTIFICATION ID	M	Assigned when 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	KENTUCKY MEDICAID 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	R	
31Ø-CA	PATIENT FIRST NAME	R	
311-CB	PATIENT LAST NAME	R	
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	
333-CZ	EMPLOYER ID	N	
334-1C	SMOKER / NON-SMOKER CODE	N	
335-2C	PREGNANCY INDICATOR	RW	Required when the patient is pregnant to waive copay.

INSURANCE SEGMENT		Segment MANDATORY for these transactions: E1, B1, and B3.	
Field	Field Name	Mandatory Situational	KENTUCKY MEDICAID VALUES SUPPORTED
111-AM	SEGMENT IDENTIFICATION	M	Ø4 = Insurance Segment
3Ø2-C2	CARDHOLDER ID	M	Kentucky Medicaid ID Number <patient specific>
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	R	Required for this program: KYMEDICAID
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	KENTUCKY MEDICAID 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	M	

CLAIM SEGMENT		Segment MANDATORY for these transactions: B1, B2, and B3.	
Field	Field Name	Mandatory Situational	KENTUCKY MEDICAID VALUES SUPPORTED
	NUMBER		
436-E1	PRODUCT/SERVICE ID QUALIFIER	M	Ø3 = NDC
4Ø7-D7	PRODUCT/SERVICE ID	M	NDC
456-EN	ASSOCIATED PRESCRIPTION/SERVICE REFERENCE #	RW	Required when the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)) and the Prescription/Service Reference Number (4Ø2-D2) changed from the "P" (Partial Fill). Required when the "P" (Partial Fill) is not the original fill and the Prescription/Service Reference Number (4Ø2-D2) has not changed.
457-EP	ASSOCIATED PRESCRIPTION/SERVICE DATE	RW	Required when the "completion" transaction in a partial fill (Dispensing Status (343-HD) = "C" (Completed)). Required when Associated Prescription/Service Reference Number (456-EN) is used. Required when the "P" (Partial Fill) transaction is not the original fill.
458-SE	PROCEDURE MODIFIER CODE COUNT	S	
459-ER	PROCEDURE MODIFIER CODE	S***R***	
442-E7	QUANTITY DISPENSED	R	Required for this program.
4Ø3-D3	FILL NUMBER	R	Required for this program.
4Ø5-D5	DAYS SUPPLY	R	Required for this program.
4Ø6-D6	COMPOUND CODE	R	Required for this program.
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	R	Required for this program.
414-DE	DATE PRESCRIPTION WRITTEN	R	Required for this program.
415-DF	NUMBER OF REFILLS AUTHORIZED	R	Required for this program.
419-DJ	PRESCRIPTION ORIGIN CODE	S	
42Ø-DK	SUBMISSION CLARIFICATION CODE	RW	Required when needed to provide additional information for coverage purposes.
46Ø-ET	QUANTITY PRESCRIBED	S	
3Ø8-C8	OTHER COVERAGE CODE	RW	Required when needed for COB.
429-DT	UNIT DOSE INDICATOR	RW	Required when needed to identify unit dose packaging.
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	R	Required for this program.
418-DI	LEVEL OF SERVICE	RW	Required when overriding for an emergency fill. Ø3 = Emergency

CLAIM SEGMENT		<i>Segment MANDATORY for these transactions: B1, B2, and B3.</i>	
Field	Field Name	Mandatory Situational	KENTUCKY MEDICAID VALUES SUPPORTED
461-EU	PRIOR AUTHORIZATION TYPE CODE	RW	Required when need to provide additional information for coverage purposes. 4=exemption from copay for all claims associated with a compound except for the first claim.
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	S	
463-EW	INTERMEDIARY AUTHORIZATION TYPE ID	S	
464-EX	INTERMEDIARY AUTHORIZATION ID	S	
343-HD	DISPENSING STATUS	RW	Required when submitting a partial fill or the completion of a partial fill.
344-HF	QUANTITY INTENDED TO BE DISPENSED	RW	Required when submitting a partial fill or the completion of a partial fill.
345-HG	DAYS SUPPLY INTENDED TO BE DISPENSED	RW	Required when submitting a partial fill or the completion of a partial fill.

PRICING SEGMENT		<i>Segment MANDATORY for these transactions: B1 and B3.</i>	
Field	Field Name	Mandatory Situational	KENTUCKY MEDICAID VALUES SUPPORTED
111-AM	SEGMENT IDENTIFICATION	M	11 = Pricing Segment
409-D9	INGREDIENT COST SUBMITTED	R	Required for this program. Zero is a valid value.
412-DC	DISPENSING FEE SUBMITTED	R	Required if its value has an effect on the Gross Amount Due (430-DU) calculation. Zero is a valid value.
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED	S	
433-DX	PATIENT PAID AMOUNT SUBMITTED	S	Do not submit any value other than zero in this field.
438-E3	INCENTIVE AMOUNT SUBMITTED	S	
478-H7	OTHER AMOUNT CLAIMED SUBMITTED COUNT	S***R*** Max = 3	
479-H8	OTHER AMOUNT CLAIMED SUBMITTED QUALIFIER	S***R*** Max = 3	
480-H9	OTHER AMOUNT CLAIMED SUBMITTED	R***R*** Max = 3	
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	R	Required for this program.
430-DU	GROSS AMOUNT DUE	R	Effective January 4, 2005 this field will be used in "lesser of" pricing.

PRICING SEGMENT		<i>Segment MANDATORY for these transactions: B1 and B3.</i>	
Field	Field Name	Mandatory Situational	KENTUCKY MEDICAID VALUES SUPPORTED
423-DN	BASIS OF COST DETERMINATION	S	

PHARMACY PROVIDER SEGMENT		<i>Segment NOT REQUIRED at this time; fields intentionally not listed. Possible future use.</i>	
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PRESCRIBER SEGMENT		<i>Segment REQUIRED for these transactions: B1 and B3.</i>	
Field	Field Name	Mandatory Situational	KENTUCKY MEDICAID VALUES SUPPORTED
111-AM	SEGMENT IDENTIFICATION	M	Ø3 = Prescriber Segment
466-EZ	PRESCRIBER ID QUALIFIER	R	Ø8 = State License Number
411-DB	PRESCRIBER ID	R	State License Number (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	
47Ø-4E	PRIMARY CARE PROVIDER LAST NAME	S	

COB SEGMENT		<i>Segment REQUIRED for these transactions: B1 and B3 if there is OTHER PAYER information.</i>	
Field	Field Name	Mandatory Situational	KENTUCKY MEDICAID 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	
339-6C	OTHER PAYER ID QUALIFIER	S***R*** Max = 3	Not required at this time.
34Ø-7C	OTHER PAYER ID	S***R*** Max = 3	Not required at this time.
443-E8	OTHER PAYER DATE	R***R*** Max = 3	Required for this program.
341-HB	OTHER PAYER AMOUNT PAID COUNT	RW	Required when submitting Other Payer Amount Paid.
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	RW***R*** Max = 3	Required when submitting for this program.
431-DV	OTHER PAYER AMOUNT PAID	RW***R*** Max = 3	Required for this program.

COB SEGMENT		<i>Segment REQUIRED for these transactions: B1 and B3 if there is OTHER PAYER information.</i>	
Field	Field Name	Mandatory Situational	KENTUCKY MEDICAID VALUES SUPPORTED
471-5E	OTHER PAYER REJECT COUNT	RW	Required when the primary has rejected the claim.
472-6E	OTHER PAYER REJECT CODE	RW	Required when the primary has rejected the claim.

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

COUPON SEGMENT	<i>Segment NOT REQUIRED at this time; fields intentionally not listed. Possible future use.</i>
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COMPOUND SEGMENT		<i>Segment will be required on/ about February 1, 2005. Providers will be notified.</i>	
Field	Field Name	Mandatory Situational	KENTUCKY MEDICAID VALUES SUPPORTED
111-AM	SEGMENT IDENTIFICATION	M	10 = Compound Segment
450-EF	COMPOUND DOSAGE FORM DESCRIPTION CODE	M	
451-EG	COMPOUND DISPENSING UNIT FORM	M	

COMPOUND SEGMENT		<i>Segment will be required on/ about February 1, 2005. Providers will be notified.</i>	
Field	Field Name	Mandatory Situational	KENTUCKY MEDICAID VALUES SUPPORTED
	INDICATOR		
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***	
489-TE	COMPOUND PRODUCT ID	M***R***	
448-ED	COMPOUND INGREDIENT QUANTITY	M***R***	
449-EE	COMPOUND INGREDIENT DRUG COST	R***R***	Required for this program.
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S***R***	

PRIOR AUTHORIZATION SEGMENT	<i>Segment NOT REQUIRED at this time; fields intentionally not listed. Future use. Specifications will be provided at a later date.</i>

CLINICAL SEGMENT		<i>Segment REQUIRED for these transactions: B1 and B3 if designated clinical information is needed for drug coverage consideration.</i>	
Field	Field Name	Mandatory Situational	KENTUCKY MEDICAID 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	01 = International Classification of Diseases (ICD9)
424-DO	DIAGNOSIS CODE	S***R*** Max = 5	All decimal points are explicit
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		<i>Segment MANDATORY for all transactions.</i>	
Field	Field Name	Mandatory Situational	KENTUCKY MEDICAID VALUES SUPPORTED
102-A2	VERSION/RELEASE NUMBER	M	Same value as in request billing
103-A3	TRANSACTION CODE	M	Same value as in request billing
109-A9	TRANSACTION COUNT	M	Same value as in request billing
501-F1	HEADER RESPONSE STATUS	M	A
202-B2	SERVICE PROVIDER ID QUALIFIER	M	Same value as in request billing
201-B1	SERVICE PROVIDER ID	M	Same value as in request billing
401-D1	DATE OF SERVICE	M	Same value as in request billing

RESPONSE MESSAGE SEGMENT		<i>Segment SITUATIONAL.</i>	
Field	Field Name	Mandatory Situational	KENTUCKY MEDICAID VALUES SUPPORTED
111-AM	SEGMENT IDENTIFICATION	M	20 = Response Message Segment
504-F4	MESSAGE	S	

RESPONSE INSURANCE SEGMENT		<i>Segment SITUATIONAL.</i>	
Field	Field Name	Mandatory Situational	KENTUCKY MEDICAID VALUES SUPPORTED
111-AM	SEGMENT IDENTIFICATION	M	25 = Response Insurance Segment
301-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		<i>Segment SITUATIONAL.</i>	
Field	Field Name	Mandatory Situational	KENTUCKY MEDICAID VALUES SUPPORTED
111-AM	SEGMENT IDENTIFICATION	M	21 = Response Status Segment
112-AN	TRANSACTION RESPONSE STATUS	M	P = Paid D = Duplicate
503-F3	AUTHORIZATION NUMBER	S	Returned when needed to identify the transaction.
510-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***	

RESPONSE STATUS SEGMENT		Segment SITUATIONAL.	
Field	Field Name	Mandatory Situational	KENTUCKY MEDICAID VALUES SUPPORTED
526-FQ	ADDITIONAL MESSAGE INFORMATION	S	
549-7F	HELP DESK PHONE NUMBER QUALIFIER	S	
550-8F	HELP DESK PHONE NUMBER	S	

RESPONSE CLAIM SEGMENT		Segment SITUATIONAL.	
Field	Field Name	Mandatory Situational	KENTUCKY MEDICAID 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 COPAY INCENTIVE	S***R***	
556-AU	PREFERRED PRODUCT DESCRIPTION	S***R***	

RESPONSE PRICING SEGMENT		Segment SITUATIONAL.	
Field	Field Name	Mandatory Situational	KENTUCKY MEDICAID 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	
562-J1	PROFESSIONAL SERVICE FEE PAID	S	
563-J2	OTHER AMOUNT PAID COUNT	S	
564-J3	OTHER AMOUNT PAID QUALIFIER	SW***R***	
565-J4	OTHER AMOUNT PAID	SW***R***	
566-J5	OTHER PAYER AMOUNT RECOGNIZED	S	

RESPONSE PRICING SEGMENT		Segment SITUATIONAL.	
Field	Field Name	Mandatory Situational	KENTUCKY MEDICAID VALUES 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 COPAY/CO-INSURANCE	S	
519-FJ	AMOUNT ATTRIBUTED TO PRODUCT SELECTION	S	
520-FK	AMOUNT EXCEEDING PERIODIC BENEFIT MAXIMUM	S	
346-HH	BASIS OF CALCULATION – DISPENSING FEE	S	
347-HJ	BASIS OF CALCULATION – COPAY	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	KENTUCKY MEDICAID 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. <client>
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
530-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	KENTUCKY MEDICAID VALUES SUPPORTED
102-A2	VERSION/RELEASE NUMBER	M	Same value as in request billing
103-A3	TRANSACTION CODE	M	Same value as in request billing
109-A9	TRANSACTION COUNT	M	Same value as in request billing
501-F1	HEADER RESPONSE STATUS	M	R
202-B2	SERVICE PROVIDER ID QUALIFIER	M	Same value as in request billing
201-B1	SERVICE PROVIDER ID	M	Same value as in request billing
401-D1	DATE OF SERVICE	M	Same value as in request billing

RESPONSE MESSAGE SEGMENT		Segment OPTIONAL.	
Field	Field Name	Mandatory Situational	KENTUCKY MEDICAID 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	KENTUCKY MEDICAID 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	