

Payer Name: Florida Medicaid	
Processor: Magellan Medicaid Administration	Information Source: Magellan Medicaid Administration
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Provider Help Desk Number: 800-603-1714	Certification Help Number: 804-217-7900
NCPDP Version supported: 5.1	Certification Start Date: May 14, 2008
For most current updates, please refer to: http://ahca.myflorida.com/medicaid/	

NCPDP Lower Version Transaction Name	NCPDP V.5.1 Transaction Code	NCPDP V.5.1 Transaction Name	Transaction Support Requirements
Eligibility Verification	E1	Eligibility Verification	NEW! Supported.
Rx Billing	B1	Billing	Required.
Rx Reversal	B2	Reversal	Required
Rx Re-billing	B3	Re-bill	Required.
Prior Authorization Request with Request for Payment	P1	Prior Authorization Request and Billing	Not required.
Prior Authorization Inquiry	P3	Prior Authorization Inquiry	Not required.
Prior Authorization Reversal	P2	Prior Authorization Reversal	Not required.
Prior Authorization Request Only	P4	Prior Authorization Request Only	Supported.

NCPDP

Request Segment Matrix									Segment Support Requirements
Transaction Code	E1 NEW!	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
Patient	S	S	S	S	S	S	S	S	Required
Insurance	M	M	S	M	M	S	M	M	Required
Claim	N	M	M	M	M	M	M	M	Required
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
COB/Other Payments	N	S	N	S	S	N	S	S	Required
Worker's Comp	N	S	N	S	S	S	S	S	Not required
DUR/PPS	N	S	S	S	S	S	S	S	Required
Pricing	N	M	S	M	M	S	S	S	Required
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
PA	N	S	N	S	M	S	M	M	Situational
Clinical	N	S	N	S	S	N	N	S	Required

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 Magellan Medicaid Administration. This number must be included on the transaction header segment. Most national software vendors have previously certified with Magellan Medicaid Administration. If questions or if certification is required, please call 804-217-7900.

Compounds can be processed online using the Compound Segment.

In cases where multiple iterations of a field ("repeating fields") are allowed, the maximum number of iterations supported has been indicated.

Partial fills will be supported.

Reversals will match on Provider Number, RX Number, DOS and Product (NDC).

Program Highlights	
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 <i>NCPDP Telecommunication Implementation Guide Version 5.1</i> . These fields must be sent if the segment is required for the transaction.
S	Designated as SITUATIONAL in accordance with the <i>NCPDP Telecommunication Implementation Guide Version 5.1</i> . It is necessary to send these fields in noted situations. Some fields designated as situational by NCPDP may be required for all FLORIDA MEDICAID transactions. Some fields designated as situational by NCPDP may be required for FLORIDA MEDICAID transactions where specific conditions are met.
X***R***	The “R***” indicates that the field is repeating.

- ✍ Specific field values that are required for the program are identified as “FLORIDA MEDICAID VALUES SUPPORTED”.*
- ✍ There will be additional information regarding field values in the Provider Manual.*
- ✍ Situational fields not required for this program at this time may be required in the future.*
- ✍ All mandatory fields are required. All bolded situational fields are required as indicated.*

TRANSACTION HEADER SEGMENT (Note: new values for Magellan are highlighted).		Segment MANDATORY for all transactions.	
Field	Field Name	Mandatory/Situational	Florida Medicaid Values Supported
1Ø1-A1	BIN NUMBER	M	NEW! 013352
1Ø2-A2	VERSION/RELEASE NUMBER	M	51
1Ø3-A3	TRANSACTION CODE	M	B1, B2, B3, NEW! E1
1Ø4-A4	PROCESSOR CONTROL NUMBER	M	NEW! P035013352
1Ø9-A9	TRANSACTION COUNT	M	B1 = 1-4 (except multi-ingredient compound <when implemented> = 1) B2 = 1-4 (except multi-ingredient compound <when implemented> = 1)

TRANSACTION HEADER SEGMENT (Note: new values for Magellan are highlighted).		Segment MANDATORY for all transactions.	
Field	Field Name	Mandatory/Situational	Florida Medicaid Values Supported
			B3 = 1-4 (except multi-ingredient compound <when implemented> = 1)
2Ø2-B2	SERVICE PROVIDER ID QUALIFIER	M	Ø1 = NPI NEW! Only valid NPI numbers may be submitted to identify the service (pharmacy) provider
2Ø1-B1	SERVICE PROVIDER ID	M	National Provider Identifier
4Ø1-D1	DATE OF SERVICE	M	Format = CCYYMMDD
11Ø-AK	SOFTWARE VENDOR/CERTIFICATION ID	M	NEW! Assigned when vendor is certified with Magellan Medicaid Administration; will reject if missing or not valid.
PATIENT SEGMENT		Segment REQUIRED for these transactions: B1 and B3.	
Field	Field Name	Mandatory/Situational	Florida 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	RW	Required when a patient is in a Nursing Home. Ø3 = Nursing Home
333-CZ	EMPLOYER ID	N	
334-1C	SMOKER/NON-SMOKER CODE	N	
335-2C	PREGNANCY INDICATOR	N	

INSURANCE SEGMENT		Segment MANDATORY for these transactions: E1, B1, and B3.	
Field	Field Name	Mandatory/Situational	Florida Medicaid Values Supported
111-AM	SEGMENT IDENTIFICATION	M	Ø4 = Insurance Segment
3Ø2-C2	CARDHOLDER ID	M	Florida Medicaid ID Number
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	NEW! FLMEDICAID (Submit for all recipients)
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	Florida 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 NUMBER	M	
436-E1	PRODUCT/SERVICE ID QUALIFIER	M	ØØ = Default for Compounds 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).

CLAIM SEGMENT		Segment MANDATORY for these transactions: B1, B2, and B3.	
Field	Field Name	Mandatory/Situational	Florida Medicaid Values Supported
			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	
4Ø3-D3	FILL NUMBER	R	
4Ø5-D5	DAYS SUPPLY	R	
4Ø6-D6	COMPOUND CODE	R	
4Ø8-D8	DISPENSE AS WRITTEN (DAW)/PRODUCT SELECTION CODE	R	DAW = 7 will override payment (i.e., bypass FUL and SMAC) for certain brand name drugs
414-DE	DATE PRESCRIPTION WRITTEN	R	
415-DF	NUMBER OF REFILLS AUTHORIZED	R	
419-DJ	PRESCRIPTION ORIGIN CODE	S	
42Ø-DK	SUBMISSION CLARIFICATION CODE	RW	Required when needed to provide additional information for coverage purposes.

CLAIM SEGMENT		Segment MANDATORY for these transactions: B1, B2, and B3.	
Field	Field Name	Mandatory/Situational	Florida Medicaid Values Supported
			<p>2 = If the claims denies for recipient not eligible and the provider has proof of eligibility, such as an ES Form 2014 or a temporary Medicaid Identification Form (AMIC), enter a “2” in the Submission Clarification field (NCPDP #420-DK) field to capture the claim for resubmission.</p> <p>8 = Process compound for Approved Ingredients Only</p> <p>9 = Encounters</p> <p>99 = Enhanced Benefit Claims</p>
46Ø-ET	QUANTITY PRESCRIBED	S	
3Ø8-C8	OTHER COVERAGE CODE	RW	Required when COB/TPL claims are submitted.
429-DT	UNIT DOSE INDICATOR	RW	<p>Required when needed to identify unit dose packaging.</p> <p>3 = Pharmacy Repackaging; used when the provider repackages a product that is not identified as Unit Dose on the First DataBank file.</p>
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	

CLAIM SEGMENT		Segment MANDATORY for these transactions: B1, B2, and B3.	
Field	Field Name	Mandatory/Situational	Florida Medicaid Values Supported
418-DI	LEVEL OF SERVICE	RW	Required when overriding for an emergency fill.
			NEW! 03 = Emergency
461-EU	PRIOR AUTHORIZATION TYPE CODE	RW	Required when need to provide additional information for coverage purposes.
			Ø = for partial returns
			1 = 3 day emergency supply
			6 = for family planning prescription contraceptives; over-the-counter contraceptives and prenatal vitamins
	8 = for vitamins or phosphate binders for dialysis patients		
462-EV	PRIOR AUTHORIZATION NUMBER SUBMITTED	S	200000000000 = for partial returns
			NEW! 80012345678 = Enhanced Benefit Account claims
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		Segment MANDATORY for these transactions: B1 and B3.	
Field	Field Name	Mandatory/Situational	Florida 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	

PRICING SEGMENT		Segment MANDATORY for these transactions: B1 and B3.	
Field	Field Name	Mandatory/Situational	Florida Medicaid Values Supported
477-BE	PROFESSIONAL SERVICE FEE SUBMITTED	S	
433-DX	PATIENT PAID AMOUNT SUBMITTED	S	
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	
48Ø-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	
43Ø-DU	GROSS AMOUNT DUE	S	
423-DN	BASIS OF COST DETERMINATION	S	08 or 05 =340B Providers may submit the value of 08-Other or 05-Aquisitions in order to receive a \$7.50 Dispensing Fee.
PHARMACY PROVIDER		Segment NOT REQUIRED at this time; fields intentionally not listed. Possible future use.	
PRESCRIBER SEGMENT		Segment REQUIRED for these transactions: B1 and B3.	
Field	Field Name	Mandatory/Situational	Florida Medicaid Values Supported
111-AM	SEGMENT IDENTIFICATION	M	Ø3 = Prescriber Segment
466-EZ	PRESCRIBER ID QUALIFIER	R	Ø1 = NPI Number

PRESCRIBER SEGMENT		Segment REQUIRED for these transactions: B1 and B3.	
Field	Field Name	Mandatory/Situational	Florida Medicaid Values Supported
			Ø8 = State License Number
			NEW! 14 = Plan Specific (Use for out-of-state prescribers, Georgia/GA and Alabama/AL or when submitting Enhanced Benefits prescriber ID EB1111111)
411-DB	PRESCRIBER ID	R	NPI <i>or</i> State License Number <i>or</i> NEW! Plan Specific Number
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		Segment REQUIRED for these transactions: B1 and B3 if there is OTHER PAYER information.	
Field	Field Name	Mandatory/Situational	Florida 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	Required if Other Payer ID is sent.
34Ø-7C	OTHER PAYER ID	S***R*** Max = 3	Not required at this time.

COB SEGMENT		Segment REQUIRED for these transactions: B1 and B3 if there is OTHER PAYER information.	
Field	Field Name	Mandatory/Situational	Florida Medicaid Values Supported
443-E8	OTHER PAYER DATE	R***R***	Required when submitting COB/TPL claims.
		Max = 3	
341-HB	OTHER PAYER AMOUNT PAID COUNT	RW	Required when submitting Other Payer Amount Paid.
342-HC	OTHER PAYER AMOUNT PAID QUALIFIER	RW***R***	Required when submitting COB/TPL claims.
		Max = 3	
431-DV	OTHER PAYER AMOUNT PAID	RW***R***	Required when submitting COB/TPL claims.
		Max = 3	
471-5E	OTHER PAYER REJECT COUNT	RW	Not required at this time.
472-6E	OTHER PAYER REJECT CODE	RW	Not required at this time.
WORKERS' COMP		Segment NOT REQUIRED; fields intentionally not listed.	
DUR/PPS SEGMENT		Segment REQUIRED for these transactions: B1 and B3 if there is DUR information.	
Field	Field Name	Mandatory/Situational	Florida Medicaid Values Supported
111-AM	SEGMENT IDENTIFICATION	M	Ø8 = DUR/PPS Segment
473-7E	DUR/PPS CODE COUNTER	RW***R	Required when needed to communicate DUR information.
		Max = 9	
439-E4	REASON FOR SERVICE CODE	RW***R	Required when needed to communicate DUR information. See "Pro-DUR" section in Provider Manual.
		Max = 9	
44Ø-E5	PROFESSIONAL SERVICE CODE	RW***R	Required when needed to communicate DUR information. See "Pro-DUR" section in Provider Manual.
		Max = 9	
441-E6	RESULT OF SERVICE CODE	RW***R	Required when needed to communicate DUR information. See "Pro-DUR" section in Provider Manual.
		Max = 9	
474-8E	DUR/PPS LEVEL OF EFFORT	S***R	
		Max = 9	
475-J9	DUR CO-AGENT ID QUALIFIER	S***R	
		Max = 9	
476-H6	DUR CO-AGENT ID	S***R	

DUR/PPS SEGMENT		Segment REQUIRED for these transactions: B1 and B3 if there is DUR information.	
Field	Field Name	Mandatory/Situational	Florida Medicaid Values Supported
		Max = 9	
COUPON		Segment NOT REQUIRED at this time; fields intentionally not listed. Possible future use.	
COMPOUNDS SEGMENT		Segment REQUIRED for these transactions: B1 and B3 if there is Compound information.	
Field	Field Name	Mandatory/Situational	Florida 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 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***	
489-TE	COMPOUND PRODUCT ID	M***R***	
448-ED	COMPOUND INGREDIENT QUANTITY	M***R***	
449-EE	COMPOUND INGREDIENT DRUG COST	R***R***	
490-UE	COMPOUND INGREDIENT BASIS OF COST DETERMINATION	S***R***	
PRIOR AUTHORIZATION		Segment NOT REQUIRED at this time; fields intentionally not listed. Future use. Specifications will be provided at a later date.	
CLINICAL SEGMENT		Segment REQUIRED for these transactions: B1 and B3 if designated clinical information is needed for drug coverage consideration.	
Field	Field Name	Mandatory/Situational	Florida Medicaid Values Supported
111-AM	SEGMENT IDENTIFICATION	M	13 = Clinical Segment
491-VE	DIAGNOSIS CODE COUNT	S	

CLINICAL SEGMENT		Segment REQUIRED for these transactions: B1 and B3 if designated clinical information is needed for drug coverage consideration.	
Field	Field Name	Mandatory/Situational	Florida Medicaid Values Supported
		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		Segment MANDATORY for all transactions.	
Field	Field Name	Mandatory/Situational	Florida 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		Segment SITUATIONAL.	
Field	Field Name	Mandatory/Situational	Florida Medicaid Values Supported
111-AM	SEGMENT IDENTIFICATION	M	20 = Response Message Segment
504-F4	MESSAGE	S	

RESPONSE INSURANCE SEGMENT		Segment SITUATIONAL.	
Field	Field Name	Mandatory/ Situational	Florida 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		Segment SITUATIONAL.	
Field	Field Name	Mandatory/ Situational	Florida 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***	
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	Florida Medicaid Values Supported
111-AM	SEGMENT IDENTIFICATION	M	22 = Response Claim Segment
455-EM	PRESCRIPTION/SERVICE REFERENCE NUMBER QUALIFIER	M	1 = Rx billing

RESPONSE CLAIM SEGMENT		Segment SITUATIONAL.	
Field	Field Name	Mandatory/ Situational	Florida Medicaid Values Supported
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	Florida 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	

RESPONSE PRICING SEGMENT		Segment SITUATIONAL.	
Field	Field Name	Mandatory/ Situational	Florida Medicaid Values Supported
564-J3	OTHER AMOUNT PAID QUALIFIER	SW***R***	
565-J4	OTHER AMOUNT PAID	SW***R***	
566-J5	OTHER PAYER AMOUNT RECOGNIZED	S	
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	Florida Medicaid Values Supported
111-AM	SEGMENT IDENTIFICATION	M	24 = Response DUR/PPS Segment

RESPONSE DUR/PPS SEGMENT		Segment SITUATIONAL.	
Field	Field Name	Mandatory/Situational	Florida Medicaid Values Supported
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
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 NOT REQUIRED at this time; fields intentionally not listed. Future use. Specifications will be provided at a later date.

- Response Segment and Field Requirements -- REJECT Response

TRANSACTION HEADER SEGMENT		Segment MANDATORY for all transactions.	
Field	Field Name	Mandatory/Situational	Florida Medicaid 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	Florida 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	Florida 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	