

## 276 Health Care Claim Status Request (005010X212)

The Department supports the 276 Health Care Claim Status Request Transactions in the batch mode.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C-7	None	GS	Functional Group Header			
	None	GS01	Version / Release	HN		HR = 276 transaction
	None	GS08	Version / Release	005010X212		The DSS will only support the 5010 Health Care Eligibility Benefit Inquiry and Response transactions.
36	None	ST	Transaction Set Header			
		ST01	Transaction Set Id Code	276	3/3	
		ST02	Transaction Set Control Number		4/9	The value in ST02 must be identical to SE02
		ST03	Implementation Convention Reference	005010X212	1/35	Identical to GS08
41	2100A	NM1	Payer Name			
	2100A	NM101	Entity Identifier Code	PR	2/3	
	2100A	NM102	Entity Type Qualifier	2	1/1	
	2100A	NM103	Name Last or Organization Name		1/35	Department of Social Services
	2100A	NM108	Identification Code Qualifier	PI	2/2	All transactions should contain this designation, to identify the ID established by DSS. Any transaction received without this designation will be rejected.
	2100A	NM109	Payer Identifier	SD48MED	2/80	All transactions should contain the ID "SD48MED" to identify the OMS as the information source. Any transaction received without this ID will be rejected.
45	2100B	NM1	Information Receiver Name			
	2100B	NM108	Identification Code Qualifier	XX	1/2	XX – NPI Qualifier
	2100B	NM109	Identification Code		2/80	Please enter the National Provider ID or NPI
49	2100C	NM1	Provider Name			
	2100C	NM108	Identification Code Qualifier	XX		
	2100C	NM109	Provider Identifier		2/80	This element should contain the National Provider Id (NPI).
52	2000D	HL	Subscriber Level			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
	2000D	HL04	Hierarchical Child Code	0		Dependent benefits are not supported under Medicaid. Any claim status request that contains dependent-level information will be rejected.
56	2100D	NM1	Subscriber Name			
	2100D	NM101	Entity Identifier Code	QC	2/3	The subscriber must be the patient under Medicaid. Any claim status request containing dependent-level information will be rejected.
	2100D	NM108	Identification Code Qualifier	MI	2/2	Member Identification Number
	2100D	NM109	Subscriber Identifier		2/80	This element should contain the South Dakota Medicaid Recipient ID.
58	2200D	TRN	Claim Submitter Trace Number			
	2200D	TRN01	Trace Type Code	1	1/2	Current Transaction Trace Number
	2200D	TRN02	Reference Identification		1/30	Trace Number
59	2200D	REF	Payer Claim Identification Number			
	2200D	REF01	Reference Identification Qualifier	1K	2/3	South Dakota Medicaid Payer Claim Reference Number. <b>This is required when the Information Receiver knows the payer's assigned number and intends the search criteria be narrowed to a specific claim.</b>
	2200D	REF02	Reference Identification		1/30	South Dakota Medicaid Payers Claim Reference Number (TCN).
	2200D	REF01	Reference Identification Qualifier	BLT	2/3	Optional - Use 'BLT' if you'd like to limit the 277 response to a specific Bill Type.
	2200D	REF02	Reference Identification		1/30	Bill Type Identification
67	2200D	DTP	Claim Service Date			Claim service Date is required if the South Dakota Medicaid Payer Claim Reference Number is not sent.
	2200D	DTP01	Date/Time Qualifier	232	3/3	
	2200D	DTP02	Date/Time Period Format Qualifier	RD8	2/3	CCYYMMDD-CCYYMMDD
	2200D	DTP03	Date/Time Period		1/35	Claim Service Period – not to exceed 90 days.

## 277s Health Care Claim Status Response (005010X214)

The South Dakota Medical Services 277 Transactions will be used to report claim status responses for 276 solicited requests. These are created on request as 276 requests are received and will be available after 8 AM the following business day from receipt of 276 request.

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
106		ST	Transaction Set Header			
		ST01	Transaction Set Identifier Code	277	3/3	
		ST02	Transaction Set Control Number		4/9	Assigned by South Dakota Medical Services
		ST03	Implementation Set Identifier		1/35	005010X214
111	2100A	NM1	Payer Name			
		NM101	Entity Identifier Code	PR	2/3	
		NM103	Name Last or Organization Name		1/35	"Dept of Social Services, Medical Services"
		NM108	Identification Code Qualifier	PI	1/2	Payer ID Qualifier
		NM109	Identification Code		7	"SD48MED"
113	2100A	PER	Payer Contact Information			
		PER01	Contact Function Code	IC	2/2	
		PER02	Payer Contact Name		1/60	DSS
		PER03	Communication Number Qualifier	TE	2/2	
		PER04	Communication Number		1/80	Dept of Social Services, Medical Services phone number
118	2100B	NM1	Information Receiver Name			
		NM101	Entity Identifier Code	41	2/3	
		NM102, NM103, NM104, NM105, NM106, NM107	Name			Information Receiver name fields
		NM108	Identification Code Qualifier	XX	1/2	National Provider ID (NPI) Qualifier
		NM109	Identification Code		2/80	Ten digit national Provider Identifier(NPI)
126	2100C	NM1	Service Provider Level			
		NM101	Entity Identifier Code	1P	2/3	Service Provider
		NM102, NM103, NM104, NM105, NM106, NM107	Name			Service Provider Name fields
		NM108	Identification Code Qualifier	XX	1/2	
		NM109	Identification Code		2/80	The ten digit National Provider ID(NPI).
135	2100D	NM1	Subscriber Name			

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		NM101, NM102, NM103, NM104, NM105, NM107	Subscriber name			Subscriber Name fields
		NM108	Identification Code Qualifier	MI	1/2	
		MN109	Identification Code		2/80	Subscriber's South Dakota Medicaid ID
137	2200D	TRN	Referenced Transaction Trace Number			
		TRN02	Reference Identification			Trace number from 276 request for 277 solicited.
138	2200D	STC	Claim Level Status Information			
		STC01	Health Care Claim Status			
		STC01-1	Industry Code		1/30	Health Care Claim Status Category Code
		STC01-2	Industry Code		1/30	Health Care Claim Status Code
		STC01-3	Entity Identifier Code		2/3	
		STC02	Date		8/8	Effective date of the status. Date of Inquiry.
		STC04	Monetary Amount		1/18	Total Claim Charge Amount
		STC05	Monetary Amount		1/18	Claim Payment Amount
		STC06	Date		8/8	Adjudication Date
		STC08	Date		8/8	Check issue or EFT date
		STC09	Check Number		1/16	Check or EFT Trace Number
		STC10	Health Care Claim Status			
		STC10-1	Industry Code		1/30	Health Care Claim Status Category Code
		STC10-2	Industry Code		1/30	Health Care Claim Status Code
		STC10-3	Entity Identifier Code		2/3	
		STC11	Health Care Claim Status			
		STC11-1	Industry Code		1/30	Health Care Claim Status Category Code
		STC11-2	Industry Code		1/30	Health Care Claim Status Code
		STC11-3	Entity Identifier Code		2/3	
149	2200D	REF	Payer Claim Identification Number			
		REF01	Reference Identification Qualifier	1K		
		REF02	Payer Claim Control Number		1/30	South Dakota Medical Services Claim Reference ID
150	2200D	REF	Institutional Bill Type Identification			
		REF01	Reference Identification Qualifier	BLT	2/3	
		REF02	Reference Identification		1/30	Bill Type Identifier
154	2200D	DTP	Claim Service Date			
		DTP01	Date/Time Qualifier	232	3/3	
		DTP02	Date Time Period Format Qualifier	RD8	2/3	CCYYMMDD-CCYYMMDD. If there is a single date of service then the service begin date and the service end date are equal.
		DTP03	Date Time Period		8 or 17	Claim Service Period
157	2220D	SVC	Service Line Information. Note: If the claim has errors in the service line information then SD MEDX will only send claim header status.			
		SVC01	Composite Medical Procedure			

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		SVC01-1	Product/Service ID Qualifier	AD, HC, NU	2/2	
		SVC01-2	Product/Service ID		1/9	AD – ADA Procedure Code HC – HCPCS/CPT Procedure Code NU – UB92 (UB04) Revenue Code
		SVC01-3	Procedure Modifier		2/2	
		SVC01-4	Procedure Modifier		2/2	
		SVC01-5	Procedure Modifier		2/2	
		SVC01-6	Procedure Modifier		2/2	
		SVC02	Monetary Amount		1/18	Line Item Charge Amount
		SVC03	Monetary Amount		1/18	Line Item Provider Payment Amount
		SVC04	Product/Service ID		1/48	Revenue Code
		SVC07	Quantity		1/15	Original Units of Service Count
161	2220D	STC	Service Line Status Information			
		STC01	Health Care Claim Status			
		STC01-1	Industry Code		1/30	Health Care Claim Status Category Code
		STC01-2	Industry Code		1/30	Health Care Claim Status Code
		STC01-3	Entity Identifier Code		2/3	
		STC02	Date		8/8	Status Information Effective Date
		STC04	Monetary Amount		1/18	Line Item Charge Amount
		STC05	Monetary Amount		1/18	Line Item Provider Payment Amount
		STC10	Health Care Claim Status			
		STC10-1	Industry Code		1/30	Health Care Claim Status Category Code
		STC10-2	Industry Code		1/30	Health Care Claim Status Code
		STC10-3	Entity Identifier Code		2/3	
		STC11-1	Industry Code		1/30	Health Care Claim Status Category Code
		STC11-2	Industry Code		1/30	Health Care Claim Status Code
		STC11-3	Entity Identifier Code		2/3	
171	2220D	REF	Service Line Item Identification			
		REF01	Reference Identification Qualifier	FJ	2/3	
		REF02	Reference Identification		1/30	Line Item Control Number
172	2220D	DTP	Service Line Date			
		DTP01	Date/Time Qualifier	472	3/3	
		DTP02	Date Time Period Format Qualifier	RD8	2/3	CCYYMMDD-CCYYMMDD. If there is a single date of service the begin and the end dates would be the same date.
		DTP03	Date Time Period		8 or 17	Service Line Dates

Note: Dependent Level information (Loop 2000E) is not supported by the South Dakota Medicaid program.

## 4.0

### *Control Segments / Envelopes*

This section describes South Dakota Department of Social Services – Division of Medical Services' use of the interchange control and functional group control segments. It includes a description of expected sender and receiver codes, authorization information, and anticipated data values.

#### *Interchange Control Header:*

The following table lists each of the elements and sample values of the Interchange Control Header (ISA) segment. The ISA segment should accompany every transaction.

Reference	Name	Codes	Notes/Comments
ISA01	Author Information Qualifier	00	No Authorization Information Present
ISA02	Author Information		Blank
ISA03	Security Information Qualifier	00	No Security Information Present
ISA04	Security Information		Blank
ISA05	Interchange Sender ID Qualifier	ZZ	Mutually Defined Sender ID Qualifier
ISA06	Interchange Sender ID	XXXXXXXX	The Sender ID will be established during Trading Partner Registration.
ISA07	Interchange Receiver ID Qualifier	ZZ	Mutually Defined Receiver ID Qualifier
ISA08	Interchange Receiver ID	SD48MED	All Transactions destined for the department must contain this ID.
ISA09	Interchange Date	YYMMDD	The date the transaction was generated
ISA10	Interchange Time	HHMM	The time the transaction was generated
ISA11	Standards Identifier	^	
ISA12	Interchange Version Number	00501	
ISA13	IC Control Number	Nn	<b>Must be unique by Trading Partner. *</b>
ISA14	Acknowledgment Requested	1	997s will be generated for all batch transactions received by the Department of Social Services – Division of Medical Services
ISA15	Usage Indicator	T, P	Test or Production Indicator
ISA16	Composite Element Separator		See Payer Specific Rules and Limitations

\* Re-transmitted transactions are identified by the Interchange Control Number is ISA14. If a transaction has previously been received and processed by the department, an error will be generated when the re-transmission is received.

### ***Functional Group Header:***

The following table lists each of the elements and sample values of the Functional Group Header (GS) segment. The ISA should accompany every transaction and should not vary from transaction to transaction.

Reference	Name	Codes	Notes/Comments
GS01	Functional Identifier Code	XX	Varies by Transaction Type
GS02	Application Sender's Code	XXXXXXXXXX	The Sender ID will be established during Trading Partner Registration and will be the same as ISA06.
GS03	Application Receiver's Code	SD48MED	All Transactions destined for the department must contain this ID.
GS04	Date	YYMMDD	The date the transaction was generated
GS05	Time	HHMM	The time the transaction was generated
GS06	Group Control Number	XXXXXXXXXX	Assigned number originated and maintained by the sender. The data interchange control number GS06 in this header must be identical to the same data element in the associated functional group trailer, GE02.
GS07	Responsible Agency Code	X	
GS08	Version / Release / Industry Identifier Code	005010Xxxx	Varies by Transaction Type