

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
C-7	None	GS	Functional Group Header			
C-8	None	GS08	Version / Release	005010X279A1		
69	2100A	NM1	Information Source Name			
69	2100A	NM101	Entity Identifier Code	PR		DSS will provide a response for this code only.
71	2100A	NM108	Identification Code Qualifier	PI		All transactions should contain this designation to identify the ID established by DSS. Any transaction received without this designation will be rejected.
71	2100A	NM109	Information Source Primary Identifier	SD48MED		All transactions should contain the ID "SD48MED" to identify the OMS as the information source. Any transaction received without this ID will be rejected.
75	2100B	NM1	Information Receiver Name			
75	2100B	NM101	Entity Identifier Code	1P, 2B, 80, FA, GP, P5, PR		Transactions containing the qualifier "36 – Employer" will be rejected.
77	2100B	NM108	Identification Code Qualifier	XX, SV		"XX" National Provider ID (NPI) should be used. If the receiver doesn't have an NPI then "SV" the South Dakota Medicaid provider Id will be accepted.
78	2100B	NM109	Information Receiver Identification Number		7 or 10	This element may contain the South Dakota Medicaid Provider ID or National Provider ID depending on the value in NM-108. (The returned 271 2100B NM-109 will contain both of these values if available.)
87	2000C	HL	Subscriber Level			The department supports the 270/271 Eligibility Benefit Inquiry and Response Transaction set in a real time mode. Therefore, trading partners are restricted to sending only one patient request per transaction
89	2000C	HL04	Hierarchical Child Code		0	Dependent eligibility is not supported under Medicaid. Any eligibility verification request that contains dependent level information will be rejected.
92	2100C	NM1	Subscriber Name			
95	2100C	NM108	Identification Code Qualifier	MI		The department requires the Recipient ID on every eligibility request it receives.
96	2100C	NM109	Subscriber Primary Identifier		9	This element should contain the South Dakota Medicaid Recipient ID assigned to each recipient known to the DSS
122	2100C	DTP	Subscriber Date			
123	2100C	DTP01	Date Time Qualifier		291	Code 102 - Card Issue Date is not relevant to eligibility verification. If present, "issue" date requests are ignored.

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124	2110C	EQ	Subscriber Eligibility or Benefit Inquiry Information			
125	2110C	EQ01	Service Type Code	30 (Health Plan Coverage)		Requests with a 30 (Health Benefit Plan Coverage) service type code will include co-payment information for the following services: 33 Chiropractic 35 Dental Care 48 Hospital – Inpatient 50 Hospital – Outpatient 86 Emergency Services 91 Brand Name Prescription Drug 92 Generic Prescription Drug 98 Professional (Physician) Visit – Office AL Vision (Optometry) MH Mental Health
				33 Chiropractic 35 Dental Care 48 Hospital – Inpatient 50 Hospital – Outpatient 54 Long Term Care 59 Licensed Ambulance 86 Emergency Services 91 Brand Name Prescription Drug 92 Generic Prescription Drug 93 Podiatry 98 Professional (Physician) Visit – Office AL Vision (Optometry) DM Durable Medical Equipment DS Diabetic Supplies MH Mental Health		Requests will include co-payment information for the Service Code only
146	2000D	HL	Dependent Level			Because every person within the South Dakota Medicaid Program is covered under his or her own Individual ID, dependent coverage is not applicable. Any request that includes dependent level information will be rejected.