
Department of Social Services Division of Medical Services

HIPAA Transaction Standard
Companion Guide

Section 1

**Refers to the ASC X12N Insurance
Implementation Guides - Version 004010A**

Companion Guide Version 2.0

May, 2007

Disclosure Statement:

The South Dakota Department of Social Services - Division of Medical Services has developed this Companion Guide to help its Trading Partners exchange electronic information with the South Dakota Medicaid Program. Conforming to the information in this guide is not a guarantee of transaction acceptance, or of subsequent payment.

This Companion Guide is a work in process. The Division of Medical Services reserves the right to change this Companion Guide at any time without notice.

Preface:

This Companion Guide to the ASCX12N Implementation Guides adopted under HIPAA clarifies and specifies situational data elements and plan-specific values that must be included in transactions that are transmitted electronically to the South Dakota Department of Social Services - Division of Medical Services. Transactions based on the information contained in this companion document, used in tandem with the X12N Implementation Guides, should ensure compliance with both X12 syntax and usage.

This Companion Guide is not intended to convey information that in any way modifies or exceeds the data requirements and usage as expressed in the Implementation Guides adopted under HIPAA.

Table of Contents

1. Introduction:	4
1.1 Purpose of the Companion Guide	4
1.2 Overview.....	4
1.3 Transaction Support	4
1.4 References	5
2. Connectivity with the Department / Communications:	6
2.1 Methods of Electronic Exchange	6
3. Payer Specific Rules and Limitations:	7
3.1 270 Health Care Eligibility Benefit Inquiry (004010X092A1)	8
3.2 276 Health Care Claim Status Request (004010X093A1).....	10
3.3 278 Health Care Services Review – Request for Review (004010X094A1)	11
3.4 837 Health Care Claim: Institutional (004010X096A1)	13
3.5 837 Health Care Claim: Professional (004010X098A1)	18
3.6 835 Health Care Claim Payment/Advice (004010X091A1)	26
3.7 277 Health Care Claim Status (004010X093A1)	33
4. Control Segments / Envelopes	38
4.1 Interchange Control Header:	38
4.2 Functional Group Header:	39
5. Acknowledgments	40
5.1 997 Functional Acknowledgment, 997	40
6. Contact Information	41
7. Trading Partner Agreement	42
<u>8. Launchpad Web Application</u>	43

1.0 Introduction:

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 includes provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for translations to enable health information to be exchanged electronically and to adopt specifications for implementing each standard.

HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.1 Purpose of the Companion Guide

The HIPAA EDI Transaction Standard Companion Guide explains the procedures necessary for Trading Partners of the South Dakota Department of Social Service - Division of Medical Services to transmit and receive Electronic Data Interchange (EDI) transactions.

These transactions could include:

270/271 - Health Care Eligibility Benefit Inquiry and Response
276 - Health Care Claim Status Request
277 - Health Care Claim Status Response
278 - Health Care Services Review – Request for Review and Response
835 - Health Care Claim Payment/Advice
837 - Health Care Claim: Institutional
837 - Health Care Claim: Professional

This Companion Guide is not intended to replace the X12N Implementation Guides; rather it is to be used in conjunction with them. In addition, the Companion Guide conveys information that is within the framework and structure of the X12N Implementation Guides but does not contradict or exceed them.

1.2 Overview

This Companion Guide includes sections that describe the methods of electronic exchange that are supported by the department, department specific transaction usage rules and limitations, transaction acknowledgment, and finally a sample trading partner agreement.

1.3 Transaction Support

The South Dakota Department of Social Services – Division of Medical Services supports the receipt of the following inbound transactions:

- 270 - Health Care Eligibility Benefit Inquiry
- 276 - Health Care Claim Status Request
- 278 -Health Care Services Review – Request for Review
- 837 - Health Care Claim: Institutional
- 837 - Health Care Claim: Professional
- 997 – Functional Acknowledgement

In addition to the inbound transactions, the department will also generate the following transactions:

- 271 - Health Care Eligibility Benefit Response
- 277 - Health Care Claim Status Response
- 278 -Health Care Services Review – Response
- 835 - Health Care Claim Payment/Advice
- 997 – Functional Acknowledgement

1.4 References

The following Implementation Guides were utilized in the development of this companion guide:

Health Care Eligibility Benefit Inquiry and Response	ASC X12N 270/271 (004010X092A1)
Health Care Claim Status Request and Response	ASC X12N 276/277 (004010X093A1)
Health Care Services Review – Request for Review and Response	ASC X12N 278 (004010X094A1)
Health Care Claim Payment/Advice	ASC X12N 835 (004010X091A1)
Health Care Claim: Institutional	ASC X12N 837 (004010X096A1)
Health Care Claim: Professional	ASC X12N 837 (004010X098A1)

2.0 Connectivity with the Department / Communications:

2.1 Methods of Electronic Exchange

Launchpad – [See Section 8](#)

WebMD - 270/271 transactions in real time mode.

3.0 Payer Specific Rules and Limitations:

This section describes specific data element values and situational segments, required by the department to properly process each transaction. This information is within the framework of the *ASC X12N Implementation Guides*, adopted for use under HIPAA. The Companion Guide does not in any way exceed the requirements or usage of data expressed in the Implementation Guides. The information might for example:

- Indicate a desired number of repeats of an identified loop, or segment
- Specify a sub-set of Implementation Guide internal code listings needed by the department
- Limit the size of a particular element
- Clarify the use of loops, segments, composite and simple data elements
- Explain other information tied directly to a loop, segment, or composite or simple data element pertinent to electronic transactions with the department.

LEGEND:
SHADED rows represent “segments” in the X12N implementation guide
NON-SHADED rows represent “data elements” in the X12N implementation guide.
“Loop – specific” comments should be indicated in the first segment of the loop.

3.1 270 Health Care Eligibility Benefit Inquiry (004010X092A1)

The Department supports the 270 Health Care Eligibility Benefit Inquiry transaction in a real time mode. The sender must connect with the department either directly or through the use of a switch (i.e. Web MD).

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
18-A	None	GS	Functional Group Header			
19-A	None	GS08	Version / Release	004010X092A1		The DSS will only support Health Care Eligibility Benefit Inquiry and Response transactions that incorporate the changes identified in the addenda published October 2002, modifying the transactions that were originally published as 004010X092 published May 2000.
44	2100A	NM1	Information Source Name			
44	2100A	NM101	Entity Identifier Code	PR		DSS will provide a response for this code only.
46	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.
46	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.
50	2100B	NM1	Information Receiver Name			
50	2100B	NM101	Entity Identifier Code	1P, 2B, 80, FA, GP, P5, PR		Transactions containing the qualifier "36 – Employer" will be rejected.
52	2100B	NM108	Identification Code Qualifier	XX, SV		DSS will provide a response for these codes only. If "XX" then NM-109 will contain the National Provider ID (NPI), else if "SV" then the South Dakota Medicaid provider Id will be accepted.
52	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.)

DEPARTMENT OF SOCIAL SERVICES - DIVISION OF MEDICAL SERVICES

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
66	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
68	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.
71	2100C	NM1	Subscriber Name			
73	2100C	NM108	Identification Code Qualifier	MI		The department requires the Recipient ID on every eligibility request it receives.
73	2100C	NM109	Subscriber Primary Identifier		14	This element should contain the South Dakota Medicaid Recipient ID assigned to each recipient known to the DSS
87	2100C	DTP	Subscriber Date			
88	2100C	DTP01	Date Time Qualifier	307, 435, 472		Code 102 - Card Issue Date is not relevant to eligibility verification. If present, "issue" date requests are ignored.
89	2110C	EQ	Subscriber Eligibility or Benefit Inquiry Information			
90	2110C	EQ01	Service Type Code			If a request contains a Type of Service Code within the segment, the request will be treated as a normal request (30) for eligibility verification.
108	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.

3.2 276 Health Care Claim Status Request (004010X093A1)

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

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
38-A	None	GS	Functional Group Header			
39-A	None	GS08	Version / Release	004010X093A1		The DSS will only support Health Care Eligibility Benefit Inquiry and Response transactions that incorporate the changes identified in the addenda published October 2002, modifying the transactions that were originally published as 004010X092 published May 2000.
54	2100A	NM1	Payer Name			
55	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.
56	2100A	NM109	Payer 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.
67	2100C	NM1	Provider Name			
68	2100C	NM108	Identification Code Qualifier	SV, XX		
69	2100C	NM109	Provider Identifier		7 - 10	This element should contain the South Dakota Medicaid Provider ID or the National Provider Id (NPI).
70	2000D	HL	Subscriber Level			
71	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.
74	2100D	NM1	Subscriber Name			
74	2100D	NM101	Entity Identifier Code	QC		The subscriber must be the patient under Medicaid. Any claim status request containing dependent-level information will be rejected.
75	2100D	NM108	Identification Code Qualifier	MI		
76	2100D	NM109	Subscriber Identifier		14	This element should contain the South Dakota Medicaid Recipient ID assigned to each recipient known to the DSS

3.3 278 Health Care Services Review – Request for Review (004010X094A1)

The Department supports the 278 Health Care Claim Service Review - Request for Review transaction in a batch mode.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
234-A	None	GS	Functional Group Header			
235-A	None	GS08	Version / Release	004010X094A1		The DSS will only support Health Care Eligibility Benefit Inquiry and Response transactions that incorporate the changes identified in the addenda published October 2002, modifying the transactions that were originally published as 004010X092, published May 2000.
55	2010A	NM1	Utilization Management Organization Name			
57	2010A	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.
57	2010A	NM109	Utilization Management Organization 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.
60	2010B	NM1	Requester Name			
63	2010B	NM108	Identification Code Qualifier	XX		Requester provider primary ID code qualifier.
63	2010B	NM109	Requester primary ID		10	Health Care Financing Administration National Provider Identifier (NPI).
63	2010B	REF	Requester Supplemental Identifier			
63	2010B	REF01	Reference Identification Qualifier	ZH		If the NPI is not available this supplemental identifier will be used.
64	2010B	REF02	Requester Supplemental Identifier		7	This element should contain the South Dakota Medicaid Provider ID assigned to each provider or payer known to the DSS
44-A	2010CA	NM1	Subscriber Name			
45-A	2010CA	NM108	Identification Code Qualifier	MI		

DEPARTMENT OF SOCIAL SERVICES - DIVISION OF MEDICAL SERVICES

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
46-A	2010CA	NM109	Subscriber Primary Identifier		14	This element should contain the South Dakota Medicaid Recipient ID assigned to each recipient known to the DSS
127	2010E	REF	Service Provider Supplemental Identification			DSS requires the South Dakota Medicaid Provider ID to be included on all requests
127	2010E	REF01	Reference Identification Qualifier	ZH		DSS will provide a response for this code only.
128	2010E	REF02	Service Provider Supplemental Identifier		7	This element should contain the South Dakota Medicaid Provider ID assigned to each provider or payer known to the DSS
141	2000F	UM	Health Care Services Review Information			
141	2000F	UM01	Request Category Code	AR, HS		SC is a code that is used to request a referral. This code should not be used in a transaction to DSS. DSS does not provide referrals.
142	2000F	UM03	Service Type Code	1, 2, 4, 5, 6, 12, 15, 18, 40, 42, 44, 45, 46, 48, 50, 53, 63, 67, 70, 72, 74, 75, 80, A4, A6, A7, A8, A9, AB, AC, AG, AI, AJ, AK, BS		These are the only available codes that are covered for Prior Authorization of services by DSS.

3.4 837 Health Care Claim: Institutional (004010X096A1)

The Department supports the 837 Health Care Claim: Institutional transaction in a batch mode.

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
48-A	None	GS	Functional Group Header			
49-A	None	GS08	Version / Release	004010X096A1		The DSS will only support Health Care Eligibility Benefit Inquiry and Response transactions that incorporate the changes identified in the addenda published October 2002, modifying the transactions that were originally published as 004010X092 published May 2000.
67	1000B	NM1	Receiver Name			
68	1000B	NM109	Receiver Primary Identifier	SD48MED		All transactions should contain the ID "SD48MED" to identify the OMS as the claim receiver. Any transaction received without this ID will be rejected.
71	2000A	PRV01	Billing Pay-to Provider Specialty information	BI, PT		Situational segment - See Special notes for the 837 Institutional Claims
72	2000A	PRV02	Reference Identification Qualifier	ZZ		ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com . This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.
72	2000A	PRV03	Reference Identification		1-30	Provider Taxonomy Code.
76	2010AA	NM1	Billing Provider Name			
77	2010AA	NM108	Reference Identification	XX		Billing provider primary ID code qualifier.
78	2010AA	NM109	Billing Provider Primary ID		10	Health Care Financing Administration National Provider Identifier (NPI).
80	2010AA	N4	BILLING PROVIDER CITY/STATE/ZIP CODE			Nine byte zip code (zip + 4) is recommended.
82	2010AA	REF	Billing Provider Secondary Identification			

DEPARTMENT OF SOCIAL SERVICES - DIVISION OF MEDICAL SERVICES

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
83	2010AA	REF01	Reference Identification Qualifier	1D 1C*		If the NPI is not available: The claims must contain the billing provider's South Dakota Medicaid Provider ID *1C is to be used for Medicare crossover claims only
84	2010AA	REF02	Billing Provider Secondary Identification Number		7	See Special notes for the 837 Institutional Claims
91	2010AB	NM1	Pay-to Provider Name			
92	2010AB	NM108	Reference Identification	XX		Pay-to provider primary ID code qualifier.
92	2010AB	NM109	Pay-to Provider Primary ID		10	Health Care Financing Administration National Provider Identifier (NPI).
95	2010AB	N4	Pay-to PROVIDER CITY/STATE/ZIP CODE			Nine byte zip code (zip + 4) is recommended.
97	2010AB	REF	Pay-to Provider Secondary Identification			
97	2010AB	REF01	Reference Identification Qualifier	1D 1C*		If the NPI is not available: If reporting a pay-to provider, the claim must contain the pay-to provider's South Dakota Medicaid Provider ID *1C is to be used for Medicare crossover claims only
98	2010AB	REF02	Pay-to Provider Secondary Identification Number		7	See Special notes for the 837 Institutional Claims
99	2000B	HL	Subscriber Level			
100	2000B	HL04	Hierarchical Child Code	0		All claims where the patient is the subscriber are supported under Medicaid. Any claim containing dependent level information will be denied.
101	2000B	SBR	Subscriber Information			
104	2000B	SBR09	Claim Filing Indicator Code	MC		Only claims for Medicaid covered services are accepted by DSS
108	2010BA	NM1	Subscriber Name			

DEPARTMENT OF SOCIAL SERVICES - DIVISION OF MEDICAL SERVICES

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
110	2010BA	NM108	Identification Code Qualifier	MI		
110	2010BA	NM109	Subscriber Primary Identifier		14	This element should contain the South Dakota Medicaid Recipient ID assigned to each recipient known to the DSS
126	2010BC	NM1	Payer Name			
127	2010BC	NM108	Identification Code Qualifier	PI		
128	2010BC	NM109	Payer Identifier	SD48MED		All transactions should contain the ID "SD48MED" to identify the OMS as the payer. Any transaction received without this ID will be denied.
349	2310E	NM1	Service Facility Name			
350	2310E	NM108	Reference Identification	XX		Service provider primary ID code qualifier.
350	2310E	NM109	Service Provider Primary ID		10	Health Care Financing Administration National Provider Identifier (NPI).
352	2310E	PRV	Service Provider Specialty information			
353	2310E	PRV02	Reference Identification Qualifier	ZZ		ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com . This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.
353	2310E	PRV03	Reference Identification		1-30	Service Provider Taxonomy Code
355	2310E	N4	Service PROVIDER CITY/STATE/ZIP CODE			Nine byte zip code (zip + 4) is recommended.
357	2310E	REF	Service Facility Secondary Identification			
357	2310E	REF01	Reference Identification Qualifier	1D 1C*		If the NPI is not available: When reporting a rendering provider, the claim must contain the rendering provider's South Dakota Medicaid Provider ID. *1C is to be used for Medicare crossover claims only
358	2310E	REF02	Rendering Provider Secondary Identification		7	See special notes for the 837 Institutional Claims

DEPARTMENT OF SOCIAL SERVICES - DIVISION OF MEDICAL SERVICES

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
365	2320	CAS	Claim Level Adjustments			The information contained in this segment is valuable for DSS adjudication, recovery efforts, and research purposes. If available, this information should be supplied on the transaction, if a previous payer adjudicated the claim.
367 368 368 369 369 370	2320	CAS02 CAS05 CAS08 CAS11 CAS14 CAS17	Adjustment Reason Code			In addition to all other adjustment reason codes, Medicare crossover claims should report the co-insurance, deductible, and psych deductible amounts for proper pricing by DSS.
				1 126		Medicare deductible should be reported using one of these two codes.
				2 127		Medicare co-insurance should be reported using one of these two codes.
				122		Medicare psych deductible should be reported using this code
445	2400	SV2	Institutional Service Line			
446	2400	SV202-1	Product or Service ID Qualifier	HC		Product/Service IS Qualifier codes IV and ZZ are not supported by DSS at this time.
448	2400	SV204	Unit or Basis for Measurement Code	UN, DA		F2 – International Units are not supported by DSS.
494	2430	CAS	Line Level Adjustments			If a prior payer had service line adjustments, this information should be supplied on the transaction.
496 496 497 498 499 500	2320	CAS02 CAS05 CAS08 CAS11 CAS14 CAS17	Adjustment Reason Code			In addition to all other adjustment reason codes, Medicare crossover claims should report the co-insurance, deductible, and psych deductible amounts for proper pricing by DSS.
				1, 126		Medicare deductible should be reported using one of these two codes.
				2, 127		Medicare co-insurance should be reported using one of these two codes.
				122		Medicare psych deductible should be reported using this code

Special notes for the 837 Institutional Claims

The National Provider Number (NPI) should be used to identify providers. National Provider Numbers must be registered with the State of South Dakota Medical Services. If the NPI is not available we will, for the time being, accept the "1D" (Medicaid) or "1C" (Medicare) provider qualifier in the secondary identifier sections.

If provider code (2000A-PRV01) is omitted, the Billing provider (2010AA) and lab/facility provider fields (2310E) are required for us to process into our adjudication system.

If provider code (2000A-PRV01) is "BI" the billing provider field (2010AA) is required by the interface.

If provider code (2000A-PRV01) is "PT" the billing provider (2010AA) and Pay to Secondary provider field (2010AB) - are required by the adjudication process.

3.5 837 Health Care Claim: Professional (004010X098A1)

The Department supports the 837 Health Care Claim: Professional transaction in a batch mode.

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
85-A	None	GS	Functional Group Header			
86-A	None	GS08	Version / Release	004010X098A1		The DSS will only support Health Care Eligibility Benefit Inquiry and Response transactions that incorporate the changes identified in the addenda published October 2002, modifying the transactions that were originally published as 004010X092 published May 2000.
74	1000B	NM1	Receiver Name			
75	1000B	NM109	Receiver Primary Identifier	SD48MED		All transactions should contain the ID "SD48MED" to identify the OMS as the claim receiver. Any transaction received without this ID will be rejected.
79	2000A	PRV01	Billing/Pay-to Provider Specialty Information	BI, PT		Situational segment - See Special notes for the 837 Professional Claims
80	2000A	PRV02	Reference Identification Qualifier	ZZ		ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com . This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.
80	2000A	PRV03	Reference Identification		1-30	Provider Taxonomy Code
84	2010AA	NM1	Billing Provider Name			
86	2010AA	NM108	Reference Identification	XX		Billing provider primary ID code qualifier.
86	2010AA	NM109	Billing Provider Primary ID		10	Health Care Financing Administration National Provider Identifier (NPI).
89	2010AA	N4	Billing PROVIDER CITY/STATE/ZIP CODE			Nine byte zip code (zip + 4) is recommended.
91	2010AA	REF	Billing Provider Secondary Identification			

DEPARTMENT OF SOCIAL SERVICES - DIVISION OF MEDICAL SERVICES

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
92	2010AA	REF01	Reference Identification Qualifier	1D 1C*		If the NPI is not available: The claim must contain the billing provider's South Dakota Medicaid Provider ID *1C is to be used for Medicare crossover claims only
92	2010AA	REF02	Billing Provider Secondary Identification Number		7	See Special notes for the 837 Professional Claims
99	2010AB	NM1	Pay-to Provider Name			
101	2010AB	NM108	Reference Identification	XX		Pay-to provider primary ID code qualifier.
101	2010AB	NM109	Pay-to Provider Primary ID		10	Health Care Financing Administration National Provider Identifier (NPI).
104	2010AB	N4	Pay-to PROVIDER CITY/STATE/ZIP CODE			Nine byte zip code (zip + 4) is recommended.
106	2010AB	REF	Pay-to Provider Secondary Identification Number			
106	2010AB	REF01	Reference Identification Qualifier	1D 1C*		If the NPI is not available: If reporting a pay-to provider, the claim must contain the pay-to provider's South Dakota Medicaid Provider ID. *1C is to be used for Medicare crossover claims only
107	2010AB	REF02	Pay-to Provider Secondary Identification Number		7	See Special notes for the 837 Professional Claims
108	2000B	HL	Subscriber Level			
109	2000B	HL04	Hierarchical Child Code	0		All claims where the patient is the subscriber are supported under Medicaid. Any claim containing dependent level information will be denied.
110	2000B	SBR	Subscriber Information			
112	2000B	SBR09	Claim Filing Indicator Code	MC		Only claims for Medicaid coverage are accepted by DSS
117	2010BA	NM1	Subscriber Name			

DEPARTMENT OF SOCIAL SERVICES - DIVISION OF MEDICAL SERVICES

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
119	2010BA	NM108	Identification Code Qualifier	MI		
119	2010BA	NM109	Subscriber Primary Identifier		14	This element should contain the South Dakota Medicaid Recipient ID assigned to each recipient known to the DSS
130	2010BB	NM1	Payer Name			
131	2010BB	NM108	Identification Code Qualifier	PI		
131	2010BA	NM109	Payer Identifier	SD48MED		All transactions should contain the ID "SD48MED" to identify the OMS as the payer. Any transaction received without this ID will be denied.
282	2010A	NM1	Referring Provider Name			
284	2310A	NM108	Reference Identification	XX		Referring provider primary ID code qualifier.
284	2310A	NM109	Referring Provider Primary ID		10	Health Care Financing Administration National Provider Identifier (NPI).
285	2310A	PRV01	Referring Provider Specialty Information			
286	2310A	PRV02	Reference Identification Qualifier	ZZ		ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com . This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.
286	2310A	PRV03	Reference Identification		1-30	Referring Provider Taxonomy Code
288	2310A	REF	Referring Provider Secondary Identification			
288	2310A	REF01	Reference Identification Qualifier	1D 1C*		If the NPI is not available: When reporting a referring provider, the claim must contain the referring provider's South Dakota Medicaid Provider ID *1C is to be used for Medicare crossover claims only
289	2310A	REF02	Referring Provider Secondary Identification Number		7	
290	2310B	NM1	Rendering Provider Name			

DEPARTMENT OF SOCIAL SERVICES - DIVISION OF MEDICAL SERVICES

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
292	2310B	NM108	Reference Identification	XX		Rendering provider primary ID code qualifier.
292	2310B	NM109	Rendering Provider Primary ID		10	Health Care Financing Administration National Provider Identifier (NPI).
293	2310B	PRV01	Rendering Provider Specialty Information			
294	2310B	PRV02	Reference Identification Qualifier	ZZ		ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com . This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.
294	2310B	PRV03	Reference Identification		1-30	Rendering Provider Taxonomy Code
296	2310B	REF	Rendering Provider Secondary Identification			
296	2310B	REF01	Reference Identification Qualifier	1D 1C*		If NPI is not available: When reporting a rendering provider, the claim must contain the rendering provider's South Dakota Medicaid Provider ID *1C is to be used for Medicare crossover claims only
297	2310B	REF02	Rendering Provider Secondary Identification		7	See Special notes for the 837 Professional Claims
312	2310E	NM1	Supervising Provider Name			
314	2310E	NM108	Reference Identification	XX		Supervising provider primary ID code qualifier.
314	2310E	NM109	Supervising Provider Primary ID		10	Health Care Financing Administration National Provider Identifier (NPI).
316	2310E	REF	Supervising Provider Secondary Identification			
316	2310E	REF01	Reference Identification Qualifier	1D 1C*		If the NPI is not available: When reporting a supervising provider, the claim must contain the supervising provider's South Dakota Medicaid Provider ID *1C is to be used for Medicare crossover claims only
317	2310E	REF02	Supervising Provider Secondary Identification		7	

DEPARTMENT OF SOCIAL SERVICES - DIVISION OF MEDICAL SERVICES

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
323	2320	CAS	Claim Level Adjustments			The information contained in this segment is valuable for DSS adjudication, recovery efforts, and research purposes. If available, this information should be supplied on the transaction if the previous payer adjudicated the claim at the claim header level rather than at the line level.
326 327 328 329 329 330	2320	CAS02 CAS05 CAS08 CAS11 CAS14 CAS17	Adjustment Reason Code			In addition to all other adjustment reason codes, Medicare crossover claims should report the co-insurance, deductible, and psych deductible amounts for proper pricing by DSS.
				1 126		Medicare deductible should be reported using one of these two codes.
				2 127		Medicare co-insurance should be reported using one of these two codes.
				122		Medicare psych deductible should be reported using this code
400	2400	SV1	Professional Service			
401	2400	SV101-1	Product or Service ID Qualifier	HC		Product or Service ID Qualifier codes IV and ZZ are not supported by DSS at this time.
403	2400	SV103	Unit or Basis for Measurement Code	UN MJ		F2 – International Units are not supported by DSS. Quantities should only be reported in minutes (MJ) when called for by the procedure (see provider manual)
406	2400	SV109	Yes/No Condition or Response Code	Y, N	1/1	Emergency Service Indicator
501	2420A	NM1	Rendering Provider Name			
503	2420A	NM108	Reference Identification	XX		Rendering provider primary ID code qualifier.
503	2420A	NM109	Rendering Provider Primary ID		10	Health Care Financing Administration National Provider Identifier (NPI).
504	2420A	PRV01	Rendering Provider Specialty Information			

DEPARTMENT OF SOCIAL SERVICES - DIVISION OF MEDICAL SERVICES

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
504	2420A	PRV02	Reference Identification Qualifier	ZZ		ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com . This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.
505	2420A	PRV03	Reference Identification		1-30	Rendering Provider Taxonomy Code
507	2420A	REF	Rendering Provider Secondary Identification			
507	2420A	REF01	Reference Identification Qualifier	1D 1C*		If the NPI is not available: When reporting a rendering provider, the claim must contain the rendering provider's South Dakota Medicaid Provider ID *1C is to be used for Medicare crossover claims only
508	2420A	REF02	Rendering Provider Secondary Identification		7	
523	2420D	NM1	Supervising Provider Name			
525	2420D	NM108	Reference Identification	XX		Supervising provider primary ID code qualifier.
525	2420D	NM109	Supervising Provider Primary ID		10	Health Care Financing Administration National Provider Identifier (NPI).
527	2420D	REF	Supervising Provider Secondary Identification			
527	2420D	REF01	Reference Identification Qualifier	1D 1C*		If the NPI is not available: When reporting a supervising provider, the claim must contain the supervising provider's South Dakota Medicaid Provider ID *1C is to be used for Medicare crossover claims only
528	2420D	REF02	Supervising Provider Secondary Identification		7	
541	2420F	NM1	Referring Provider Name			
543	2420F	NM108	Reference Identification	XX		Referring provider primary ID code qualifier.

DEPARTMENT OF SOCIAL SERVICES - DIVISION OF MEDICAL SERVICES

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
543	2420F	NM109	Referring Provider Primary ID		10	Health Care Financing Administration National Provider Identifier (NPI).
544	2420F	PRV	Referring Provider Specialty Information			
545	2420F	PRV02	Reference Identification Qualifier	ZZ		ZZ is used to indicate the "Health Care Provider Taxonomy" code list (provider specialty code) which is available on the Washington Publishing Company web site: http://www.wpc-edi.com . This taxonomy is maintained by the Blue Cross Blue Shield Association and ASC X12N TG2 WG15.
545	2420F	PRV03	Reference Identification		1-30	Referring Provider Taxonomy Code
547	2420F	REF	Referring Provider Secondary Identification			
547	2420F	REF01	Reference Identification Qualifier	1D 1C*		If the NPI is not available: When reporting a referring provider, the claim must contain the referring provider's South Dakota Medicaid Provider ID *1C is to be used for Medicare crossover claims only
548	2420F	REF02	Referring Provider Secondary Identification		7	
558	2430	CAS	Line Level Adjustments			The information contained in this segment is valuable for DSS adjudication, recovery efforts, and research purposes. If available, this information should be supplied on the transaction.
560 561 562 563 564 565	2320	CAS02 CAS05 CAS08 CAS11 CAS14 CAS17	Adjustment Reason Code			In addition to all other adjustment reason codes, Medicare crossover claims should report the co-insurance, deductible, and psych deductible amounts for proper pricing by DSS.
				1 126		Medicare deductible should be reported using one of these two codes.
				2 127		Medicare co-insurance should be reported using one of these two codes.
				122		Medicare psych deductible should be reported using this code

Special notes for the 837 Professional Claims

The National Provider Number (NPI) should be used to identify providers. National Provider Numbers must be registered with the State of South Dakota Medical Services. If the NPI is not available we will, for the time being, accept the "1D" (Medicaid) or "1C" (Medicare) provider qualifier in the secondary identifier sections.

If provider code (2000A-PRV01) is omitted, the Billing provider (2010AA) and service provider fields (2310B) are required for us to process into our adjudication system.

If provider code (2000A-PRV01) is "BI" and a proper taxonomy code in the 2000A-PRV03 field is sent, the billing provider field (2010AA) is required by the SD interface/adjudication system.

If provider code (2000A-PRV01) is "PT" the billing provider (2010AA) and Pay to provider field (2010AB) - are required by the adjudication process.

3.6 835 Health Care Claim Payment/Advice (004010X091A1)

The South Dakota Medical Services 835 Transactions will be used to create remittance advice transactions including paid and denied claims as well as provider payment adjustments. They are typically created on Thursday mornings.

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
44		BRP	Beginning Segment for Payment Order/Remittance Advice			
45		BRP01	Transaction Handling Code	H, I	1/1	
46		BRP02	Monetary Amount		1/18	Total Actual Provider Payment Amount
46		BRP03	Credit/Debit Flag Code	C, D	1/1	
46		BRP04	Payment Method Code	ACH, CHK, NON	3/3	
50		BRP16	Date		8/8	Check Issue or EFT Effective Date
52		TRN	Reassociation Trace Number			
52		TRN01	Trace Type Code	1	1/2	
53		TRN02	Reference Identification		1/30	Check or EFT Trace Number
53		TRN03	Originating Company Identifier		10/10	"9000000048"
57		REF	Receiver Identification			
57		REF01	Reference Identification Qualifier	EV	2/3	
57		REF02	Reference Identification		1/30	Receiver's Agent/Trading Partner ID assigned by Medical Services
60		DTM	Production Date			
60		DTM01	Date/Time Qualifier	405	3/3	
61		DTM02	Date		8/8	Adjudication cycle run date
62	1000A	N1	Payer Identification			
62		N101	Entity Identifier Code	PR	2/3	
63		N102	Name		1/60	"Dept of Social Services, Medical Services"
64	1000A	N3	Payer Address			
64		N301	Address Information		1/55	"700 Governors Dr"
65	1000A	N4	Payer City, State, Zip Code			
65		N401	City Name		2/30	"Pierre"
65		N402	State or Province Code		2/2	"SD"

DEPARTMENT OF SOCIAL SERVICES - DIVISION OF MEDICAL SERVICES

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
65		N403	Postal Code		3/15	"575012291"
67	1000A	REF	Additional Payer Identification			
67		REF01	Reference Identification Qualifier	2U	2/3	Payer Identification Number
67		REF02	Reference Identification		1/30	"SD48MED"
72	1000B	N1	Payee Identification			
72		N101	Entity Identifier Code	PE	2/3	
73		N102	Name			Pay-to Provider Name
73		N103	Identification Code Qualifier	FI, XX	1/2	After 5-23-2007 the National Provider ID (NPI) will be sent here if available. Otherwise Tax ID will be sent. If the NPI is sent here the Tax ID will be moved to 1000B REF Payee Additional Id
73		N104	Identification Code		2/80	Pay-to Providers Federal Taxpayers ID or NPI
77	1000B	REF	Payee Additional Identification			
77		REF01	Reference Identification Qualifier	PQ		
78		REF02	Reference Identification		1/30	Payee's SD Medicaid Provider ID
77	1000B	REF	Payee Additional Identification			After 5-23-2007 this 2 nd 1000B REF loop will be added if the NPI is used in 1000B N104
77		REF01	Reference Identification Qualifier	TJ		
78		REF02	Reference Identification		1/30	Federal Taxpayer's ID
79	2000	LX	Header Number			
79		LX01	Assigned Number		1/6	
80	2000	TS3	Provider Summary Information			
81		TS301	Reference Identification		1/30	After 5-23-2007 the NPI will be sent if available. Otherwise the SD Medicaid Provider ID will be sent
81		TS302	Facility Code Value		1/2	Facility Type/Place of Service Code
81		TS303	Date		8/8	Fiscal Period Date
81		TS304	Quantity		1/15	Total Claim Count
82		TS305	Monetary Amount		1/18	Total Claim Charge Amount
89	2100	CLP	Claim Payment Information			
89		CLP01	Claim Submitter's Identifier		1/38	Patient Control Number - if submitted on claim
90		CLP02	Claim Status Code	1, 2, 3, 4, 22	1/2	
91		CLP03	Monetary Amount		1/18	Total Claim Charge Amount
91		CLP04	Monetary Amount		1/18	Claim Payment Amount

DEPARTMENT OF SOCIAL SERVICES - DIVISION OF MEDICAL SERVICES

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
91		CLP05	Monetary Amount		1/18	Patient Responsibility Amount
92		CLP06	Claim Filing Indicator Code	MC	1/2	
93		CLP07	Reference Identification		1/30	South Dakota Medical Services Assigned Claim Reference Number
93		CLP08	Facility Code Value		1/2	Facility Type/Place of Service Code
93		CLP09	Claim Frequency Type Code		1/1	Claim Frequency Code
93		CLP11	Diagnosis Related Group (DRG) Code		1/4	
93		CLP12	Quantity		1/15	Diagnosis Related Group (DRG) Weight
95	2100	CAS	Claim Adjustment			
97		CAS01	Claim Adjustment Group Code	CO, CR, OA, PI, PR	1/2	
97		CAS02	Claim Adjustment Reason Code		1/5	Used for both Adjustment reasons and denial reasons.
97		CAS03	Monetary Amount		1/18	Adjustment Amount
98		CAS04	Quantity		1/15	Adjustment Quantity
98		CAS05	Claim Adjustment Reason Code		1/5	
98		CAS06	Monetary Amount		1/18	Adjustment Amount
98		CAS07	Quantity		1/15	Adjustment Quantity
98		CAS08	Claim Adjustment Reason Code		1/5	
99		CAS09	Monetary Amount		1/18	Adjustment Amount
99		CAS10	Quantity		1/15	Adjustment Quantity
99		CAS11	Claim Adjustment Reason Code		1/5	
99		CAS12	Monetary Amount		1/18	Adjustment Amount
99		CAS13	Quantity		1/15	Adjustment Quantity
100		CAS14	Claim Adjustment Reason Code		1/5	
100		CAS15	Monetary Amount		1/18	Adjustment Amount
100		CAS16	Quantity		1/15	Adjustment Quantity
100		CAS17	Claim Adjustment Reason Code		1/5	
100		CAS18	Monetary Amount		1/18	Adjustment Amount
101		CAS19	Quantity		1/15	Adjustment Quantity

DEPARTMENT OF SOCIAL SERVICES - DIVISION OF MEDICAL SERVICES

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
102	2100	NM1	Patient Name			
102		NM101	Entity Identifier Code	QC	2/3	Patient
103		NM102	Entity Type Qualifier	1	1/1	Person
103		NM103	Name Last or Organization Name		1/35	Recipient's Last Name
103		NM104	Name First		1/25	Recipient's First Name
103		NM105	Name Middle		1/25	Recipient's Middle Name
103		NM107	Name Suffix		1/10	Recipient's Suffix Name
103		NM108	Identification Code Qualifier	MR	1/2	
104		MN109	Identification Code		2/80	Recipient's South Dakota Medicaid ID
111	2100	NM1	Service Provider Name			
112		NM101	Entity Identifier Code	82	2/3	
112		NM102	Entity Type Qualifier	1, 2	1/1	
113		NM108	Identification Code Qualifier	MC, XX	1/2	After 5-23-2007 the NPI will be sent here if available. Otherwise the SD Medicaid Provider ID will be sent. If the NPI is sent here the SD Medicaid Provider ID will be moved to 2100 REF Rendering Provider
114		NM109	Identification Code		2/80	Service Provider's South Dakota Medicaid ID or NPI
116	2100	NM1	Corrected Priority Payer Name			
116		NM101	Entity Identifier Code	PR	2/3	Payer - other than South Dakota Medical Services
117		NM102	Entity Type Qualifier	2	1/1	
117		NM103	Name Last or Organization Name		1/35	Corrected Priority Payer Name
117		NM108	Identification Code Qualifier	PI	1/2	
117		NM109	Identification Code		2/80	Corrected Priority Payer ID
118	2100	MIA	Inpatient Adjudication Information			
119		MIA01	Quantity		1/15	Covered Days or Visits Count
120		MIA04	Monetary Amount		1/18	Claim DRG Amount
120		MIA05	Reference Identification		1/30	Remark Code
120		MIA06	Monetary Amount		1/18	Disproportionate Share Amount
123	2100	MOA	Outpatient Adjudication Information			
124		MOA03	Reference Identification		1/30	Remark Code

DEPARTMENT OF SOCIAL SERVICES - DIVISION OF MEDICAL SERVICES

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
126	2100	REF	Other Claim Related Identification			
126		REF01	Reference Identification Qualifier	F8	2/3	
127		REF02	Reference Identification		1/30	Original Reference Number for Adjustment and Void Claims
128	2100	REF	Rendering Provider Id			This segment will only be used after 5-23-2007 if the NPI is present in 2100 NM1 Service Provider.
128		REF01	Reference Identification Qualifier	1D	2/3	
129		REF02	Reference Identification		1/30	SD Medicaid Provider ID
130	2100	DTM	Claim Date			
131		DTM01	Date/Time Qualifier	232, 233	3/3	Claim Start and Claim End Dates
132		DTM02	Date		8/8	
139	2110	SVC	Service Payment Information			
140		SVC01	Composite Medical Procedure Identifier			
140		SVC01-1	Product/Service ID Qualifier	AD, HC, NU	2/2	
141		SVC01-2	Product/Service ID		1/48	
141		SVC01-3	Procedure Modifier 1		2/2	
141		SVC01-4	Procedure Modifier 2		2/2	
141		SVC01-5	Procedure Modifier 3		2/2	
141		SVC01-6	Procedure Modifier 4		2/2	
142		SVC02	Monetary Amount		1/18	Line Item Charge Amount
142		SVC03	Monetary Amount		1/18	Line Item Provider Payment Amount
142		SVC04	Product/Service ID		1/48	NUBC Revenue Code
142		SVC05	Quantity		1/15	Units of Service Paid Count
146	2110	DTM	Service Date			
147		DTM01	Date/Time Qualifier	150, 151, 472	3/3	Service Start, End, or Single Day Service
147		DTM01	Date		8/8	Service Date
148	2110	CAS	Service Adjustment			
150		CAS01	Claim Adjustment Group Code	CO, CR, OA, PI, PR	1/2	

DEPARTMENT OF SOCIAL SERVICES - DIVISION OF MEDICAL SERVICES

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
150		CAS02	Claim Adjustment Reason Code		1/5	Used for both Adjustment reasons and denial reasons.
150		CAS03	Monetary Amount		1/18	Adjustment Amount
150		CAS04	Quantity		1/15	Adjustment Quantity
151		CAS05	Claim Adjustment Reason Code		1/5	
151		CAS06	Monetary Amount		1/18	Adjustment Amount
151		CAS07	Quantity		1/15	Adjustment Quantity
151		CAS08	Claim Adjustment Reason Code		1/5	
151		CAS09	Monetary Amount		1/18	Adjustment Amount
152		CAS10	Quantity		1/15	Adjustment Quantity
152		CAS11	Claim Adjustment Reason Code		1/5	
152		CAS12	Monetary Amount		1/18	Adjustment Amount
152		CAS13	Quantity		1/15	Adjustment Quantity
152		CAS14	Claim Adjustment Reason Code		1/5	
153		CAS15	Monetary Amount		1/18	Adjustment Amount
153		CAS16	Quantity		1/15	Adjustment Quantity
153		CAS17	Claim Adjustment Reason Code		1/5	
153		CAS18	Monetary Amount		1/18	Adjustment Amount
153		CAS19	Quantity		1/15	Adjustment Quantity
154	2110	REF	Service Identification			
154		REF01	Reference Identification Qualifier	6R	2/3	
155		REF02	Reference Identification		1/30	Provider Control Number - if received on claim
156	2110	REF	Rendering Provider Information			After 5-23-2007 NPI will be sent here if available
156		REF01	Reference Identification Qualifier	1D, HPI	2/3	
157		REF02	Reference Identification		1/30	Rendering Provider South Dakota Medicaid ID or NPI
156	2110	REF	Rendering Provider Information			After 5-23-2007 this 2 nd 2110 REF Rendering Provider loop will be added if the NPI is sent in the first 2110 REF Rendering Provider loop
156		REF01	Reference Identification Qualifier	1D	2/3	

DEPARTMENT OF SOCIAL SERVICES - DIVISION OF MEDICAL SERVICES

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
157		REF02	Reference Identification		1/30	Rendering Provider South Dakota Medicaid ID
164		PLB	Provider Adjustment			
165		PLB01	Reference Identification		1/30	After 5-23-2007 NPI will be sent here if available. Otherwise SD Medicaid Provider Id will be sent.
165		PLB02	Date		8/8	Provider's Fiscal Period Date
165		PLB03	Adjustment Identifier			
165		PLB03-1	Adjustment Reason Code	CS, FB, LS, PL, WO	2/2	
170		PLB03-2	Reference Identification		1/30	Provider Adjustment Identifier
170		PLB04	Monetary Amount		1/18	Provider Adjustment Amount

3.7 277 Health Care Claim Status Response (004010X093A1)

The South Dakota Medical Services 277 Transactions will be used to report claim status responses for 276 solicited requests. They will also be used for unsolicited statuses for claims pended in adjudication and claims rejected prior to adjudication. The unsolicited 277's are typically created on Thursday mornings.

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
125		ST	Transaction Set Header			
125		ST01	Transaction Set Identifier Code	277	3/3	
125		ST02	Transaction Set Control Number		4/9	Assigned by South Dakota Medical Services
130	2100A	NM1	Payer Name			
130		NM101	Entity Identifier Code	PR	2/3	
131		NM103	Name Last or Organization Name		1/35	"Dept of Social Services, Medical Services"
131		NM108	Identification Code Qualifier	PI	1/2	Payer ID
132		NM109	Identification Code		7	"SD48MED"
138	2100B	NM1	Information Receiver Name			
138		NM101	Entity Identifier Code	41	2/3	
139		NM102, NM103, NM104, NM105, NM106, NM107	Name			Information Receiver name fields
139		NM108	Identification Code Qualifier	FI	1/2	Federal Taxpayer's Id
138	2100B	NM1	Information Receiver Name			
138		NM101	Entity Identifier Code	41	2/3	
139		NM102, NM103, NM104, NM105, NM106, NM107	Name			Information Receiver name fields
139		NM108	Identification Code Qualifier	XX	1/2	This 2 nd 2100B NM1 loop will be created after 5-23-2007 and will contain the National Provider ID (NPI) if it is available.
140		NM109	Identification Code		2/80	

DEPARTMENT OF SOCIAL SERVICES - DIVISION OF MEDICAL SERVICES

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
140		NM109	Identification Code		2/80	
143	2100C	NM1	Information Receiver Name			
143		NM101	Entity Identifier Code	1P	2/3	Provider
144		NM102, NM103, NM104, NM105, NM106, NM107	Name			Provider Name fields
144		NM108	Identification Code Qualifier	SV	1/2	
145		NM109	Identification Code		7	Provider's South Dakota Medicaid ID
143	2100C	NM1	Information Receiver Name			
143		NM101	Entity Identifier Code	1P	2/3	Provider
144		NM102, NM103, NM104, NM105, NM106, NM107	Name			Provider Name fields
144		NM108	Identification Code Qualifier	XX	1/2	
145		NM109	Identification Code		10	This 2 nd 2100C NM1 loop will be created after 5-23-2007 and will contain the NPI if it is available.
146	2000D	DMG	Subscriber Demographic Information			
143		DMG02	Date Time Period		8/8	Subscriber Date of Birth
144		DMG03	Gender Code	F, M, U	1/1	
150	2100D	NM1	Subscriber Name			
150		NM101, NM102, NM103, NM104, NM105, NM107	Subscriber name			Subscriber Name fields
151		NM108	Identification Code Qualifier	MI	1/2	
152		MN109	Identification Code		2/80	Subscriber's South Dakota Medicaid ID
153	2200D	TRN	Claim Submitter Trace Number			
153		TRN02	Reference Identification			Trace number from 276 for solicited. For unsolicited the Patient Control Number is used if available, otherwise Medical Services Claim Reference ID is used.

DEPARTMENT OF SOCIAL SERVICES - DIVISION OF MEDICAL SERVICES

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
154	2200D	STC	Claim Level Status Information			
154		STC01	Health Care Claim Status			
154		STC01-1	Industry Code		1/30	Health Care Claim Status Category Code
154		STC01-2	Industry Code		1/30	Health Care Claim Status Code
155		STC01-3	Entity Identifier Code		2/3	
162		STC02	Date		8/8	Effective date of the status. The last activity date of the claim.
162		STC04	Monetary Amount		1/18	Total Claim Charge Amount
162		STC05	Monetary Amount		1/18	Claim Payment Amount
162		STC06	Date		8/8	Adjudication Date
163		STC07	Payment Method Code	ACH, CHK, NON	3/3	
163		STC08	Date		8/8	Check issue or EFT date
163		STC09	Check Number		1/16	Check or EFT Trace Number
164		STC10	Health Care Claim Status			
164		STC10-1	Industry Code		1/30	Health Care Claim Status Category Code
164		STC10-2	Industry Code		1/30	Health Care Claim Status Code
164		STC10-3	Entity Identifier Code		2/3	
164		STC11	Health Care Claim Status			
164		STC11-1	Industry Code		1/30	Health Care Claim Status Category Code
164		STC11-2	Industry Code		1/30	Health Care Claim Status Code
164		STC11-3	Entity Identifier Code		2/3	
165	2200D	REF	Payer Claim Identification Number			
165		REF01	Reference Identification Qualifier	1K		
166		REF02	Payer Claim Control Number		1/30	South Dakota Medical Services Claim Reference ID
167	2200D	REF	Institutional Bill Type Identification			
167		REF01	Reference Identification Qualifier	BLT	2/3	
168		REF02	Reference Identification		1/30	Bill Type Identifier
171	2200D	DTP	Claim Service Date			
171		DTP01	Date/Time Qualifier	232	3/3	
172		DTP02	Date Time Period Format Qualifier	RD8	2/3	CCYYMMDD-CCYYMMDD. If there is a single date of service then the begin and the end date are equal.
172		DTP03	Date Time Period		8 or 17	Claim Service Period
173	2220D	SVC	Service Line Information			

DEPARTMENT OF SOCIAL SERVICES - DIVISION OF MEDICAL SERVICES

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
174		SVC01	Composite Medical Procedure			
174		SVC01-1	Product/Service ID Qualifier		2/2	"HC" is the typical type of code supported for service level inquires
175		SVC01-2	Product/Service ID		1/9	HCPCS code
175		SVC01-3	Procedure Modifier		2/2	
175		SVC01-4	Procedure Modifier		2/2	
175		SVC01-5	Procedure Modifier		2/2	
175		SVC01-6	Procedure Modifier		2/2	
175		SVC02	Monetary Amount		1/18	Line Item Charge Amount
176		SVC03	Monetary Amount		1/18	Line Item Provider Payment Amount
176		SVC07	Quantity		1/15	Original Units of Service Count
173	2220D	STC	Service Line Status Information			
177		STC01	Health Care Claim Status			
177		STC01-1	Industry Code		1/30	Health Care Claim Status Category Code
178		STC01-2	Industry Code		1/30	Health Care Claim Status Code
178		STC01-3	Entity Identifier Code		2/3	
185		STC02	Date		8/8	Status Information Effective Date
185		STC04	Monetary Amount		1/18	Line Item Charge Amount
185		STC05	Monetary Amount		1/18	Line Item Provider Payment Amount
185		STC10	Health Care Claim Status			
185		STC10-1	Industry Code		1/30	Health Care Claim Status Category Code
186		STC10-2	Industry Code		1/30	Health Care Claim Status Code
186		STC10-3	Entity Identifier Code		2/3	
186		STC11-1	Industry Code		1/30	Health Care Claim Status Category Code
186		STC11-2	Industry Code		1/30	Health Care Claim Status Code
186		STC11-3	Entity Identifier Code		2/3	
187	2220D	REF	Service Line Item Identification			
187		REF01	Reference Identification Qualifier	FJ	2/3	
187		REF02	Reference Identification		1/30	Line Item Control Number
188	2220D	DTP	Service Line Date			
188		DTP01	Date/Time Qualifier	472	3/3	
188		DTP02	Date Time Period Format Qualifier	RD8	2/3	CCYYMMDD-CCYYMMDD. If there is a single date of service then the begin and the end date are equal.
189		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; however, if this information is presented on a 276 status request then the required information will be supplied on the associated denial response to an invalid request on the 277 response.

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.

4.1 Interchange Control Header:

The following table lists each of the elements and sample values of the Interchange Control Header (ISA) segment. The ISA 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	XXXXXXXXXX	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	U	
ISA12	Interchange Version Number	00401	
ISA13	IC Control Number	Nn	Must be unique by Trading Partner. *
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		Determined by the sender. (* : ~ are recommended)

* 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.

4.2 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	004010X0xA1	Varies by Transaction Type The DSS will only support transactions that incorporate the changes identified in the addenda published October 2002, modifying the transactions that were originally published May 2000.

5.0 Acknowledgments

5.1 997 Functional Acknowledgment, 997

The Functional Acknowledgment Transaction Set, 997, has been designed to allow trading partners to establish a comprehensive control function as a part of their business exchange process. This acknowledgment process facilitates control of EDI. There is a one-to-one correspondence between a 997 and a functional group. Segments within the 997 can identify the acceptance or rejection of the functional group, transaction sets or segments. Data elements in error can also be identified. The benefit to this process is that the sending trading partner can determine if the receiving trading partner has successfully received the X12 transaction set.

The South Dakota Department of Social Services – Division of Medical Services will generate a 997 Functional Acknowledgment for every functional group within a “batch” transaction received by the department. This includes the receipt of the following transaction types:

- 276 - Health Care Claim Status Request
- 278 -Health Care Services Review – Request for Review
- 837 - Health Care Claim: Institutional
- 837 - Health Care Claim: Professional
- 837 - Health Care Claim: Dental

6.0 Contact Information

To establish a Trading Partner Agreement with the South Dakota Department of Social Services – Division of Medical Services (South Dakota Medicaid Program), call Provider Enrollment at 605.773.3495

For general Medicaid questions and questions about claims, please e-mail your questions to DSS-Medicaid@dss.state.sd.us.

For resubmission and retransmission issues, call The Department of Social Services - Medical Services at 605.773.3495 and ask for Meredith Heermann.

For assistance with technical questions of problems, call the Bureau of Information and Telecommunications (BIT) Help Desk at 605.773.HELP

You may contact WebMD at 901-763-1998 to contract for recipient eligibility information services.

7.0 Trading Partner Agreement

The Trading Partner Agreement can be accessed on the South Dakota Department of Social Services web site at this address:

<http://dss.sd.gov/medicalservices/providerinfo/forms.asp>

8.0 Launchpad Web Application

DP96X12 Instructions

Version 2.0

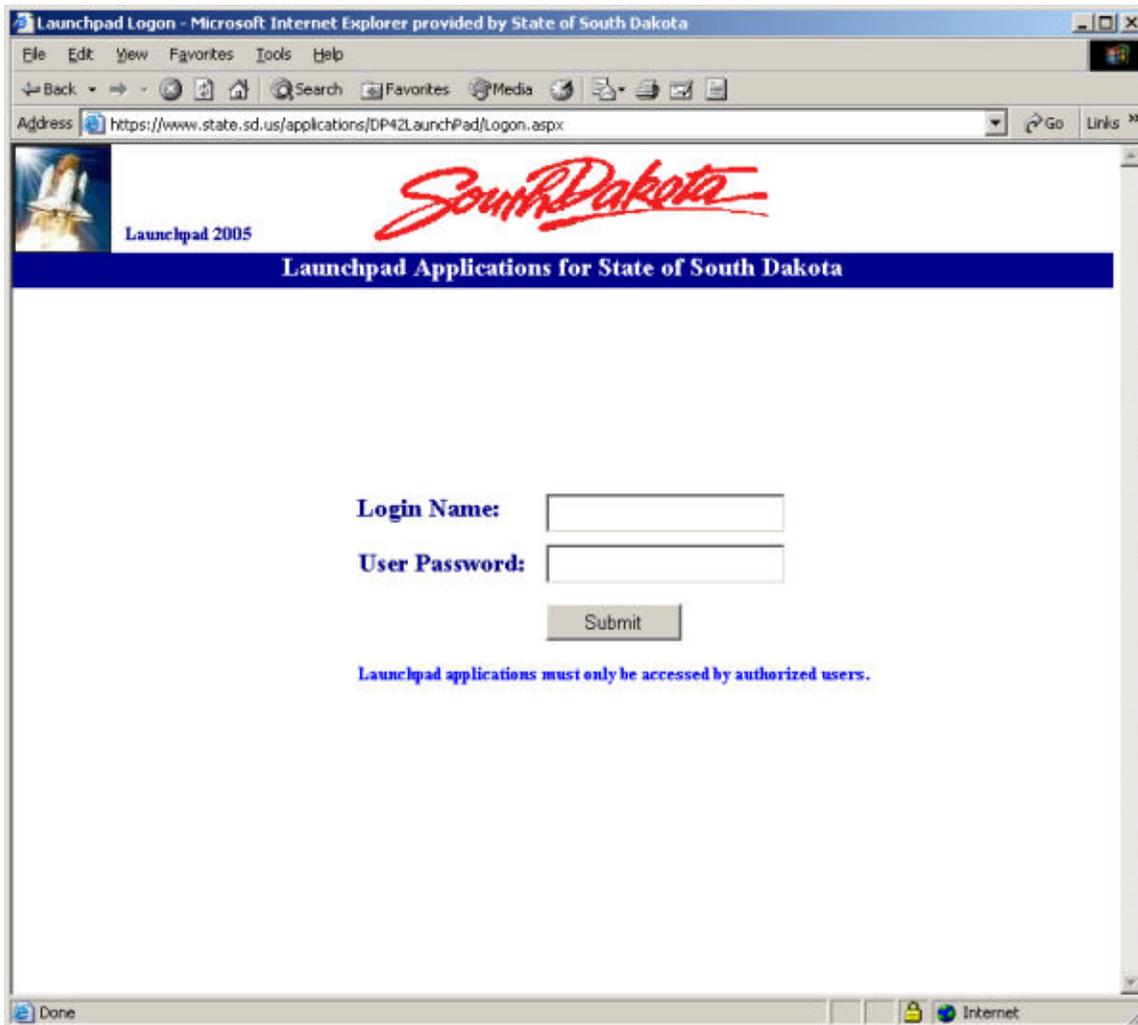
May 8, 2005

Prepared By Don Miller

USE INTERNET EXPLORER 5.5 and above.
Or Netscape 7.0 and above

Step 1. Enter in web address. <https://apps.sd.gov/applications/DP42Launchpad/Logon.aspx>

Step 2. Enter in Login Name and make up your password.



Step 3. Confirm your new password (this only happens once).

The screenshot shows a Microsoft Internet Explorer window titled "Change Password (Launchpad) - Microsoft Internet Explorer provided by State of South Dakota". The address bar contains the URL: `state.sd.us/applications/common/launchpad/ChangePassword.asp?UID=0FC972B9458B43978DEDDACA66C3E6F3&From=Logon`. The page features the South Dakota logo and a blue header with the text "Launchpad Change Password".

The main content area contains the following form elements:

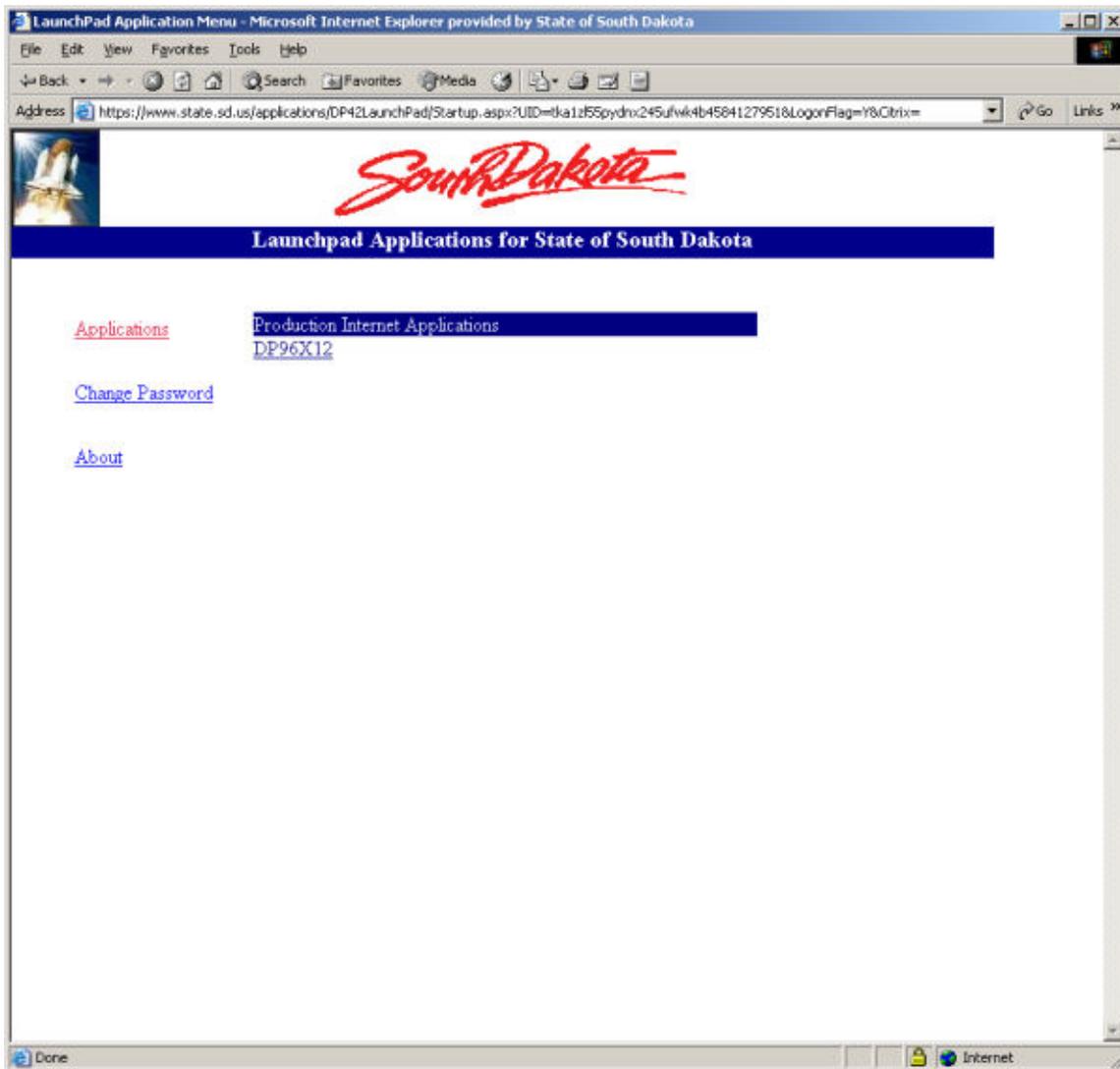
- New Password:** A text input field.
- Confirm New Password:** A text input field.
- Buttons:** "Save" and "Cancel" buttons.
- Warning:** A red text message: "Warning: Please create a password with at least 6 alphanumeric characters."

At the bottom of the page, there is a footer with the following text:

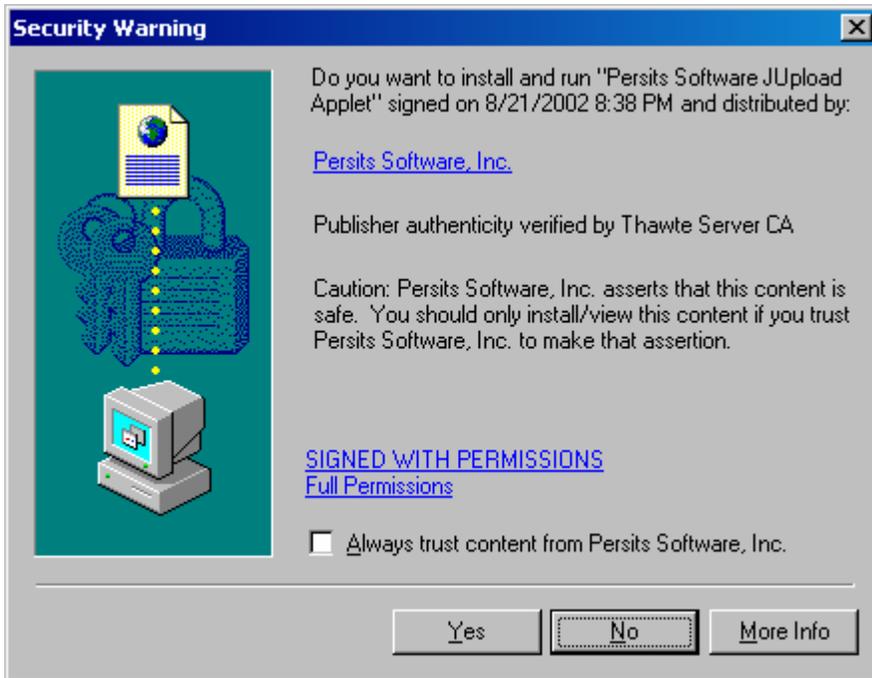
[Bureau of Information and Telecommunications \(BIT\)](#)
Pierre, South Dakota 57501
Copyright (c) 2000 [State of South Dakota](#)

The browser's status bar at the bottom shows "Launchpad change password..." and "Internet".

Step 4. Mouse over Applications and click on DP96X12.

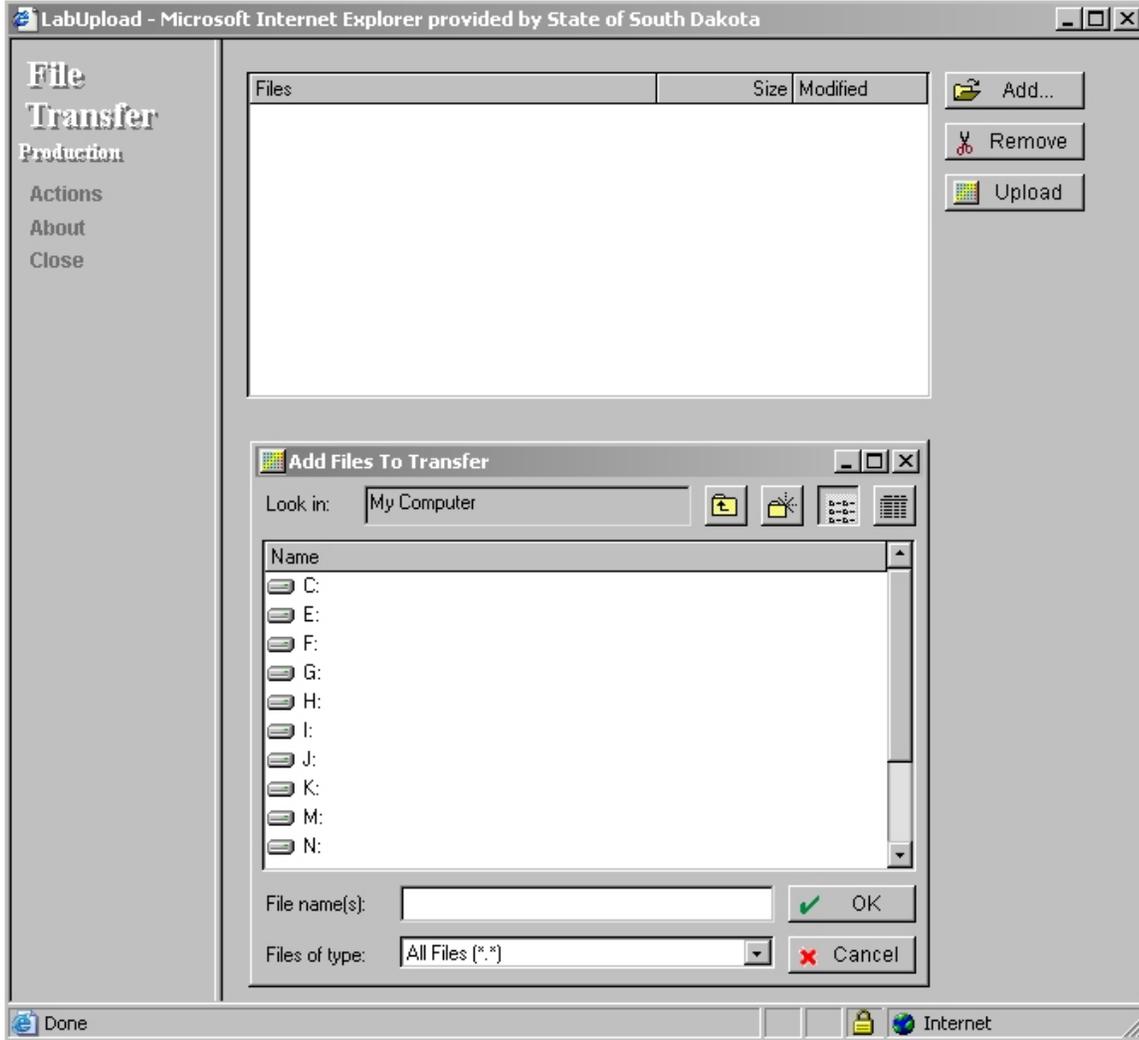


Step 5. Agree to run Java Applet. Click check box to always trust content, then click the Yes button. This is only a one-time process.

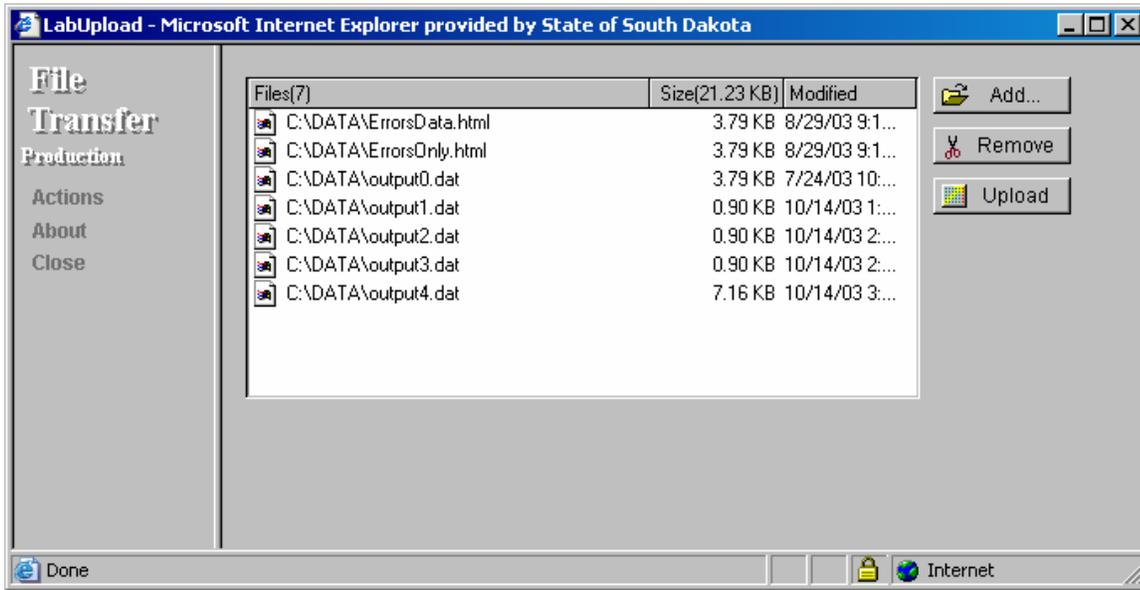


To Upload File(s) to State of South Dakota

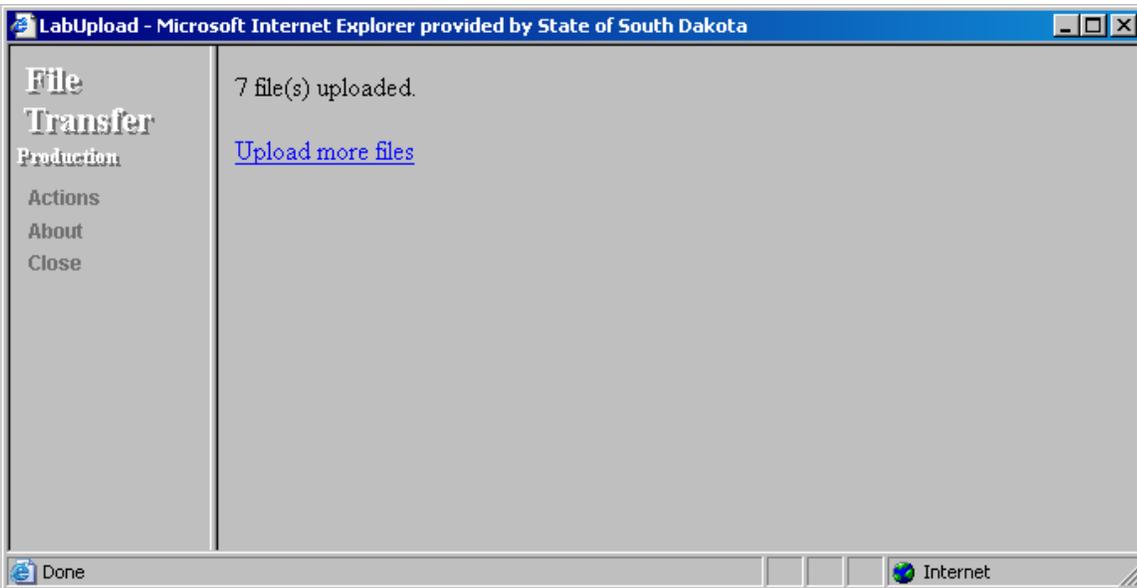
Step 6. To add a file(s) or a directory click on the Add button and browse out to location of files then click OK.



Step 7. Then click the Upload button.

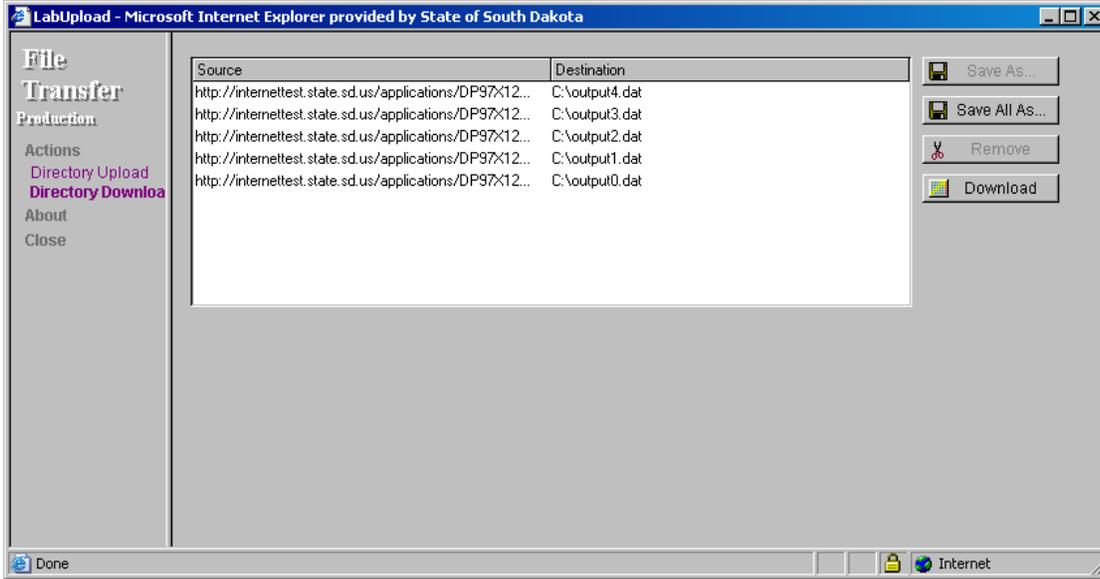


Step 8. Confirmation of upload. To upload more files click on [Upload more files](#) link.

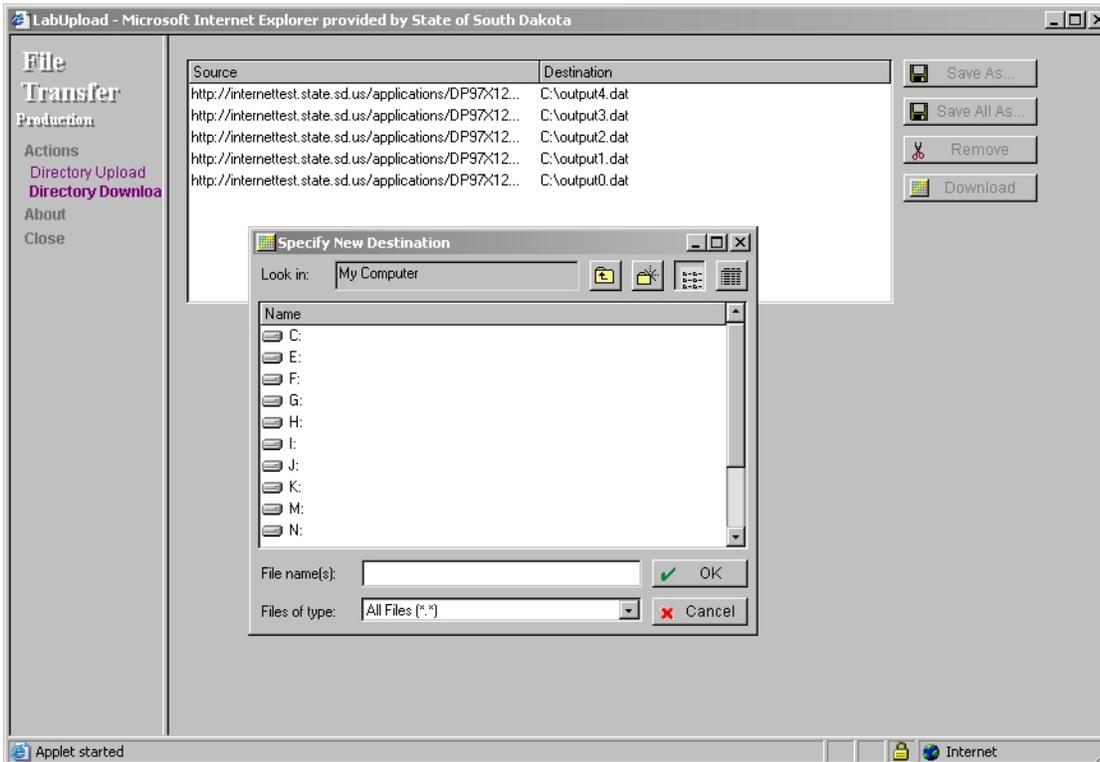


To Download File(s) from the State of South Dakota.

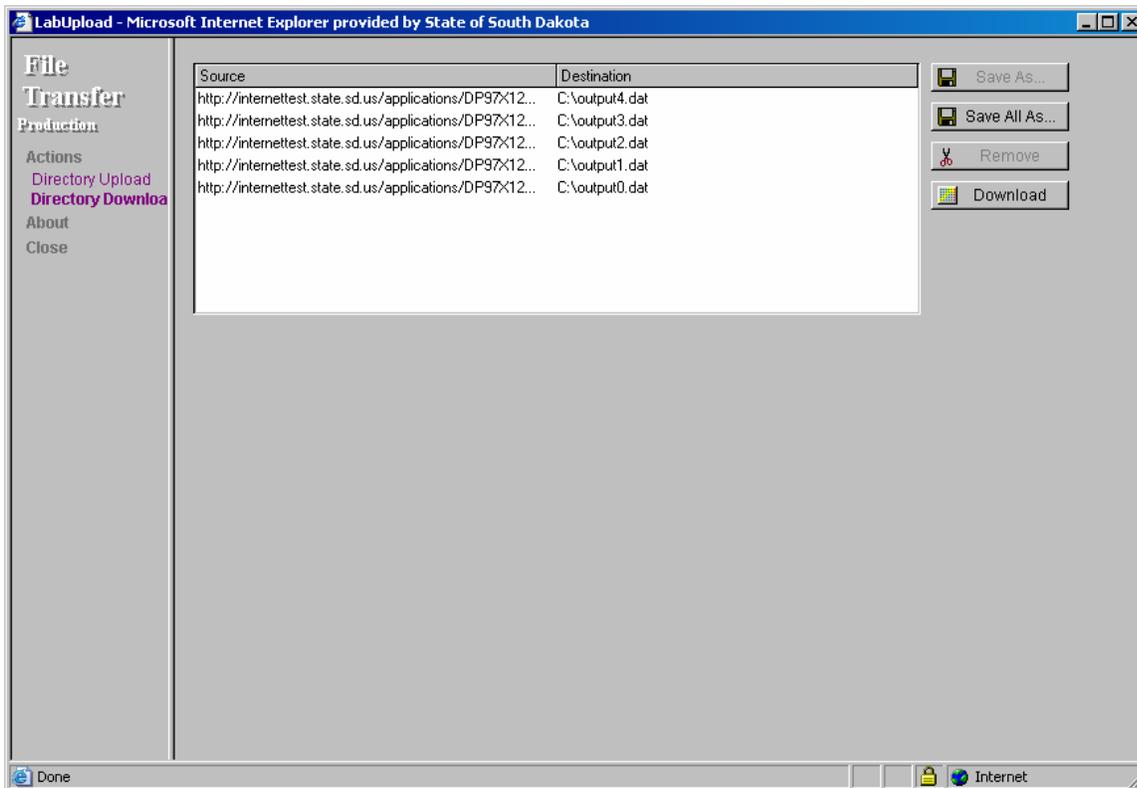
Step 1. Click on Action then Directory Download in the left column of the page.



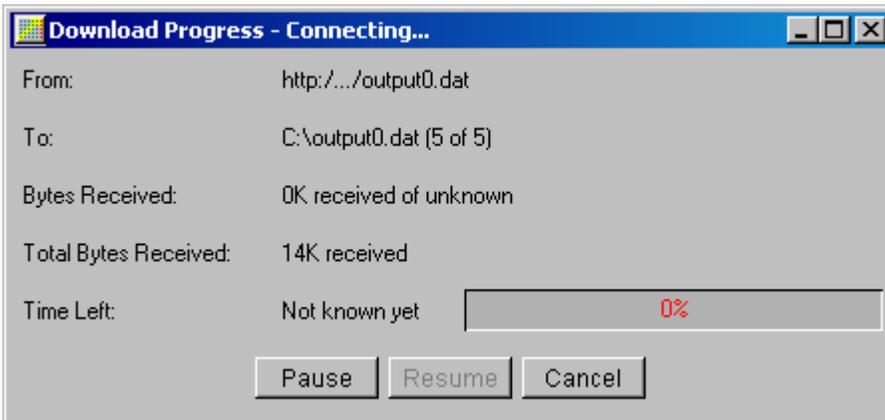
Step 2. First you have to specify where you want to download the files. The default is to your C: directory. Otherwise click the Save All As... button and specify a path to download to.



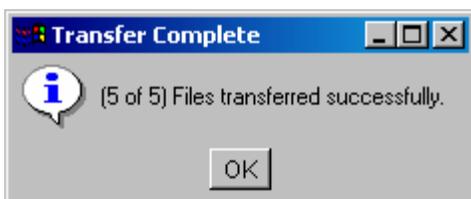
Step 3. Click on Download.



Progress bar pops up on larger files.

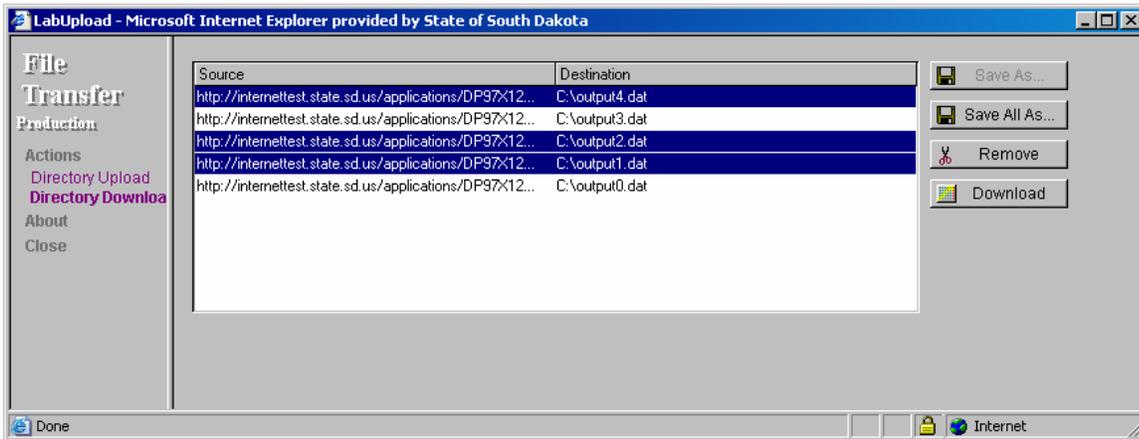


Transfer successful. Click the OK button.

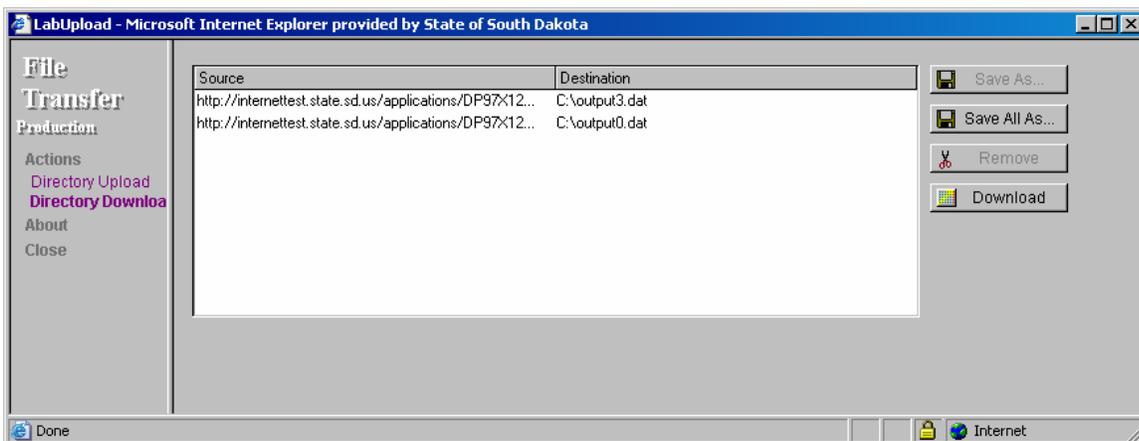


Other options for Downloading files.

To only download specific files highlight the file by clicking on the file to highlight multiple hold the shift or ctrl key when you click on the files. Then click on the Remove button.

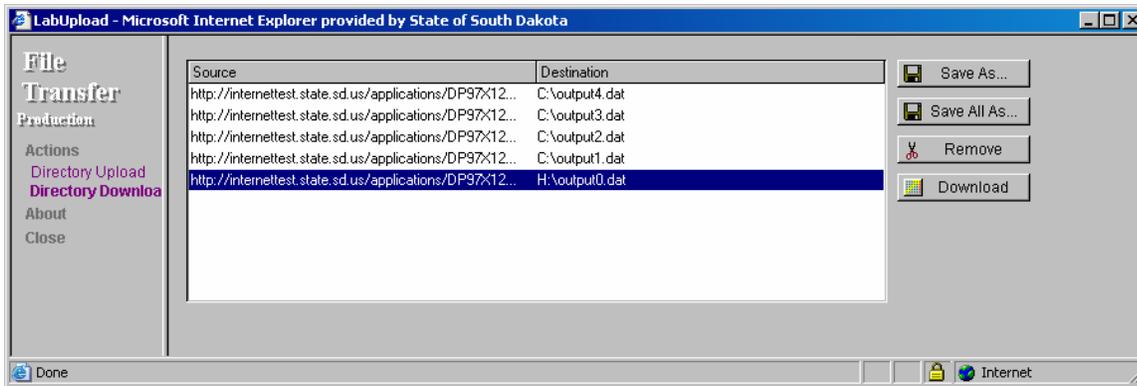


Remove button has been clicked.



Then click Download.

To save different files to different locations. Highlight file and click Save As... button. And then browse out to path for download.



Notice now the last file is going to be downloaded to the H: Drive and the first four are going to the C: Drive.