



South Carolina

Department of Health and Human Services

**HIPAA Transaction Sets and Code
Sets
(HTSCS)
278 Companion Guide Specifications**

Version 2.0
July 28, 2003

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1. INTRODUCTION

Companion Guides are designed to be used in conjunction with the HIPAA-required *ANSI X12 Implementation Guide and Addenda*. The Companion Guide specifications define current functions and other information specific to South Carolina Medicaid Title XIX (SC Medicaid). The South Carolina Department of Health and Human Services (SCDHHS) solution for the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that providers utilize this companion guide for the indicated transactions.

This Companion Guide supports the requirements of the 4010A1 version of the *ANSI X12 Implementation Guide* and the changes indicated by any addenda for this transaction.

Copies of the *ANSI X12 Implementation Guide* can be obtained at no charge by downloading the files from the following WEB site:

http://www.wpc-edi.com/hipaa/HIPAA_40.asp

2. SCOPE

The United States Congress included provisions to address the need for standards for electronic transactions and other administrative simplification issues in the HIPAA, Public Law 104-191, which was enacted on August 21, 1996. Through Subtitle F of Title II of that law, Congress added to Title XI of the Social Security Act a new Part C, entitled, "Administrative Simplification." On August 17, 2000, final regulations were published in the *Federal Register* for, "Standards for Electronic Transactions," which became effective on October 16, 2000. The final rule requires compliance be met within two years of the rule effective date, making compliance necessary by October 16, 2002 unless covered entities have filed for an extension to the deadline. In 2001, in the Administrative Simplification Compliance Act, Congress authorized a one-year extension to October 16, 2003, for those covered and required to comply in 2002. SCDHHS has filed for such an extension.

This Companion Guide includes the scope and transaction maps for the 278 Health Care Services Review and Response (PA) transaction set.

The purpose of the guide is to provide support for the Prior Approval request and response. The following Service Type Codes reflect service types for which South Carolina Medicaid requires prior approval:

- Dental Care
- Durable Medical Equipment Purchase
- Durable Medical Equipment Rental

Due to the absence of information necessary to support a prior approval decision within this transaction set, SC Medicaid still requires the appropriate paper Prior Approval (PA) form be submitted in order to determine the medical necessity of the service requested.

3. 278 SERVICE REQUEST TRANSACTION MAP

*Unless otherwise noted, please follow the rules of the *ANSI X12 Implementation Guide* (including Addendum) for 004010X094A1.

**The "Loop" column consists of the loop number followed by a "/", whether required ("R") or situation ("S") , then a dash followed by the page number reference in the Implementation Guide

LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
	ST/R-50	ST01	R	Transaction Set Identifier Code	
		ST02	R	Transaction Set Control Number	
	BHT/R-51	BHT01	R	Hierarchical Structure Code	
		BHT02	R	Transaction Set Purpose Code	
		BHT03	R	Submitter Transaction Identifier	
		BHT04	R	Transaction Set Creation Date	
		BHT05	R	Transaction Set Creation Time	
		BHT06	N	Transaction Type Code	
2000A/R-53				UTILIZATION MANAGEMENT ORGANIZATION (UMO) LEVEL	
	HL/R-53	HL01	R	Hierarchical ID Number	
		HL02	N	Hierarchical Parent ID Number	
		HL03	R	Hierarchical Level Code	
		HL04	R	Hierarchical Child Code	
2010A/R-55				UTILIZATION MANAGEMENT ORGANIZATION (UMO) NAME	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
	NM1/R-55	NM101	R	Entity Identifier Code	
		NM102	R	Entity Type Qualifier	
		NM103	S	UMO Last or Organization Name	
		NM104	S	UMO First Name	
		NM105	S	UMO Middle Name	
		NM106	N	Name Prefix	
		NM107	S	UMO Name Suffix	
		NM108	R	Identification Code Qualifier	
		NM109	R	UMO Identifier	
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
2000B/R-58				REQUESTOR LEVEL	
	HL/R-58	HL01	R	Hierarchical ID Number	
		HL02	R	Hierarchical Parent ID Number	
		HL03	R	Hierarchical Level Code	
		HL04	R	Hierarchical Child Code	
2010B/R-60				REQUESTOR NAME	
	NM1/R-60	NM101	R	Entity Identifier Code	
		NM102	R	Entity Type Qualifier	
		NM103	S	Requestor Last or Organization Name	
		NM104	S	Requestor First Name	
		NM105	S	Requestor Middle Name	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		NM106	N	Name Prefix	
		NM107	S	Requestor Name Suffix	
		NM108	R	Identification Code Qualifier	
		NM109	R	Requestor Identifier	
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	REF/S-63	REF01	R	Reference Identification Qualifier	
		REF02	R	Requestor Supplemental Identifier	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	N3/S-65	N301	R	Requestor Address Line	
		N302	S	Requestor Address Line	
	N4/S-66	N401	S	Requestor City Name	
		N402	S	Requestor State or Province Code	
		N403	S	Requestor Postal Zone or ZIP Code	
		N404	S	Requestor Country Code	
		N405	N	Location Qualifier	
		N406	N	Location Identifier	
	PER/S-68	PER01	R	Contact Function Code	
		PER02	S	Requestor Contact Name	
		PER03	S	Communication Number Qualifier	
		PER04	S	Requestor Contact Communication Number	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		PER05	S	Communication Number Qualifier	
		PER06	S	Requestor Contact Communication Number	
		PER07	S	Communication Number Qualifier	
		PER08	S	Requestor Contact Communication Number	
		PER09	N	Contact Inquiry Reference	
	PRV/S-71	PRV01	R	Provider Code	
		PRV02	R	Reference Identification Qualifier	
		PRV03	R	Provider Taxonomy Code	
		PRV04	N	State or Province Code	
		PRV05	N	Provider Specialty Information	
		PRV06	N	Provider Organization Code	
2000C/R-73				DETAIL, SUBSCRIBER LEVEL	
	HL/R-73	HL01	R	Hierarchical ID Number	
		HL02	R	Hierarchical Parent ID Number	
		HL03	R	Hierarchical Level Code	
		HL04	R	Hierarchical Child Code	
	TRN addenda	TRN01	M	Trace Type Code	
		TRN02	M	Reference Identification	
		TRN03	O	Originating Company Identifier	
		TRN04	O	Reference Identification	
	DTP/S-75	DTP01	R	Date Time Qualifier	
		DTP02	R	Date Time Period Format Qualifier	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		DTP03	R	Accident Date	
	DTP/S-76	DTP01	R	Date Time Qualifier	
		DTP02	R	Date Time Period Format Qualifier	
		DTP03	R	Last Menstrual Period Date	
	DTP/S-77	DTP01	R	Date Time Qualifier	
		DTP02	R	Date Time Period Format Qualifier	
		DTP03	R	Estimated Birth Date	
	DTP/S-78	DTP01	R	Date Time Qualifier	
		DTP02	R	Date Time Period Format Qualifier	
		DTP03	R	Onset Date	
	HI/S-80	HI06	S	Health Care Code Information	
		HI01-1	R	Diagnosis Type Code	
		HI01-2	R	Diagnosis Code	Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed.
		HI01-3	S	Date Time Period Format Qualifier	
		HI01-4	S	Diagnosis Date	
		HI01-5	N	Monetary Amount	
		HI01-6	N	Quantity	
		HI01-7	N	Version Identifier	
		HI06	S	Health Care Code Information	
		HI02-1	R	Diagnosis Type Code	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		HI02-2	R	Diagnosis Code	Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed.
		HI02-3	S	Date Time Period Format Qualifier	
		HI02-4	S	Diagnosis Date	
		HI02-5	N	Monetary Amount	
		HI02-6	N	Quantity	
		HI02-7	N	Version Identifier	
	HI/S-80	HI06	S	Health Care Code Information	
		HI03-1	R	Diagnosis Type Code	
		HI03-2	R	Diagnosis Code	Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed.
		HI03-3	S	Date Time Period Format Qualifier	
		HI03-4	S	Diagnosis Date	
		HI03-5	N	Monetary Amount	
		HI03-6	N	Quantity	
		HI03-7	N	Version Identifier	
	HI/S-80	HI06	S	Health Care Code Information	
		HI04-1	R	Diagnosis Type Code	
		HI04-2	R	Diagnosis Code	Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed.
		HI04-3	S	Date Time Period Format Qualifier	
		HI04-4	S	Diagnosis Date	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		HI04-5	N	Monetary Amount	
		HI04-6	N	Quantity	
		HI04-7	N	Version Identifier	
	HI/S-80	HI06	S	Health Care Code Information	
		HI05-1	R	Diagnosis Type Code	
		HI05-2	R	Diagnosis Code	Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed.
		HI05-3	S	Date Time Period Format Qualifier	
		HI05-4	S	Diagnosis Date	
		HI05-5	N	Monetary Amount	
		HI05-6	N	Quantity	
		HI05-7	N	Version Identifier	
	HI/S-80	HI06	S	Health Care Code Information	
		HI06-1	R	Diagnosis Type Code	
		HI06-2	R	Diagnosis Code	Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed.
		HI06-3	S	Date Time Period Format Qualifier	
		HI06-4	S	Diagnosis Date	
		HI06-5	N	Monetary Amount	
		HI06-6	N	Quantity	
		HI06-7	N	Version Identifier	
	I/S-80	HI07	S	Health Care Code Information	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		HI07-1	R	Diagnosis Type Code	
		HI07-2	R	Diagnosis Code	Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed.
		HI07-3	S	Date Time Period Format Qualifier	
		HI07-4	S	Diagnosis Date	
		HI07-5	N	Monetary Amount	
		HI07-6	N	Quantity	
		HI07-7	N	Version Identifier	
	I/S-80	HI08	S	Health Care Code Information	
		HI08-1	R	Diagnosis Type Code	
		HI08-2	R	Diagnosis Code	Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed.
		HI08-3	S	Date Time Period Format Qualifier	
		HI08-4	S	Diagnosis Date	
		HI08-5	N	Monetary Amount	
		HI08-6	N	Quantity	
		HI08-7	N	Version Identifier	
	I/S-80	HI09	S	Health Care Code Information	
		HI09-1	R	Diagnosis Type Code	
		HI09-2	R	Diagnosis Code	Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed.

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		HI09-3	S	Date Time Period Format Qualifier	
		HI09-4	S	Diagnosis Date	
		HI09-5	N	Monetary Amount	
		HI09-6	N	Quantity	
		HI09-7	N	Version Identifier	
	I/S-80	HI10	S	Health Care Code Information	
		HI10-1	R	Diagnosis Type Code	
		HI10-2	R	Diagnosis Code	Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed.
		HI10-3	S	Date Time Period Format Qualifier	
		HI10-4	S	Diagnosis Date	
		HI10-5	N	Monetary Amount	
		HI10-6	N	Quantity	
		HI10-7	N	Version Identifier	
		HI11	S	Health Care Code Information	
		HI11-1	R	Diagnosis Type Code	
		HI11-2	R	Diagnosis Code	Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed.
		HI11-3	S	Date Time Period Format Qualifier	
		HI11-4	S	Diagnosis Date	
		HI11-5	N	Monetary Amount	
		HI11-6	N	Quantity	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		HI11-7	N	Version Identifier	
		HI12	S	Health Care Code Information	
		HI12-1	R	Diagnosis Type Code	
		HI12-2	R	Diagnosis Code	Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed.
		HI12-3	S	Date Time Period Format Qualifier	
		HI12-4	S	Diagnosis Date	
		HI12-5	N	Monetary Amount	
		HI12-6	N	Quantity	
		HI12-7	N	Version Identifier	
	PWK/ADDENDA/ R-54	PWK01	M	Report Type Code	
		PWK02	O	Report Transmission Code	
		PWK03	N	Report Copies Needed	
		PWK04	N	Entity Identifier Code	
		PWK05	S	Identification Code Qualifier	
		PWK06	S	Attachment Control Number	Enter the unique control number assigned by the submitter and recorded on the paper attachment, fax or email message.
		PWK07	S	Description	
		PWK08	N	Actions Indicated	
		PWK09	N	Request Category Code	
2010C/R-89				SUBSCRIBER NAME	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
	NM1/R-89	NM101	R	Entity Identifier Code	
		NM102	R	Entity Type Qualifier	
		NM103	S	Subscriber Last Name	
		NM104	S	Subscriber First Name	
		NM105	S	Subscriber Middle Name	
		NM106	N	Name Prefix	
		NM107	S	Subscriber Name Suffix	
		NM108	R	Identification Code Qualifier	
		NM109	R	Subscriber Primary Identifier	
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	REF/S-92	REF01	R	Reference Identification Qualifier	
		REF02	R	Subscriber Supplemental Identifier	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	DMG/S-94	DMG01	R	Date Time Period Format Qualifier	
		DMG02	R	Subscriber Birth Date	
		DMG03	S	Subscriber Gender Code	
		DMG04	N	Marital Status Code	
		DMG05	N	Race or Ethnicity Code	
		DMG06	N	Citizenship Status Code	
		DMG07	N	Country Code	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		DMG08	N	Basis of Verification Code	
		DMG09	N	Quantity	
2000D/S-96				DETAIL, DEPENDENT LEVEL	SC Medicaid will not use this loop.
2010DA/R-112				DEPENDENT NAME	SC Medicaid will not use this loop.
2000E/R-121				SERVICE PROVIDER LEVEL	
	HL/R-121	HL01	R	Hierarchical ID Number	SC Medicaid will not use this segment.
	MSG/S-123	MSG01	R	Free-Form Message Text	
		MSG02	N	Printer Control Code	
		MSG03	N	Number	
2010E/R-124				SERVICE PROVIDER NAME	
	NM1/R-124	NM101	R	Entity Identifier Code	
		NM102	R	Entity Type Qualifier	
		NM103	S	Service Provider Last or Organization Name	
		NM104	S	Service Provider First Name	
		NM105	S	Service Provider Middle Name	
		NM106	N	Name Prefix	
		NM107	S	Service Provider Name Suffix	
		NM108	S	Identification Code Qualifier	
		NM109	S	Service Provider Identifier	
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	REF/S-127	REF01	R	Reference Identification Qualifier	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		REF02	R	Service Provider Supplemental Identifier	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	N3/S-129	N301	R	Service Provider Address Line	
		N302	S	Service Provider Address Line	
	N4/S-130	N401	S	Service Provider City Name	
		N402	S	Service Provider State or Province Code	
		N403	S	Service Provider Postal Zone or ZIP Code	
		N404	S	Service Provider Country Code	
		N405	N	Location Qualifier	
		N406	N	Location Identifier	
	PER/S-132	PER01	R	Contact Function Code	
		PER02	S	Service Provider Contact Name	
		PER03	S	Communication Number Qualifier	
		PER04	S	Service Provider Contact Communication Number	
		PER05	S	Communication Number Qualifier	
		PER06	S	Service Provider Contact Communication Number	
		PER07	S	Communication Number Qualifier	
		PER08	S	Service Provider Contact Communication Number	
		PER09	N	Contact Inquiry Reference	
	PRV/S-135	PRV01	R	Provider Code	
		PRV02	R	Reference Identification Qualifier	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		PRV03	R	Provider Taxonomy Code	
		PRV04	N	State or Province Code	
		PRV05	N	Provider Specialty Information	
		PRV06	N	Provider Organization Code	
2000F/R-137				SERVICE LEVEL	
	HL/R-137	HL01	R	Hierarchical ID Number	
		HL02	R	Hierarchical Parent ID Number	
		HL03	R	Hierarchical Level Code	
		HL04	R	Hierarchical Child Code	
	TRN/S-139	TRN01	R	Trace Type Code	
		TRN02	R	Service Trace Number	
		TRN03	R	Trace Assigning Entity Identifier	
		TRN04	S	Trace Assigning Entity Additional Identifier	
	UM/R-141	UM01	R	Request Category Code	
		UM02	R	Certification Type Code	
		UM03	S	Service Type Code	
		UM04	S	Health Care Service Location Information	
		UM04-1	R	Facility Type Code	
		UM04-2	R	Facility Code Qualifier	
		UM04-3	N	Claim Frequency Type Code	
		UM05-1	R	Related Causes Code	
		UM05-2	S	Related Causes Code	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		UM05-3	S	Related Causes Code	
		UM05-4	S	State Code	
		UM05-5	S	Country Code	
		UM06	S	Level of Service Code	
		UM07	S	Current Health Condition Code	
		UM08	S	Prognosis Code	
		UM09	R	Release Of Information Code	
		UM10	S	Delay Reason Code	
	REF/S-150	REF01	R	Reference Identification Qualifier	
		REF02	R	Previous Certification Identifier	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	DTP/S-152	DTP01	R	Date Time Qualifier	
		DTP02	R	Date Time Period Format Qualifier	
		DTP03	R	Proposed or Actual Service Date	
	DTP/S-154	DTP01	R	Date Time Qualifier	
		DTP02	R	Date Time Period Format Qualifier	
		DTP03	R	Proposed or Actual Admission Date	
	DTP/S-156	DTP01	R	Date Time Qualifier	
		DTP02	R	Date Time Period Format Qualifier	
		DTP03	R	Proposed or Actual Discharge Date	
	DTP/S-158	DTP01	R	Date Time Qualifier	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		DTP02	R	Date Time Period Format Qualifier	
		DTP03	R	Proposed or Actual Surgery Date	
	HI/S-159	HI01	S	Health Care Code Information	
		HI01-1	R	Code List Qualifier Code	
		HI01-2	R	Procedure Code	
		HI01-3	S	Date Time Period Format Qualifier	
		HI01-4	S	Procedure Date	
		HI01-5	S	Procedure Monetary Amount	
		HI01-6	S	Procedure Quantity	
		HI01-7	S	Version, Release, or Industry Identifier	
		HI02	S	Health Care Code Information	
		HI02-1	R	Code List Qualifier Code	
		HI02-2	R	Procedure Code	
		HI02-3	S	Date Time Period Format Qualifier	
		HI02-4	S	Procedure Date	
		HI02-5	S	Procedure Monetary Amount	
		HI02-6	S	Procedure Quantity	
		HI02-7	S	Version, Release, or Industry Identifier	
		HI03	S	Health Care Code Information	
		HI03-1	R	Code List Qualifier Code	
		HI03-2	R	Procedure Code	
		HI03-3	S	Date Time Period Format Qualifier	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		HI03-4	S	Procedure Date	
		HI03-5	S	Procedure Monetary Amount	
		HI03-6	S	Procedure Quantity	
		HI03-7	S	Version, Release, or Industry Identifier	
		HI04	S	Health Care Code Information	
		HI04-1	R	Code List Qualifier Code	
		HI04-2	R	Procedure Code	
		HI04-3	S	Date Time Period Format Qualifier	
		HI04-4	S	Procedure Date	
		HI04-5	S	Procedure Monetary Amount	
		HI04-6	S	Procedure Quantity	
		HI04-7	S	Version, Release, or Industry Identifier	
		HI05	S	Health Care Code Information	
		HI05-1	R	Code List Qualifier Code	
		HI05-2	R	Procedure Code	
		HI05-3	S	Date Time Period Format Qualifier	
		HI05-4	S	Procedure Date	
		HI05-5	N	Procedure Monetary Amount	
		HI05-6	S	Procedure Quantity	
		HI05-7	S	Version, Release, or Industry Identifier	
		HI06	S	Health Care Code Information	
		HI06-1	R	Code List Qualifier Code	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		HI06-2	R	Procedure Code	
		HI06-3	S	Date Time Period Format Qualifier	
		HI06-4	S	Procedure Date	
		HI06-5	S	Procedure Monetary Amount	
		HI06-6	S	Procedure Quantity	
		HI06-7	S	Version, Release, or Industry Identifier	
		HI07	S	Health Care Code Information	
		HI07-1	R	Code List Qualifier Code	
		HI07-2	R	Procedure Code	
		HI07-3	S	Date Time Period Format Qualifier	
		HI07-4	S	Procedure Date	
		HI07-5	S	Procedure Monetary Amount	
		HI07-6	S	Procedure Quantity	
		HI07-7	S	Version, Release, or Industry Identifier	
		HI08	S	Health Care Code Information	
		HI08-1	R	Code List Qualifier Code	
		HI08-2	R	Procedure Code	
		HI08-3	S	Date Time Period Format Qualifier	
		HI08-4	S	Procedure Date	
		HI08-5	S	Procedure Monetary Amount	
		HI08-6	S	Procedure Quantity	
		HI08-7	S	Version, Release, or Industry Identifier	

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		HI09	S	Health Care Code Information	
		HI09-1	R	Code List Qualifier Code	
		HI09-2	R	Procedure Code	
		HI09-3	S	Date Time Period Format Qualifier	
		HI09-4	S	Procedure Date	
		HI09-5	S	Procedure Monetary Amount	
		HI09-6	S	Procedure Quantity	
		HI09-7	S	Version, Release, or Industry Identifier	
		HI10	S	Health Care Code Information	
		HI10-1	R	Code List Qualifier Code	
		HI10-2	R	Procedure Code	
		HI10-3	S	Date Time Period Format Qualifier	
		HI10-4	S	Procedure Date	
		HI10-5	S	Procedure Monetary Amount	
		HI10-6	S	Procedure Quantity	
		HI10-7	S	Version, Release, or Industry Identifier	
		HI11	S	Health Care Code Information	
		HI11-1	R	Code List Qualifier Code	
		HI11-2	R	Procedure Code	
		HI11-3	S	Date Time Period Format Qualifier	
		HI11-4	S	Procedure Date	
		HI11-5	S	Procedure Monetary Amount	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		HI11-6	S	Procedure Quantity	
		HI11-7	S	Version, Release, or Industry Identifier	
		HI12	S	Health Care Code Information	
		HI12-1	R	Code List Qualifier Code	
		HI12-2	R	Procedure Code	
		HI12-3	S	Date Time Period Format Qualifier	
		HI12-4	S	Procedure Date	
		HI12-5	S	Procedure Monetary Amount	
		HI12-6	S	Procedure Quantity	
		HI12-7	S	Version, Release, or Industry Identifier	
	HSD/S-175	HSD01	S	Quantity Qualifier	
		HSD02	S	Service Unit Count	
		HSD03	S	Unit or Basis of Measurement Code	
		HSD04	S	Sample Selection Modulus	
		HSD05	S	Time Period Qualifier	
		HSD06	S	Period Count	
		HSD07	S	Ship, Delivery or Calendar Pattern Code	
		HSD08	S	Delivery Pattern Time Code	
	CRC/S-180	CRC01	R	Condition Code Category	
		CRC02	R	Certification Condition Indicator	
		CRC03	R	Condition Code	
		CRC04	S	Condition Code	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		CRC05	S	Condition Code	
		CRC06	S	Condition Code	
		CRC07	S	Condition Code	
	CL1/S-189	CL101	S	Admission Type Code	
		CL102	S	Admission Source Code	
		CL103	S	Patient Status Code	
		CL104	S	Nursing Home Residential Status Code	
	CR1/S-191	CR101	S	Unit or Basis of Measurement Code	
		CR102	S	Patient Weight	
		CR103	R	Ambulance Transport Code	
		CR104	R	Ambulance Transport Reason Code	
		CR105	S	Unit or Basis of Measurement Code	
		CR106	S	Transport Distance	
		CR107	S	Ambulance Trip Origin Address	
		CR108	S	Ambulance Trip Destination Address	
		CR109	S	Round Trip Purpose Description	
		CR110	S	Stretcher Purpose Description	
	CR2/S-194	CR201	S	Treatment Series Number	
		CR202	S	Treatment Count	
		CR203	S	Subluxation Level Code	
		CR204	S	Subluxation Level Code	
		CR205	S	Unit or Basis of Measurement Code	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		CR206	S	Treatment Period Count	
		CR207	S	Monthly Treatment Count	
		CR208	S	Patient Condition Code	
		CR209	S	Complication Indicator	
		CR210	S	Patient Condition Description	
		CR211	S	Patient Condition Description	
		CR212	R	X-ray Availability Indicator	
	CR5/S-200	CR501	N	Certification Type Code	
		CR502	N	Quantity	
		CR503	S	Oxygen Equipment Type Code	
		CR504	S	Oxygen Equipment Type Code	
		CR505	S	Equipment Reason Description	
		CR506	R	Oxygen Flow Rate	
		CR507	S	Daily Oxygen Use Count	
		CR508	S	Oxygen Use Period Hour Count	
		CR509	S	Respiratory Therapist Order Text	
		CR510	S	Arterial Blood Gas Quantity	
		CR511	S	Oxygen Saturation Quantity	
		CR512	R	Oxygen Test Condition Code	
		CR513	S	Oxygen Test Findings Code	
		CR514	S	Oxygen Test Findings Code	
		CR515	S	Oxygen Test Findings Code	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		CR516	S	Portable Oxygen System Flow Rate	
		CR517	R	Oxygen Delivery System Code	
		CR518	S	Oxygen Equipment Type Code	
	CR6/S-205	CR601	R	Prognosis Code	
		CR602	R	Service From Date	
		CR603	R	Date Time Period Format Qualifier	
		CR604	S	Home Health Certification Period	
		CR605	N	Date	
		CR606	R	Skilled Nursing Facility Indicator	
		CR607	R	Medicare Coverage Indicator	
		CR608	R	Certification Type Code	
		CR609	S	Surgery Date	
		CR610	S	Product or Service ID Qualifier	
		CR611	S	Surgical Procedure Code	
		CR612	S	Physician Order Date	
		CR613	S	Last Visit Date	
		CR614	S	Physician Contact Date	

4. 278 SERVICE RESPONSE TRANSACTION MAP

- *Unless otherwise noted, please follow the rules of the ANSI X12 Implementation Guide (including Addendum) for 004010X094A1.
- **The "Loop" column consists of the loop number followed by a "/", whether required ("R") or situation ("S") , then a dash followed by the page number reference in the Implementation Guide

LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
	ST/R-218	ST01	R	Transaction Set Identifier Code	
		ST02	R	Transaction Set Control Number	
	BHT/R-219	BHT01	R	Hierarchical Structure Code	
		BHT02	R	Transaction Set Purpose Code	
		BHT03	R	Submitter Transaction Identifier	
		BHT04	R	Transaction Set Creation Date	
		BHT05	R	Transaction Set Creation Time	
		BHT06	S	Transaction Type Code	
2000A/R-221				UMO	
	HL/R-221	HL01	R	Hierarchical ID Number	
		HL02	N	Hierarchical Parent ID Number	
		HL03	R	Hierarchical Level Code	
		HL04	R	Hierarchical Child Code	
	AAA/S-223	AAA01	R	Valid Request Indicator	
		AAA02	N	Agency Qualifier Code	
		AAA03	S	Reject Reason Code	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		AAA04	S	Follow-up Action Code	
2010A/R-225				UMO	
	NM1/R-225	NM101	R	Entity Identifier Code	
		NM102	R	Entity Type Qualifier	
		NM103	S	UMO Last or Organization Name	
		NM104	S	UMO First Name	
		NM105	S	UMO Middle Name	
		NM106	N	Name Prefix	
		NM107	S	UMO Name Suffix	
		NM108	R	Identification Code Qualifier	
		NM109	R	UMO Identifier	
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	PER/S-228	PER01	R	Contact Function Code	SC Medicaid will not use this segment.
	AAA/S-231	AAA01	R	Valid Request Indicator	SC Medicaid will not use this segment.
2000B/R-234				REQUESTOR LEVEL	
	HL/R-234	HL01	R	Hierarchical ID Number	
		HL02	R	Hierarchical Parent ID Number	
		HL03	R	Hierarchical Level Code	
		HL04	R	Hierarchical Child Code	
2010B/R-236				REQUESTOR NAME	
	NM1/R-236	NM101	R	Entity Identifier Code	
		NM102	R	Entity Type Qualifier	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		NM103	S	Requestor Last or Organization Name	
		NM104	S	Requestor First Name	
		NM105	S	Requestor Middle Name	
		NM106	N	Name Prefix	
		NM107	S	Requestor Name Suffix	
		NM108	R	Identification Code Qualifier	
		NM109	R	Requestor Identifier	
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	REF/S-239	REF01	R	Reference Identification Qualifier	
		REF02	R	Requestor Supplemental Identifier	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	AAA/S-241	AAA01	R	Valid Request Indicator	
		AAA02	N	Agency Qualifier Code	
		AAA03	S	Reject Reason Code	
		AAA04	S	Follow-up Action Code	
	PRV/S-243	PRV01	R	Provider Code	
		PRV02	R	Reference Identification Qualifier	
		PRV03	R	Provider Taxonomy Code	
		PRV04	N	State or Province Code	
		PRV05	N	Provider Specialty Information	
		PRV06	N	Provider Organization Code	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
2000C/R-245				DETAIL, SUBSCRIBER LEVEL	
	HL/R-245	HL01	R	Hierarchical ID Number	
		HL02	R	Hierarchical Parent ID Number	
		HL03	R	Hierarchical Level Code	
		HL04	R	Hierarchical Child Code	
	TRN/ADDENDA	TRN01	R	Trace Type Code	
		TRN02	R	Reference Identification	
		TRN03	R	Originating Company Identifier	
		TRN04	O	Reference Identification	
	AAA/S-247	AAA01	R	Valid Request Indicator	SC Medicaid will not use this segment.
	DTP/S-249	DTP01	R	Date Time Qualifier	
		DTP02	R	Date Time Period Format Qualifier	
		DTP03	R	Accident Date	
		DTP01	R	Date Time Qualifier	
		DTP02	R	Date Time Period Format Qualifier	
		DTP03	R	Last Menstrual Period Date	
		DTP01	R	Date Time Qualifier	
		DTP02	R	Date Time Period Format Qualifier	
		DTP03	R	Estimated Birth Date	
		DTP01	R	Date Time Qualifier	
		DTP02	R	Date Time Period Format Qualifier	
		DTP03	R	Onset Date	
	HI/S-253	HI01-1	R	Diagnosis Type Code	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		HI01-2	R	Diagnosis Code	Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed.
		HI01-3	S	Date Time Period Format Qualifier	
		HI01-4	S	Diagnosis Date	
		HI01-5	N	Monetary Amount	
		HI01-6	N	Quantity	
		HI01-7	N	Version Identifier	
		HI02-1	R	Diagnosis Type Code	
		HI02-2	R	Diagnosis Code	Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed.
		HI02-3	S	Date Time Period Format Qualifier	
		HI02-4	S	Diagnosis Date	
		HI02-5	N	Monetary Amount	
		HI02-6	N	Quantity	
		HI02-7	N	Version Identifier	
		HI03-1	R	Diagnosis Type Code	
		HI03-2	R	Diagnosis Code	Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed.
		HI03-3	S	Date Time Period Format Qualifier	
		HI03-4	S	Diagnosis Date	
		HI03-5	N	Monetary Amount	
		HI03-6	N	Quantity	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		HI03-7	N	Version Identifier	
		HI04-1	R	Diagnosis Type Code	
		HI04-2	R	Diagnosis Code	Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed.
		HI04-3	S	Date Time Period Format Qualifier	
		HI04-4	S	Diagnosis Date	
		HI04-5	N	Monetary Amount	
		HI04-6	N	Quantity	
		HI04-7	N	Version Identifier	
		HI05-1	R	Diagnosis Type Code	
		HI05-2	R	Diagnosis Code	Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed.
		HI05-3	S	Date Time Period Format Qualifier	
		HI05-4	S	Diagnosis Date	
		HI05-5	N	Monetary Amount	
		HI05-6	N	Quantity	
		HI05-7	N	Version Identifier	
		HI06-1	R	Diagnosis Type Code	
		HI06-2	R	Diagnosis Code	Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed.
		HI06-3	S	Date Time Period Format Qualifier	
		HI06-4	S	Diagnosis Date	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		HI06-5	N	Monetary Amount	
		HI06-6	N	Quantity	
		HI06-7	N	Version Identifier	
		HI07-1	R	Diagnosis Type Code	
		HI07-2	R	Diagnosis Code	Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed.
		HI07-3	S	Date Time Period Format Qualifier	
		HI07-4	S	Diagnosis Date	
		HI07-5	N	Monetary Amount	
		HI07-6	N	Quantity	
		HI07-7	N	Version Identifier	
		HI08-1	R	Diagnosis Type Code	
		HI08-2	R	Diagnosis Code	Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed.
		HI08-3	S	Date Time Period Format Qualifier	
		HI08-4	S	Diagnosis Date	
		HI08-5	N	Monetary Amount	
		HI08-6	N	Quantity	
		HI08-7	N	Version Identifier	
		HI09-1	R	Diagnosis Type Code	
		HI09-2	R	Diagnosis Code	Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed.

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		HI09-3	S	Date Time Period Format Qualifier	
		HI09-4	S	Diagnosis Date	
		HI09-5	N	Monetary Amount	
		HI09-6	N	Quantity	
		HI09-7	N	Version Identifier	
		HI10-1	R	Diagnosis Type Code	
		HI10-2	R	Diagnosis Code	Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed.
		HI10-3	S	Date Time Period Format Qualifier	
		HI10-4	S	Diagnosis Date	
		HI10-5	N	Monetary Amount	
		HI10-6	N	Quantity	
		HI10-7	N	Version Identifier	
		HI11-1	R	Diagnosis Type Code	
		HI11-2	R	Diagnosis Code	Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed.
		HI11-3	S	Date Time Period Format Qualifier	
		HI11-4	S	Diagnosis Date	
		HI11-5	N	Monetary Amount	
		HI11-6	N	Quantity	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		HI11-7	N	Version Identifier	
		HI12-1	R	Diagnosis Type Code	
		HI12-2	R	Diagnosis Code	Do not transmit the decimal points in the diagnosis codes. The decimal point is assumed.
		HI12-3	S	Date Time Period Format Qualifier	
		HI12-4	S	Diagnosis Date	
		HI12-5	N	Monetary Amount	
		HI12-6	N	Quantity	
		HI12-7	N	Version Identifier	
	PWK/ ADDENDA	PWK01	R	Report Type Code	
		PWK02	R	Report Transmission Code	
		PWK03	N	Report copies needed	
		PWK04	N	Entity Identifier Code	
		PWK05	S	Identification Code Qualifier	
		PWK06	S	Identification Code	
		PWK07	S	Description	
		PWK08	N	Actions Indicated	
		PWK09	N	Request Category Code	
2010CA/R-262				SUBSCRIBER NAME	
	NM1/R-262	NM101	R	Entity Identifier Code	
		NM102	R	Entity Type Qualifier	
		NM103	S	Subscriber Last Name	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		NM104	S	Subscriber First Name	
		NM105	S	Subscriber Middle Name	
		NM106	N	Name Prefix	
		NM107	S	Subscriber Name Suffix	
			R	Identification Code Qualifier	
		NM109	R	Subscriber Primary Identifier	
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	REF/S-265	REF01	R	Reference Identification Qualifier	
		REF02	R	Subscriber Supplemental Identifier	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	AAA/S-267	AAA01	R	Valid Request Indicator	SC Medicaid will not use this segment.
	DMG/S-269	DMG01	R	Date Time Period Format Qualifier	
		DMG02	R	Subscriber Birth Date	
		DMG03	S	Subscriber Gender Code	
		DMG04	N	Marital Status Code	
		DMG05	N	Race or Ethnicity Code	
		DMG06	N	Citizenship Status Code	
		DMG07	N	Country Code	
		DMG08	N	Basis of Verification Code	
		DMG09	N	Quantity	
2000D/S-271				DEPENDENT LEVEL	SC Medicaid will not use this loop.

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
2010D/R-288				DEPENDENT NAME	SC Medicaid will not use this loop.
2000E/R-300				SERVICE PROVIDER LEVEL	
	HL/R-300	HL01	R	Hierarchical ID Number	
		HL02	R	Hierarchical Parent ID Number	
		HL03	R	Hierarchical Level Code	
		HL04	R	Hierarchical Child Code	
	MSG/S-302	MSG01	R	Free Form Message Text	
		MSG02	N	Printer Carriage Control Code	
		MSG03	N	Number	
2010E/R-303				SERVICE PROVIDER NAME	
	NM1/R-303	NM101	R	Entity Identifier Code	
		NM102	R	Entity Type Qualifier	
		NM103	S	Service Provider Last or Organization Name	
		NM104	S	Service Provider First Name	
		NM105	S	Service Provider Middle Name	
		NM106	N	Name Prefix	
		NM107	S	Service Provider Name Suffix	
		NM108	S	Identification Code Qualifier	
		NM109	S	Service Provider Identifier	
		NM110	N	Entity Relationship Code	
		NM111	N	Entity Identifier Code	
	REF/S-306	REF01	R	Reference Identification Qualifier	
		REF02	R	Service Provider Supplemental Identifier	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		REF03	N	Description	
		REF04	N	Reference Identifier	
	N3/S-308	N301	R	Service Provider Address Line	
		N302	S	Service Provider Address Line	
	N4/S-309	N401	S	Service Provider City Name	
		N402	S	Service Provider State or Province Code	
		N403	S	Service Provider Postal Zone or ZIP Code	
		N404	S	Service Provider Country Code	
		N405	N	Location Qualifier	
		N406	N	Location Identifier	
	PER/S-311	PER01	R	Contact Function Code	
		PER02	S	Service Provider Contact Name	
		PER03	S	Communication Number Qualifier	
		PER04	S	Service Provider Contact Communication Number	
		PER05	S	Communication Number Qualifier	
		PER06	S	Service Provider Contact Communication Number	
		PER07	S	Communication Number Qualifier	
		PER08	S	Service Provider Contact Communication Number	
		PER09	N	Contact Inquiry Reference	
	AAA/S-314	AAA01	R	Valid Request Indicator	
		AAA02	N	Agency Qualifier Code	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		AAA03	S	Reject Reason Code	
		AAA04	S	Follow-up Action Code	
	PRV/S-316	PRV01	R	Provider Code	
		PRV02	R	Reference Identification Qualifier	
		PRV03	R	Provider Taxonomy Code	
		PRV04	N	State or Province Code	
		PRV05	N	Provider Specialty Information	
		PRV06	N	Provider Organization Code	
2000F/R-318				SERVICE LEVEL	
	HL/R-318	HL01	R	Hierarchical ID Number	
		HL02	R	Hierarchical Parent ID Number	
		HL03	R	Hierarchical Level Code	
		HL04	R	Hierarchical Child Code	
	TRN/S-320	TRN01	R	Trace Type Code	
		TRN02	R	Service Trace Number	
		TRN03	R	Trace Assigning Entity Identifier	
		TRN04	S	Trace Assigning Entity Additional Identifier	
	AAA/S-323	AAA01	R	Valid Request Indicator	
		AAA02	N	Agency Qualifier Code	
		AAA03	S	Reject Reason Code	
		AAA04	S	Follow-up Action Code	
	UM/R-325	UM01	R	Request Category Code	
		UM02	R	Certification Type Code	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		UM03	S	Service Type Code	
		UM04-1	R	Facility Type Code	
		UM04-2	R	Facility Code Qualifier	
		UM04-3	N	Claim Frequency Type Code	
		UM05-1	R	Related Causes Code	
		UM05-2	S	Related Causes Code	
		UM05-3	S	Related Causes Code	
		UM05-4	S	State Code	
		UM05-5	S	Country Code	
		UM06	S	Level of Service Code	
		UM07	N	Current Health Condition Code	
		UM08	N	Prognosis Code	
		UM09	N	Release Of Information Code	
		UM10	N	Delay Reason Code	
	HCR/S-331	HCR01	R	Certification Action Code	
		HCR02	S	Certification Number	
		HCR03	S	Reject Reason Code	
		HCR04	S	Second Surgical Opinion Indicator	
	REF/S-334	REF01	R	Reference Identification Qualifier	
		REF02	R	Previous Certification Identifier	
		REF03	N	Description	
		REF04	N	Reference Identifier	
	DTP/S-335	DTP01	R	Date Time Qualifier	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		DTP02	R	Date Time Period Format Qualifier	
		DTP03	R	Proposed or Actual Service Date	
		DTP01	R	Date Time Qualifier	
		DTP02	R	Date Time Period Format Qualifier	
		DTP03	R	Proposed or Actual Admission Date	
		DTP01	R	Date Time Qualifier	
		DTP02	R	Date Time Period Format Qualifier	
		DTP03	R	Proposed or Actual Discharge Date	
		DTP01	R	Date Time Qualifier	
		DTP02	R	Date Time Period Format Qualifier	
		DTP03	R	Proposed or Actual Surgery Date	
		DTP01	R	Date Time Qualifier	
		DTP02	R	Date Time Period Format Qualifier	
		DTP03	R	Certification Issue Date	
		DTP01	R	Date Time Qualifier	
		DTP02	R	Date Time Period Format Qualifier	
		DTP03	R	Certification Expiration Date	
		DTP01	R	Date Time Qualifier	
		DTP02	R	Date Time Period Format Qualifier	
		DTP03	R	Certification Effective Date	
	HI/S-346	HI01-1	R	Code List Qualifier Code	
		HI01-2	R	Procedure Code	
		HI01-3	S	Date Time Period Format Qualifier	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		HI01-4	S	Procedure Date	
		HI01-5	N	Monetary Amount	
		HI01-6	S	Procedure Quantity	
		HI01-7	S	Version, Release, or Industry Identifier	
		HI02-1	R	Code List Qualifier Code	
		HI02-2	R	Procedure Code	
		HI02-3	S	Date Time Period Format Qualifier	
		HI02-4	S	Procedure Date	
		HI02-5	N	Monetary Amount	
		HI02-6	S	Procedure Quantity	
		HI02-7	S	Version, Release, or Industry Identifier	
		HI03-1	R	Code List Qualifier Code	
		HI03-2	R	Procedure Code	
		HI03-3	S	Date Time Period Format Qualifier	
		HI03-4	S	Procedure Date	
		HI03-5	N	Monetary Amount	
		HI03-6	S	Procedure Quantity	
		HI03-7	S	Version, Release, or Industry Identifier	
		HI04-1	R	Code List Qualifier Code	
		HI04-2	R	Procedure Code	
		HI04-3	S	Date Time Period Format Qualifier	
		HI04-4	S	Procedure Date	
		HI04-5	N	Monetary Amount	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		HI04-6	S	Procedure Quantity	
		HI04-7	S	Version, Release, or Industry Identifier	
		HI05-1	R	Code List Qualifier Code	
		HI05-2	R	Procedure Code	
		HI05-3	S	Date Time Period Format Qualifier	
		HI05-4	S	Procedure Date	
		HI05-5	N	Monetary Amount	
		HI05-6	S	Procedure Quantity	
		HI05-7	S	Version, Release, or Industry Identifier	
		HI06-1	R	Code List Qualifier Code	
		HI06-2	R	Procedure Code	
		HI06-3	S	Date Time Period Format Qualifier	
		HI06-4	S	Procedure Date	
		HI06-5	N	Monetary Amount	
		HI06-6	S	Procedure Quantity	
		HI06-7	S	Version, Release, or Industry Identifier	
		HI07-1	R	Code List Qualifier Code	
		HI07-2	R	Procedure Code	
		HI07-3	S	Date Time Period Format Qualifier	
		HI07-4	S	Procedure Date	
		HI07-5	N	Monetary Amount	
		HI07-6	S	Procedure Quantity	
		HI07-7	S	Version, Release, or Industry Identifier	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		HI08-1	R	Code List Qualifier Code	
		HI08-2	R	Procedure Code	
		HI08-3	S	Date Time Period Format Qualifier	
		HI08-4	S	Procedure Date	
		HI08-5	N	Monetary Amount	
		HI08-6	S	Procedure Quantity	
		HI08-7	S	Version, Release, or Industry Identifier	
		HI09-1	R	Code List Qualifier Code	
		HI09-2	R	Procedure Code	
		HI09-3	S	Date Time Period Format Qualifier	
		HI09-4	S	Procedure Date	
		HI09-5	N	Monetary Amount	
		HI09-6	S	Procedure Quantity	
		HI09-7	S	Version, Release, or Industry Identifier	
		HI10-1	R	Code List Qualifier Code	
		HI10-2	R	Procedure Code	
		HI10-3	S	Date Time Period Format Qualifier	
		HI10-4	S	Procedure Date	
		HI10-5	N	Monetary Amount	
		HI10-6	S	Procedure Quantity	
		HI10-7	S	Version, Release, or Industry Identifier	
		HI11-1	R	Code List Qualifier Code	
		HI11-2	R	Procedure Code	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		HI11-3	S	Date Time Period Format Qualifier	
		HI11-4	S	Procedure Date	
		HI11-5	N	Monetary Amount	
		HI11-6	S	Procedure Quantity	
		HI11-7	S	Version, Release, or Industry Identifier	
		HI12-1	R	Code List Qualifier Code	
		HI12-2	R	Procedure Code	
		HI12-3	S	Date Time Period Format Qualifier	
		HI12-4	S	Procedure Date	
		HI12-5	N	Monetary Amount	
		HI12-6	S	Procedure Quantity	
		HI12-7	S	Version, Release, or Industry Identifier	
	HSD/S-362	HSD01	S	Quantity Qualifier	
		HSD02	S	Service Unit Count	
		HSD03	S	Unit or Basis of Measurement Code	
		HSD04	S	Sample Selection Modulus	
		HSD05	S	Time Period Qualifier	
		HSD06	S	Period Count	
		HSD07	S	Ship, Delivery or Calendar Pattern Date	
		HSD08	S	Delivery Pattern Time Code	
	CL1/S-367	CL101	S	Admission Type Code	
		CL102	S	Admission Source Code	
		CL103	S	Patient Status Code	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		CL104	S	Nursing Home Residential Status Code	
	CR1/S-369	CR101	N	Unit or Basis for Measurement Code	
		CR102	N	Weight	
		CR103	R	Ambulance Transport Code	
		CR104	N	Ambulance Transport Reason Code	
		CR105	S	Unit or Basis of Measurement Code	
		CR106	S	Transport Distance	
		CR107	S	Ambulance Trip Origin Address	
		CR108	S	Ambulance Trip Destination Address	
		CR109	N	Description	
		CR110	N	Description	
	CR2/S-371	CR201	S	Treatment Series Number	
		CR202	S	Treatment Count	
		CR203	S	Subluxation Level Code	
		CR204	S	Subluxation Level Code	
		CR205	S	Unit or Basis of Measurement Code	
		CR206	S	Treatment Period Count	
		CR207	S	Monthly Treatment Count	
		CR208	N	Nature of Condition Code	
		CR209	N	Yes/No Condition or Response Code	
		CR210	N	Description	
		CR211	N	Description	
		CR212	N	Yes/No Condition or Response Code	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
	CR5/S-376	CR501	N	Certification Type Code	
		CR502	N	Quantity	
		CR503	S	Oxygen Equipment Type Code	
		CR504	S	Oxygen Equipment Type Code	
		CR505	S	Equipment Reason Description	
		CR506	R	Oxygen Flow Rate	
		CR507	S	Daily Oxygen Use Count	
		CR508	S	Oxygen Use Period Hour Count	
		CR509	S	Respiratory Therapist Order Text	
		CR510	N	Quantity	
		CR511	N	Quantity	
		CR512	N	Oxygen Test Condition Code	
		CR513	N	Oxygen Test Findings Code	
		CR514	N	Oxygen Test Findings Code	
		CR515	N	Oxygen Test Findings Code	
		CR516	S	Portable Oxygen System Flow Rate	
		CR517	R	Oxygen Delivery System Code	
		CR518	S	Oxygen Equipment Type Code	
	CR6/S-380	CR601	R	Prognosis Code	
		CR602	R	Service From Date	
		CR603	R	Date Time Period Format Qualifier	
		CR604	S	Home Health Certification Period	
		CR605	N	Date	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		CR606	N	Skilled Nursing Facility Indicator	
		CR607	R	Medicare Coverage Indicator	
		CR608	R	Certification Type Code	
		CR609	N	Surgery Date	
		CR610	N	Product/Service ID Qualifier	
		CR611	N	Medical Code Value	
		CR612	N	Date	
		CR613	N	Date	
		CR614	N	Date	
		CR615	N	Date Time Period Format Qualifier	
		CR616	N	Date Time Period	
		CR617	N	Patient Location Code	
		CR618	N	Date	
		CR619	N	Date	
		CR620	N	Date	
		CR621	N	Date	
	PWK/ADDENDA	PWK01	R	Report Type Code	
		PWK02	R	Report Transmission Code	
		PWK03	N	Report Copies Needed	
		PWK04	N	Entity Identifier Code	
		PWK05	S	Identification Code Qualifier	
		PWK06	S	Identification Code	
		PWK07	S	Description	

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LOOP**	SEG ID	Element	Element Requirement	Industry Name	South Carolina Medicaid Specifications*
		PWK08	N	Actions Indicated	
		PWK09	N	Request Category Code	
	MSG/S-383	MSG01	R	Free Form Message Text	For Dental responses the message will read: Call Program Rep at 803 898-2568 or Fax 803 898-4552 if questions. For DME responses the message will read: Call DME Program Rep at 803 898-2882 or Fax 803 898-2650.
		MSG02	N	Printer Control Code	
		MSG03	N	Number	
2010F/ Addenda				ADDITIONAL SERVICE INFORMATION CONTACT NAME	SC Medicaid will not use this loop.
9999/R-384				TRANSACTION SET TRAILER	
	SE/R-384	SE01	R	Transaction Segment Count	
		SE02	R	Transaction Set Control Number	

5. DOCUMENT CHANGE HISTORY

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Version	Approval Date	Changed By	Reason
1.0	07/14/03		Original Document
2.0	07/28/03		Changes throughout document.