South Dakota 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

SD MEDX
Companion Guide Version 1.0

June 21, 2010

Draft

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.

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Preface:

This Companion Guide is intended as an addition 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 document, used in tandem with the X12N Implementation Guides, should help 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.

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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

Purpose of the Companion Guide

The HIPAA EDI Transaction Standard Companion Guide explains the procedures and guidelines 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 with the SD MEDX system. SD MEDX is the new Medicaid Management Information System that is being implemented in 2010. Implementation of this system will provide expanded opportunities to share data electronically with DSS. This Companion Guide will replace the current version of the Companion Guide that has been in place since 2003. It is critical to continue using the current version for submitting production files to the State until it is time to transition to the new system.

The HIPAA transactions that are supported in SD MEDX are as follows:

270/271 - Health Care Eligibility Benefit Inquiry and Response (Real time with Emdeon or Batch)
276/277S - Health Care Claim Status Request and Solicited Response
277U – Health Care Payer Unsolicited Claim Status – version 003070X070
278 - Health Care Services Review – Request for Review and Response
820 – Payroll Deducted and Other Group Prem. Payment (Primary Care Provider “PCP” providers)
834 – Benefit Enrollment and Maintenance (PCP providers & Delta Dental)
835 - Health Care Claim Payment/Advice
837I - Health Care Claim: Institutional
837P - Health Care Claim: Professional
837D – Inbound Dental Care Encounters from Delta Dental
837I – Outbound Health Care Claim: Institutional
837P – Outbound Health Care Claim: Professional
837D – Outbound Health Care Claim: Dental

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.

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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.

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
- 271 - Health Care Eligibility Benefit Response – Contact the department for specifications.
- 276 - Health Care Claim Status Request
- 278 -Health Care Services Review – Request for Review
- 837I - Health Care Claim: Institutional
- 837P - Health Care Claim: Professional
- 837I – Medicare Crossover Health Care Claim: Institutional
- 837P – Medicare Crossover Care Claim: Professional
- 837D - Health Care Claim: Dental

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

- 270 - Health Care Eligibility Benefit Inquiry – Contact the department for specifications.
- 271 - Health Care Eligibility Benefit Response
- 277 - Health Care Claim Status in Response to 276 transaction
- 277U – Health Care Payer Unsolicited Claim Status – version 003070X070
- 278 -Health Care Services Review – Response
- 820 – Payroll Deducted and Other Group Premium Payment (for PCP providers)
- 834 – Benefit Enrollment and Maintenance (for PCP provider & Delta Dental)
- 835 - Health Care Claim Payment/Advice
- 837I - Health Care Claim: Institutional
- 837P - Health Care Claim: Professional
- 837D - Health Care Claim: Dental
- 997 – Functional Acknowledgement
- TA1 – Interchange Acknowledgement

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2.0 Connectivity with the Department / Communications:

2.1 Methods of Electronic Exchange

Web batch – SD MEDX application– See Section 8.1

FTP batch – See Section 8.2

Web batch - Launchpad – See Section 8.3

Emdeon (formerly WebMD) - 270/271 transactions in real time mode.

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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.

Transaction File Naming Convention:

- File Names must end with .dat extension. Zip files are allowed (.zip) but all files within the zip file must contain .dat extensions.
- Valid characters to use as part of the filename: A-Z, a-z, 0-9, '_', '-', or '.'

Allowable delimiters:

~ * ^ + : ? | _ > note: (*** : ~** are recommended)

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23.1 270 Health Care Eligibility Benefit Inquiry (004010X092A1)

The Department supports the 270 Health Care Eligibility Benefit Inquiry transaction in a real time (i.e. Emdeon) or batch mode.

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.
36	None	ST	Transaction Set Header			
36		ST01	Transaction Set Identifier Code	270	3/3	
37		ST02	Transaction Set Control Number		4/9	The transaction set control numbers in ST02 and SE02 must be identical. This unique number also aids in error resolution research Start with the number, for example “0001", and increment from there. This number must be unique within a specific group.
38	None	BHT	Beginning of Hierarchical Transaction			
38		BHT01	Hierarchical Structure Code	0022	4/4	
39		BHT02	Transaction Set Purpose Code	13	2/2	13 – Request
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.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
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		All transactions will be treated as a provider request.
52	2100B	NM108	Identification Code Qualifier	XX, SV		Requests for Medical Providers should use “XX” National Provider ID (NPI). Non Medical Providers may use “SV” if NPI is not available.
52	2100B	NM109	Information Receiver Identification Number		9 or 10	This element may contain the NPI (10 bytes) or the South Dakota MEDX Provider ID (9 bytes) depending on the value in NM-108.
66	2000C	HL	Subscriber Level			If the real time mode of the 270/271 Eligibility Benefit Inquiry and Response Transaction is being used then only one patient request per transaction is allowed. Multiple patient requests can be used in Batch mode.
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.
69	2000C	TRN	Subscriber Trace Number			Inclusion of the trace number will assist in transaction processing and error resolution, therefore its use is recommended
69	2000C	TRN01	Trace Type Code	1	1/2	
70	2000C	TRN02	Reference Identification		1/30	Trace Number
70	2000C	TRN03	Originating Company Identifier		10/10	Trace Assigning Entity Identifier
70	2000C	TRN04	Reference Identification		1/30	Trace Assigning Entity Additional Identifier
71	2100C	NM1	Subscriber Name			The department requires the Medicaid Recipient ID <OR> any two of the following: Recipient Name (First and Last), SSN, and Birth date.
72	2100C	NM103	Subscriber Last Name		1/35	Last name of recipient
72	2100C	NM104	Subscriber First Name		1/25	First Name of recipient

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
73	2100C	NM108	Identification Code Qualifier	MI		
73	2100C	NM109	Subscriber Primary Identifier		9	This element should contain the South Dakota Medicaid Recipient ID assigned to each recipient known to the DSS
74	2100C	REF	Subscriber Additional Information			The department requires the Medicaid Recipient ID <OR> any two of the following: Recipient Name (First and Last), SSN, and Birth date.
75	2100C	REF01	Reference Identification Qualifier	SY	2/3	
76	2100C	REF02	Reference Identification		1/30	Social Security Number
83	2100C	DMG	Subscriber Demographic Information			The department requires the Medicaid Recipient ID <OR> any two of the following: Recipient Name (First and Last), SSN, and Birth date.
84	2100C	DMG01	Date Time Period Format Qualifier	D8	2/3	CCYYMMDD
84	2100C	DMG02	Date Time Period		8	Subscriber Birth Date
84	2100C	DMG03	Gender Code		1/1	M, F, U
87	2100C	DTP	Subscriber Date			
88	2100C	DTP01	Date Time Qualifier	307		307-Eligibility
88	2100C	DTP02	Date Time Period Format Qualifier	D8, RD8		D8 = CCYYMMDD, RD8 = CCYYMMDD-CCYYMMDD
88	2100C	DTP03	Date Time Period		8 or 17	Note: 1. The date of inquire may not be more than 4 years older than the transaction set date. 2. If a range of dates is specified, the range may not be for a period greater than two years
89	2110C	EQ	Subscriber Eligibility or Benefit Inquiry Information			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
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.
97	2110C	EQ03	Coverage Level Code	IND	3/3	Individual
97	2110C	EQ04	Insurance Type Code	MC	1/3	Medicaid
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.

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3.2 271 Health Care Eligibility Benefit Response (004010X092A1)

The Department supports the 271 Health Care Eligibility Benefit Inquiry transaction in a real time (i.e. Emdeon) or batch mode.

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.
154	None	ST	Transaction Set Header			
154		ST01	Transaction Set Identifier Code	271	3/3	
155		ST02	Transaction Set Control Number		4/9	
163	2100A	NM1	Information Source Name			
163	2100A	NM101	Entity Identifier Code	PR	2/3	Payer
164	2100A	NM102	Entity Type Qualifier	2	1/1	
164	2100A	NM103	Organization Name		1/35	“Department Social Services”
164	2100A	NM108	Identification Code Qualifier	PI	1/2	Payor Identification
165	2100A	NM109	Identification Code		7	“SD48MED”
168	2100A	PER	Information Source Contact Information			
169	2100A	PER01	Contact Function Code	IC	2/2	
169	2100A	PER02	Information Source Contact Name		3	“DSS”

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
169	2100A	PER03	Communication Number Qualifier	TE	2/2	
170	2100A	PER04	Communication Number		12	Department of Social Service Telephone number
178	2100B	NM1	Information Receiver Name			
178	2100B	NM101	Entity Identifier Code	1P, 2B	2/3	
179	2100B	NM102	Entity Type Qualifier	1, 2	1/1	
179	2100B	NM103	Name Last or Organization Name		1/35	Receivers Last Name or Organization name
179	2100B	NM104	Name First		1/25	
179	2100B	NM105	Name Middle		1/25	
179	2100B	NM107	Name Suffix		1/10	
180	2100B	NM108	Identification Code Qualifier	XX, SV	1/2	
181	2100B	NM109	Identification Code		2/80	National Provider ID (NPI) will be used when available otherwise the South Dakota Medicaid provider ID (SD MEDX) will be used.
184	2100B	AAA	Information Receiver Request Validation			
185	2100B	AAA01	Valid Request Indicator	N	1/1	
185	2100B	AAA03	Reject Reason Code	15, 51, 56, 60, 62, 63, 75, 76	2/2	
186	2100B	AAA04	Follow-up Action Code	C	1/1	
190	2000C	TRN	Subscriber Trace Number			
191	2000C	TRN01	Trace Type Code	2	1/2	
191	2000C	TRN02	Trace Number		1/30	Trace number from 270 transaction

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
192	2000C	TRN03	Originating Company Id		10/10	
192	2000C	TRN04	Reference Identification		1/30	
193	2100C	NM1	Subscriber Name			
193	2100C	NM101	Entity Identifier Code	IL	2/3	Insured or Subscriber
194	2100C	NM102	Entity Type Qualifier	1	1/1	
194	2100C	NM103	Name Last or Organization Name		1/35	Subscriber's Last Name
194	2100C	NM104	Name First		1/25	Subscriber's First Name
194	2100C	NM105	Name Middle		1/25	
194	2100C	NM107	Name Suffix		1/10	
195	2100C	NM108	Identification Code Qualifier	MI	2/2	
195	2100C	NM109	Identification Code		2/80	Recipients South Dakota Medicaid (SD MEDX) ID
196	2100C	REF	Subscriber Additional Identification			
197	2100C	REF01	Reference Identification Qualifier	SY	2/3	
198	2100C	REF02	Reference Identification		1/30	Social Security Number if submitted on 270 request
200	2100C	N3	Subscriber Address			
200	2100C	N301	Subscriber Address Line		1/55	
200	2100C	N302	Subscriber Address Line		1/55	
201	2100C	N4	Subscriber City/State/Zip			

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
201	2100C	N401	City Name		2/30	
202	2100C	N402	State or Province Code		2/2	
202	2100C	N403	Postal Code		3/15	
202	2100C	N404	Country Code		2/3	
202	2100C	N405	Location Qualifier	CY, FI	1/2	
202	2100C	N406	Location Id Code		1/30	
207	2100C	AAA	Subscriber Request Validation			
207	2100C	AAA01	Valid Request Indicator	Y, N	1/1	
207	2100C	AAA03	Reject Reason Code		2/2	
207	2100C	AAA04	Follow-up Action Code		2/2	
210	2100C	DMG	Subscriber Demographic Info			
211	2100C	DMG01	Date Time Period Format Qualifier	D8	2/3	
211	2100C	DMG02	Date Time Period		8	Recipients Date of Birth - CCYYMMDD
211	2100C	DMG03	Gender Code	F, M, U	1/1	
216	2100C	DTP	Subscriber Date			
216	2100C	DTP01	Date Time Qualifier	356, 382	3/3	Code 382 is used for Manage Care (PCP) otherwise 356 will be used.
217	2100C	DTP02	Date Time Period Format Qualifier	D8, RD8	2/3	
217	2100C	DTP03	Date Time Period		8 or 17	CCYYMMDD, CCYYMMDD-CCYYMMDD
218	2110C	EB	Subscriber Eligibility or Benefit Information			

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
219	2110C	EB01	Eligibility or Benefit Info	1, 6, L, R, A, C, F	1/2	1-Active, 6-Inactive, L-Managed Care (PCP), R-Other or Additional Payer, A-Co-Insurance, C-Deductible, F-Limitations
219	2110C	EB02	Coverage Level Code	IND	3/3	Individual
221	2110C	EB03	Service Type Code	30, 69	1/2	30-Health Benefit Plan Coverage or 69-Maternity
226	2110C	EB04	Insurance Type Code	MA, MB, MC, C1, HS, QM, OT	1/3	MC-Medicaid, HS-Special Low Income Medicare, QM-Qualified Medicare Beneficiary, MA-Medicare Part A, MB-Medicare Part B, OT-other, C1-Commercial
228	2110C	EB05	Insurance Type Code		1/50	South Dakota Recipient Aid Category Code
238	2110C	REF	Subscriber Additional Information			
238	2110C	REF01	Reference Identification Qualifier	IG	2/3	If EB01 = R-Other or Additional Payer
239	2110C	REF02	Reference Identification		1/30	Other or Additional Payer Insurance Policy number if available.
240	2110C	DTP	Subscriber Eligibility/Benefit Date			
240	2110C	DTP01	Date/Time Qualifier	356, 290, 295	3/3	356-Eligibility Begin, 290-Coordination of Benefits, 295-Managed Care Provider (PCP)
241	2110C	DTP02	Date Time Period Format Qualifier	D8, RD8	2/3	
241	2110C	DTP03	Eligibility or Benefit Date Time period		8 or 17	CCYYMMDD or CCYYMMDD-CCYYMMDD
242	2110C	AAA	Subscriber Request Validation			
242	2110C	AAA01	Yes/No Condition or Response Code	Y, N	1/1	
243	2110C	AAA03	Reject Reason Code		2/2	
243	2110C	AAA04	Follow-up Action Code		1/1	

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
249	2110C	LS	Loop Header			
249	2110C	LS01	Loop Identifier Code	2120	1/6	
250	2120C	NM1	Subscriber Benefit Related Entity Name			
250	2120C	NM101	Entity Identifier Code	PR, P3	2/3	PR- Other or Additional Payer if available, P3- Managed Care (PCP).
251	2120C	NM102	Entity Type Qualifier	1, 2	1/1	
251	2120C	NM103	Benefit Related Entity Last or Organization Name		1/35	
252	2120C	NM104	Benefit Related Entity First Name		1/25	
252	2120C	NM105	Benefit Related Entity Middle Name		1/25	
252	2120C	NM107	Benefit Related Entity Name Suffix		1/10	
252	2120C	NM108	Identification Code Qualifier	PI, XX, SV	1/2	PI-Other payer Id, XX-Primary Care Providers NPI, SV-Primary Care Providers Medicaid ID if NPI not available.
252	2120C	NM109	Identification Code		2/80	If available Identification Code for other payers (NM101=PR) or Primary Care Provider (NM101=P3)
254	2120C	N3	Subscriber Benefit Related Entity Address			If available Subscriber Benefit Address for other payers (NM101=PR) or Primary Care Provider (NM101=P3)
255	2120C	N4	Subscriber Benefit Related Entity City/State/Zip			If available Subscriber Benefit City, State, and Zip for other payers (NM101=PR) or Primary Care Provider (NM101=P3)
257	2120C	PER	Subscriber Benefit Related Entity Contact Information			
258	2120C	PER01	Contact Function Code	IC	2/2	

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
258	2120C	PER02	Benefit Related Entity Contact Name		1/60	
258	2120C	PER03	Communication Number Qualifier	TE	2/2	
259	2120C	PER04	Communication Number		1/80	If available Telephone number for other payers (NM101=PR) or Primary Care Provider (NM101=P3)
264	2110C	LE	Loop Trailer			
264	2110C	LE01	Loop Identifier Code	2120	1/6	

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3.3 276 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	GS01	Version / Release	HN		HR = 276 transaction
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.
49	None	ST	Transaction Set Header			
49		ST01	Transaction Set Id Code	276	3/3	
49		ST02	Transaction Set Control Number		4/9	The value in ST02 must be identical to SE02
54	2100A	NM1	Payer Name			
54	2100A	NM101	Entity Identifier Code	PR	2/3	
55	2100A	NM102	Entity Type Qualifier	2	1/1	
55	2100A	NM103	Name Last or Organization Name		1/35	Department of Social Services
55	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.
56	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.
62	2100B	NM1	Information Receiver Name			
63	2100B	NM108	Identification Code Qualifier	XX, 46	1/2	XX – NPI, 46- 9 digit SD MEDX Trading Partner Id
63	2100B	NM109	Identification Code		2/80	Please enter your NPI or SD MEDX id
67	2100C	NM1	Provider Name			

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
68	2100C	NM108	Identification Code Qualifier	SV, XX		
69	2100C	NM109	Provider Identifier		2/80	This element should contain the National Provider Id (NPI) if available otherwise the South Dakota Medicaid Provider (SD MEDX) ID.
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	2/3	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	2/2	
76	2100D	NM109	Subscriber Identifier		2/80	This element should contain the South Dakota Medicaid Recipient (SD MEDX) ID.
77	2200D	TRN	Claim Submitter Trace Number			
77	2200D	TRN01	Trace Type Code	1	1/2	Current Transaction Trace Number
77	2200D	TRN02	Reference Identification		1/30	Trace Number
78	2200D	REF	Payer Claim Identification Number			
78	2200D	REF01	Reference Identification Qualifier	1K	2/3	South Dakota Medicaid (SD MEDX) Payers Claim Reference Number <OR> South Dakota Medicaid Recipient (SD MEDX) ID and Claim Service Dates are required.
79	2200D	REF02	Reference Identification		1/30	South Dakota Medicaid (SD MEDX) Payers Claim Reference Number (TCN).
78	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.
79	2200D	REF02	Reference Identification		1/30	Bill Type Identification
86	2200D	DTP	Claim Service Date			Claim service Date is required if the South Dakota Medicaid (SD MEDX) Payers Claim Reference Number is not sent.
86	2200D	DTP01	Date/Time Qualifier	232	3/3	

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
87	2200D	DTP02	Date/Time Period Format Qualifier	RD8	2/3	CCYYMMDD-CCYYMMDD
87	2200D	DTP03	Date/Time Period		1/35	Claim Service Period – not to exceed 90 days.

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3.4 278 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			
56	2010A	NM103	Organization Name		1/35	Department of Social Services
57	2010A	NM108	Identification Code Qualifier	PI	1/2	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	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.
60	2010B	NM1	Requester Name			
61	2010B	NM103	Name Last or Organization Name		1/35	Requesting Providers Last Name or Organization Name
61	2010B	NM108	Identification Code Qualifier	XX		
62	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 may be used.
64	2010B	REF02	Requester Supplemental Identifier			This element may contain the South Dakota Medicaid Provider (SD MEDX) ID.

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
	2000C	TRN	Patient Event Tracking Number			From the 278 Addenda
33-A	2000C	TRN01	Trace Type Code	1	1/2	
34-A	2000C	TRN02	Reference Identification		1/30	Patient Event Tracking Number
34-A	2000C	TRN03	Originating Company Identifier		10/10	Trace Assigning Entity Identifier
34-A	2000C	TRN04	Reference Identification		1/30	Trace Assigning Entity Additional Identifier
80	2000C	HI	Subscriber Diagnosis			
80	2000C	HI01-1	Health Care Code Inf.	BF	1/3	Diagnosis Type Code
81	2000C	HI01-2	Industry Code		1/30	Diagnosis Code
81	2000C	HI01-3	Date Time Period Qual.	D8	2/3	
81	2000C	HI01-4	Date Time Period		1/35	CCYYMMDD
81	2000C	HI02-1	Health Care Code Inf.	BF	1/3	Diagnosis Type Code
82	2000C	HI02-2	Industry Code		1/30	Diagnosis Code
82	2000C	HI02-3	Date Time Period Qual.	D8	2/3	
82	2000C	HI02-4	Date Time Period		1/35	CCYYMMDD
82	2000C	HI03-1	Health Care Code Inf.	BF	1/3	Diagnosis Type Code
82	2000C	HI03-2	Industry Code		1/30	Diagnosis Code
82	2000C	HI03-3	Date Time Period Qual.	D8	2/3	
82	2000C	HI03-4	Date Time Period		1/35	CCYYMMDD
83	2000C	HI04-1	Health Care Code Inf.	BF	1/3	Diagnosis Type Code
83	2000C	HI04-2	Industry Code		1/30	Diagnosis Code
83	2000C	HI04-3	Date Time Period Qual.	D8	2/3	
83	2000C	HI04-4	Date Time Period		1/35	CCYYMMDD
83	2000C	HI05-1	Health Care Code Inf.	BF	1/3	Diagnosis Type Code
83	2000C	HI05-2	Industry Code		1/30	Diagnosis Code
84	2000C	HI05-3	Date Time Period Qual.	D8	2/3	

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
84	2000C	HI05-4	Date Time Period		1/35	CCYYMMDD
84	2000C	HI06-1	Health Care Code Inf.	BF	1/3	Diagnosis Type Code
84	2000C	HI06-2	Industry Code		1/30	Diagnosis Code
84	2000C	HI06-3	Date Time Period Qual.	D8	2/3	
84	2000C	HI06-4	Date Time Period		1/35	CCYYMMDD
85	2000C	HI07-1	Health Care Code Inf.	BF	1/3	Diagnosis Type Code
85	2000C	HI07-2	Industry Code		1/30	Diagnosis Code
85	2000C	HI07-3	Date Time Period Qual.	D8	2/3	
85	2000C	HI07-4	Date Time Period		1/35	CCYYMMDD
85	2000C	HI08-1	Health Care Code Inf.	BF	1/3	Diagnosis Type Code
85	2000C	HI08-2	Industry Code		1/30	Diagnosis Code
86	2000C	HI08-3	Date Time Period Qual.	D8	2/3	
86	2000C	HI08-4	Date Time Period		1/35	CCYYMMDD
86	2000C	HI09-1	Health Care Code Inf.	BF	1/3	Diagnosis Type Code
86	2000C	HI09-2	Industry Code		1/30	Diagnosis Code
86	2000C	HI09-3	Date Time Period Qual.	D8	2/3	
86	2000C	HI09-4	Date Time Period		1/35	CCYYMMDD
87	2000C	HI10-1	Health Care Code Inf.	BF	1/3	Diagnosis Type Code
87	2000C	HI10-2	Industry Code		1/30	Diagnosis Code
87	2000C	HI10-3	Date Time Period Qual.	D8	2/3	
87	2000C	HI10-4	Date Time Period		1/35	CCYYMMDD
87	2000C	HI11-1	Health Care Code Inf.	BF	1/3	Diagnosis Type Code
87	2000C	HI11-2	Industry Code		1/30	Diagnosis Code
88	2000C	HI11-3	Date Time Period Qual.	D8	2/3	
88	2000C	HI11-4	Date Time Period		1/35	CCYYMMDD
88	2000C	HI12-1	Health Care Code Inf.	BF	1/3	Diagnosis Type Code

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
88	2000C	HI12-2	Industry Code		1/30	Diagnosis Code
88	2000C	HI12-3	Date Time Period Qual.	D8	2/3	
88	2000C	HI12-4	Date Time Period		1/35	CCYYMMDD
37-A	2010CA	PWK	Additional Patient Information			
37-A	2000CA	PWK01	Report Type Code		2/.2	Attachment Report Code
38-A	2000CA	PWK02	Report Transmission Code		1/2	Attachment Transmission Code
39-A	2000CA	PWK05	Identification Code Qual	AC	1/2	
39-A	2000CA	PWK06	Identification Code		2/80	Attachment Control Number
39-A	2000CA	PWK07	Description		1/80	Attachment Description
40-A	2010CA	NM1	Subscriber Name			
40-A	2010CA	NM103	Name Last or Organization Name		1/35	Subscriber Last Name
40-A	2010CA	NM108	Identification Code Qualifier	MI		
40-A	2010CA	NM109	Subscriber Primary Identifier		9	This element should contain the South Dakota Medicaid Recipient ID assigned to each recipient known to the DSS
94	2010C	DMG	Subscriber Demographic Information			
94	2010C	DMG01	Date Time Period Format Qualifier	D8	2/3	CCYYMMDD
95	2010C	DMG02	Date Time Period		8	Subscriber Birth Date
95	2010C	DMG03	Gender Code	F, M, U	1	Subscriber Gender Code
123	2000E	MSG	Message Text			South Dakota is expecting the below Message Text even though it is not required.
123	2000E	MSG01	Free-Form Message Text	East, West, Other	4/5	"East" – South Dakota East River Service Provider "West" – South Dakota West River Service Provider "Other" – Out of State Service Provider

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
124	2000E	NM1	Service Provider Name			
125	2000E	NM103	Name Last or Organization Name		1/35	Service Provider Last or Organization Name
125	2000E	NM108	Identification Code Qualifier	XX	1/2	
125	2000E	NM109	Subscriber Primary Identifier		10	Service Provider National Provider Identifier
139	2000F	TRN	Service Trace Number			
140	2000F	TRN01	Trace Type Code	1	1/2	
140	2000F	TRN02	Reference Identification		1/30	Service Trace Code
140	2000F	TRN03	Originating Company Identifier		10/10	Trace Assigning Entity Identifier
140	2000F	TRN04	Reference Identifier		1/30	Trace Assigning Entity Additional Identifier
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	UM02	Certification Type Code	1, 2, 3, 4, I, R, S	1	
142	2000F	UM03	Service Type Code		1/2	
146	2000F	UM04	Health Care Service Location Information			
146	2000F	UM04-1	Facility Code Value		1/2	Facility Type Code
146	2000F	UM04-2	Facility Code Qualifier	A, B	1/2	
147	2000F	UM06	Level of Service Code	03, U	1/3	
147	2000F	UM07	Current Health Condition Code	1-9, E, F, G, P	1	
146	2000F	UM08	Prognosis Code	1-8	1	
146	2000F	UM09	Release of Information Code	A, I, M, O, Y	1	

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
146	2000F	UM10	Delay Reason Code	1-4, 8, 10, 11, 15, 16, 17	1/2	
150	2000F	REF	Pervious Certification Id			
150	2000F	REF01	Reference Identification Qualifier	BB	2/3	
150	2000F	REF02	Reference Id		1/30	Authorization Number
152	2000F	DTP	Service Date			
152	2000F	DTP01	Date / Time Qualifier	472	3/3	Service
152	2000F	DTP02	Date / Time Qualifier	D8	2/3	CCYYMMDD
153	2000F	DTP03	Date Time Period		8	Proposed or Actual Service Date
154	2000F	DTP	Admission Date			
154	2000F	DTP01	Date / Time Qualifier	435	3/3	Admission
154	2000F	DTP02	Date / Time Qualifier	D8, RD8	2/3	CCYYMMDD, CCYYMMDD-CCYYMMDD
155	2000F	DTP03	Date Time Period		8 / 17	Proposed or Actual Admission Date
157	2000F	DTP	Surgery Date			
157	2000F	DTP01	Date / Time Qualifier	456	3/3	Surgery
157	2000F	DTP02	Date / Time Qualifier	D8	2/3	CCYYMMDD
158	2000F	DTP03	Date Time Period		8	Proposed or Actual Surgery Date
159	2000F	HI	Procedures			Repeats up to 12 times
159	2000F	HI01 - HI12	Health Care Code Information			
159	2000F	HI01-1 – HI12-1	Cold List Qualifier Code	BO, BQ, JP, NDC, ZZ	1/3	
160	2000F	HI01-2 – HI12-2	Industry Code		1/30	Procedure Code
160	2000F	HI01-3 – HI12-3	Date Time Period Qual	D8, RD8	2/3	CCYYMMDD, CCYYMMDD-CCYYMMDD

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
160	2000F	HI01-4 – HI12-4	Date Time Period		8 / 17	Procedure Date
160	2000F	HI01-6 – HI12-6	Quantity		1/15	Procedure Quantity
46-A	2010CA	PWK	Additional Patient Information			
86-A	2000FA	PWK01	Report Type Code		2/.2	Attachment Report Code
87-A	2000FA	PWK02	Report Transmission Code		1/2	Attachment Transmission Code
90-A	2000FA	PWK05	Identification Code Qual	AC	1/2	
90-A	2000FA	PWK06	Identification Code		2/80	Attachment Control Number
90-A	2000FA	PWK07	Description		1/80	Attachment Description
211	2000F	MSG	Message Text			
211	2000F	MSG01	Free-Form Message Text	* see below	2/7	Required – State of South Dakota Specific PA Service Type Code

*** State Specific PA Service Type Code (required at 2000F-MSG01)**	PA Service Type Name	Organization Unit
M-APS	Meals - APS	PA - ASA Adult Protective Services
PDN	Private Duty Nursing	PA - ASA Adult Protective Services
PS-APS	Psychologist - APS	PA - ASA Adult Protective Services
PHY-APS	Physician - APS	PA - ASA Adult Protective Services
LS-APS	Legal Services - APS	PA - ASA Adult Protective Services
N-APS	Nursing - APS	PA - ASA Adult Protective Services
AL	Assisted Living	PA - ASA Adult Protective Services
HM	Homemaker	PA - ASA Adult Protective Services
SME	Specialized Medical Equipment	PA - ASA Adult Protective Services
SMS	Specialized Medical Supplies	PA - ASA Adult Protective Services
ML	Meals	PA - ASA Adult Protective Services
NS	Nutritional Supplements	PA - ASA Adult Protective Services

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RC	Respite Care	PA - ASA Adult Protective Services
ERS	Emergency Response System	PA - ASA Adult Protective Services
AAS	Adult Day Services	PA - ASA Adult Protective Services
P-APS	Psychiatrist - APS	PA - ASA Adult Protective Services
T-CG	Therapy - CG	PA - ASA Caregiver Program
State Specific PA Service Type Code (required at 2000F-MSG01)	PA Service Type Name	Organization Unit
TRP-CG	Transportation - CG	PA - ASA Caregiver Program
C-CG	Counseling - CG	PA - ASA Caregiver Program
RM-CG	Resource Material - CG	PA - ASA Caregiver Program
TRNG-CG	Training - CG	PA - ASA Caregiver Program
NS-CG	Nutritional Supplements - CG	PA - ASA Caregiver Program
ADE	Aide	PA - ASA Caregiver Program
NSG	Nursing	PA - ASA Caregiver Program
H-CG	Homemaker - CG	PA - ASA Caregiver Program
N-CG	Nursing - CG	PA - ASA Caregiver Program
ADS-CG	Adult Day Services - CG	PA - ASA Caregiver Program
IHR-CG	In Home Respite - CG	PA - ASA Caregiver Program
IR-CG	Institutional Respite - CG	PA - ASA Caregiver Program
MS-CG	Medical Supplies - CG	PA - ASA Caregiver Program
ME-CG	Medical Equipment - CG	PA - ASA Caregiver Program
M-CG	Meals - CG	PA - ASA Caregiver Program
E-CG	Evaluations - CG	PA - ASA Caregiver Program
ERS-CG	Emergency Response System - CG	PA - ASA Caregiver Program
CS-CG	Chore Services - CG	PA - ASA Caregiver Program
ADHMR	Assistive Devices/Home Modifications/Repairs - CG	PA - ASA Caregiver Program
EMRS	Emergency Response System	PA - ASA In Home Services Program
HMKR	Homemaker	PA - ASA In Home Services Program
MEA	Meals	PA - ASA In Home Services Program
ME	Medical Equipment	PA - ASA In Home Services Program
MS	Medical Supplies	PA - ASA In Home Services Program
NRS	Nursing	PA - ASA In Home Services Program
NUS	Nutritional Supplements	PA - ASA In Home Services Program

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ADMR	Assistive Devices/Home Modifications/Repairs	PA - ASA In Home Services Program
RCW	Respite Care - Waiver	PA - ASA Waiver Program
NSW	Nutritional Supplements - Waiver	PA - ASA Waiver Program
NW	Nursing - Waiver	PA - ASA Waiver Program
MSW	Medical Supplies - Waiver	PA - ASA Waiver Program
State Specific PA Service Type Code (required at 2000F-MSG01)	PA Service Type Name	Organization Unit
MEW	Medical Equipment - Waiver	PA - ASA Waiver Program
MW	Meals - Waiver	PA - ASA Waiver Program
HMW	Homemaker - Waiver	PA - ASA Waiver Program
ERSW	Emergency Response System - Waiver	PA - ASA Waiver Program
ADSW	Adult Day Services- Waiver	PA - ASA Waiver Program
ALW	Assisted Living Waiver	PA - ASA Waiver Program
412V	412 ventilator	PA - ASA specialty add-on services
919EB	919 extreme behavior	PA - ASA specialty add-on services
118TBI	118 traumatic brain injury	PA - ASA specialty add-on services
279WV	279 wound vacuum	PA - ASA specialty add-on services
291SBM	291 specialty bed / mattress	PA - ASA specialty add-on services
CWN	Crowns	PA - DENTAL
PTL	Partial	PA - DENTAL
MISC	Miscellaneous	PA - DENTAL
DEN	Dentures	PA - DENTAL
RLNS	Relines	PA - DENTAL
ODC	Orthodontic	PA - DENTAL
SSIP	Short Stay (In-Patient)	PA - DENTAL
RBS	Rebases	PA - DENTAL
DTPA	Day Treatment - Pregnant Adolescent	PA - DHS Alcohol & Drug
ITP	Inpatient Treatment-Pregnant Women	PA - DHS Alcohol & Drug
LIPA	Low-Intensity-Pregnant Adolescent	PA - DHS Alcohol & Drug
ITST	InpatientTreat-ShrtTrmRelapse	PA - DHS Alcohol & Drug
ITPA	Inpatient Treatment - Pregnant Adolescent	PA - DHS Alcohol & Drug
PITA	Inpatient Treatment-Adolescent	PA - DHS Alcohol & Drug
DTA	Day Treatment-Adolescent	PA - DHS Alcohol & Drug
DTPW	Day Treatment-Pregnant Women	PA - DHS Alcohol & Drug

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PW	Pregnant Women	PA - DHS Intensive Outpatient Treatment
AD	Adolescents	PA - DHS Intensive Outpatient Treatment
PA	Pregnant Adolescents	PA - DHS Intensive Outpatient Treatment
LP	Lymphedema pumps	PA - DME
MEPSDT	Miscellaneous EPSDT	PA - DME
State Specific PA Service Type Code (required at 2000F-MSG01)	PA Service Type Name	Organization Unit
WV	Wound Vacs	PA - DME
CSD	Cough Stimulator devices	PA - DME
BGS	Bone Growth Stimulator	PA - DME
LALR	LowAirLoss/Pres redction matt	PA - DME
CPDC	Cont. Pass. Motion dev. (CPM)	PA - DME
SGD	Speech Generating Device	PA - DME
ODME	Other DME	PA - DME
CCD	Chest Compression devices	PA - DME
PDN	Private Duty Nursing	PA - Home Health
EHH	Extended Home Heath	PA - Home Health
PSYC	Psych	PA - Inpatient Hospital
RHB	Rehab	PA - Inpatient Hospital
NICU	NICU	PA - Inpatient Hospital
LTAC	LTAC	PA - Inpatient Hospital
CCHSR	CCHS- Residential	PA - Inpatient Hospital
CMCR	CCHS-Medically Complex / Rehab	PA - Inpatient Hospital
INPM	Inpatient Misc.	PA - Inpatient Hospital
SNEPSDT	Special Nutrition EPSDT	PA - Medical Nutrition
MNET	Med. Nutrition-Enteral and TPN	PA - Medical Nutrition
IT	Intestinal transplant	PA - Medical Surgical
BMT	Bone Marrow transplant	PA - Medical Surgical
SCT	Stem Cell transplant	PA - Medical Surgical
HT	Heart transplant	PA - Medical Surgical
LT	Lung transplant	PA - Medical Surgical
EES	Excision of excessive skin	PA - Medical Surgical
PAN	Panniculectomy	PA - Medical Surgical
NSS	Nerve stimulator surgery	PA - Medical Surgical

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HO	Hyperbaric Oxygen	PA - Medical Surgical
QUC	Questionably Cosmetic	PA - Medical Surgical
BTX	Botox	PA - Medical Surgical
MSEPSDT	Misc. EPSDT	PA - Medical Surgical
VEPSDT	Vision EPSDT	PA - Medical Surgical

State Specific PA Service Type Code (required at 2000F-MSG01)	PA Service Type Name	Organization Unit
BRDN	Breast Reduction	PA - Medical Surgical
BRRC	Breast Reconstruction	PA - Medical Surgical
CI	Cochlear Implants	PA - Medical Surgical
BS	Bariatric Surgery	PA - Medical Surgical
O	Other	PA - Medical Surgical
PT	Pancreatic transplant	PA - Medical Surgical
TOT	Transplants -other	PA - Medical Surgical
HPT	Hepatic transplant	PA - Medical Surgical
MHU	MH under 2 years of age	PA - Mental Health
PRTF	PRTF	PA - Mental Health
MIS	Misc. (parking, taxi, etc.)	PA - NEMT
ML	Meals	PA - NEMT
RB	Room and Board / Lodging	PA - NEMT
MLG	Mileage	PA - NEMT
OOFFN	Other (open for future needs)	PA - Outpt Proc/Diag
PHY	Pharmacy	PA - Pharmacy
SYG	Synagis	PA - Synagis
TSR	Transportation special requests	PA - Transportation

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3.6 837 Health Care Claim: Institutional (004010X096A1) Inbound – Medicaid claims or Medicare Crossover

The Department supports the 837 Health Care Claim: Institutional transaction in batch mode for both Medicaid and Medicare Crossover claims. Additional detailed 837 Institutional information along with the 837 Institutional mapping cross-walk for the 837 to UB04 format can also be found here http://dss.sd.gov/sdmedx/includes/providers/billingmanuals/index.aspx under the DSS Companion Guide.

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
48-A	None	GS	Functional Group Header			The SD MEDX system will support multiple GS segments per ISA segment in inbound claim files. The corresponding 997's will be a separate file for each GS segment.
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.
61	1000A	NM1	Submitter Name			
62	1000A	NM101	Entity Identifier Code	41		Submitter qualifier
62	1000A	NM108	ID Code Qualifier	46		Trading Partner ID Qualifier Code
62	1000A	NM109	Identification Code		9	Trading Partner ID as assigned by SD Medicaid. Must match the Sender ID value located in both the ISA06 and GS02 fields.
64	1000A	PER				Segment should contain up to date contact information for data problem resolution. This is important for correcting transaction and claim issues.
67	1000B	NM1	Receiver Name			
68	1000B	NM109	Receiver Primary Identifier	SD48MED		All Medicaid transactions should contain the value "SD48MED" to identify SD Medicaid as the claim receiver.
69	2000A	HL	Hierarchal Loop			Limited to 5000 HL segments per Functional Group (GS Segment).
71	2000A	PRV01	Billing Pay-to Provider Specialty information	BI, PT		Situational Segment. Qualifier value that denotes taxonomy code for Billing entity or Pay-to Entity. BI for Billing; PT for Pay-To
72	2000A	PRV02	Reference Identification Qualifier	ZZ		ZZ is used to indicate the "Health Care Provider Taxonomy" code (provider specialty code) . Taxonomy must be included at the Billing location (2000A) or at the Service Facility Level (2310D).

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
72	2000A	PRV03	Reference Identification		10	A SD MEDX registered provider taxonomy code is mandatory for claim processing. Taxonomy must be included at either the Billing location (2000A) or at the Service Facility Level (2310E) but not both. It must match what's on file with SD MEDX and is mandatory for proper claim processing in SD MEDX .
76	2010AA	NM1	Billing Provider Name			Required Segment
77	2010AA	NM108	Reference Identification	XX		Billing provider primary ID code qualifier for NPI. Only allowed value.
78	2010AA	NM109	Billing Provider Primary ID		10	Health Care Financing Administration National Provider Identifier (NPI) is mandatory and is the only allowed value in this location. If omitted or it does not match what's on file, file will be rejected.
80	2010AA	N4	BILLING PROVIDER CITY/STATE/ZIP CODE			Nine byte zip code (zip + 4) is recommended.
82	2010AA	REF	Billing Provider Secondary Identification			The Billing Providers Tax ID qualifier (EI) and 9 digit Tax ID is to be entered in the REF segment. All other qualifiers are ignored.
83	2010AA	REF01	Reference Identification Qualifier	EI		A value of EI representing the TAX ID is the only appropriate qualifier. All others are ignored.
84	2010AA	REF02	Billing Provider Secondary Identification Number		9	Employer Identification or Tax ID is the only appropriate entry in this location for the SD MEDX system.
91	2010AB	NM1	Pay-to Provider Name			Situational Segment
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	EI		The only valid code for SD MEDX system is the TAX ID qualifier value of EI
98	2010AB	REF02	Pay-to Provider Secondary Identification Number		9	Pay-to-provider TAX ID value.

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
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 data containing dependent level information will be ignored and the claim will be denied.
101	2000B	SBR	Subscriber Information			
	2000B	SBR02	Individual Relationship Code	18		SD Medicaid only accepts claims with 18 in this position.
104	2000B	SBR09	Claim Filing Indicator Code	MC		Only claims for Medicaid covered services are accepted by DSS.
108	2010BA	NM1	Subscriber Name			Required Segment
110	2010BA	NM108	Identification Code Qualifier	MI		
110	2010BA	NM109	Subscriber Primary Identifier		9	This element should contain the South Dakota Medicaid Recipient ID assigned to each recipient known to the DSS. A 9 digit number is recommended.
126	2010BC	NM1	Payer Name			Required Segment
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.
157	2300	CLM	Claim Information			Required Segment – Limited to 5000 CLM segments per ST-SE
159	2300	CLM02	Total Claim Charge Amount		18	Monetary amount equal to the total amount of claim.
159	2300	CLM05-1	Facility Type Code		2	Two digit code representing type of facility.
159	2300	CLM05-3	Claim Frequency Code	1, 7, or 8	2	Required; 1=Original; 7=Replacement; 8=Void – Electronic Crossover Adjustments and Voided claims will be accepted and processed in SD MEDX.
165	2300	DTP	Discharge Date			Required on all Inpatient Claims/Encounters
165	2300	DTP02	Date-Time Qualifier	TM	2	A value of TM is required
166	2300	DTP03	Discharge Hour		4	Use 24 hour clock convention in HHMM format - 0000 to 2359; 2400 is not a valid time.
169	2300	DTP	Admission Date			Required on all Inpatient Claims/Encounters

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
169	2300	DTP02	Date-Time Qualifier	DT	2	DT is required.
170	2300	DTP03	Admission Date/Time		12	Use CCYYMMDDHHMM format with century, year, month, day, hour, minute format
171	2300	CL1	Institutional Claim Code			Required on Institutional Claims that involve hospital admissions.
171	2300	CL101	Admission Type Code			Validated against Patient data on file with SD MEDX
172	2300	CL102	Admission Source Code	Numeric	1	Validated against Patient data on file with SD MEDX – a value of 0 bypasses the Managed Care (PCP) edit for I.H.S. Claims
172	2300	CL103	Patient Status Code			Validated against Patient data on file with SD MEDX
173	2300	PWK	Claim Supplemental Info			Required if a provider sends paper attachment to accompany this electronic claim.
175	2300	PWK06	Attachment Control Number		1-80	This number must be a unique number. SD Medicaid recommends that providers using the PWK segment for it's intended purpose utilize the format laid out in the next paragraph by SD Medicaid. The format for this data that the SD MEDX needs is a combination of other data items in the claim – Claim Submitter ID – Client ID – Service From Date all separated by an underscore character. To attempt to avoid claim processing issues, please use this format to indentify attachments. This number should be placed on the accompanying Attachment Cover Sheet also. An example of the form for the PWK/06 number is. "123456789_000012345_20101231" In the 837 claim format, these individual items are located in 2300/CLM01(Claim Submitter Identfier)-2010BA/NM109(Recipient ID)-2400/DTP03(Service Date).
191	2300	REF	Original Reference No.			Data is used to convey the control number assigned to the original bill by the payer to identify a unique claim.
192	2300	REF01	Reference ID Qualifier	F8		Qualifier used to indicate the Original Reference Number Segment
192	2300	REF02	Reference Identification			Original claim Reference Number assigned by SD Medicaid
198	2300	REF	Prior Authorization No.			Required for preauthorized or referred services.
199	2300	REF01	Prior Authorization qualifier	G!	2	Prior Authorization Qualifier

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
199	2300	REF02	Prior Authorization No.		9	This has changed from a 7 digit number in the MMIS Legacy system to a 9 digit number in SD MEDX.
208	2300	NTE	Billing Note			Used for additional Information used to Adjudicate the Claim
208	2300	NTE01	Additional Information	ADD	3	
208	2300	NTE02	Description			80 character field for additional claim adjudication information.
321	2310A	NM1	Attending Physician			Required on all Inpatient claims. Can be used for PCP reference.
321	2310A	NM101	Attending Physician Segment Qualifier	71	2	
323	2310A	NM108	Identification Code Qualifier	XX	2	NPI Qualifier for Attending Physician – this is the only allowed value at this location
323	2310A	NM109	ID Code Primary Identifier			NPI value is the only accepted value in this location.
328	2310B	NM1	Operating Physician			Required when Surgical Procedure Codes are used. Used for PCP reference
328	2310B	NM101	Operating Physician Segment Qualifier	OP	2	
328	2310B	NM108	Identification Code Qualifier	XX	2	NPI Qualifier for Operating Physician – This is the only allowed value at this location
328	2310B	NM109	ID Code Primary Identifier			NPI value is the only accepted value in this location.
335	2310C	NM1	Other Provider			Required on Outpatient and Home Health claims. Used for PCP reference.
335	2310C	NM101	Other Provider Segment Qualifier	73	2	
336	2310C	NM108	Identification Code Qualifier	XX	2	NPI Qualifier for Other Provider – XX is only value accepted here.
336	2310C	NM109	ID Code Primary Identifier			NPI Value for Other Provider
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	Service Facility Health Care Financing Administration National Provider Identifier (NPI).

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
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 Facility 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	EI		Service Facility Tax ID
358	2310E	REF02	Rendering Provider Secondary Identification			
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	2320	CAS01	Claim Adjustment Group Code	CO, CR, OA, PI, PR		CO Contractual Obligations CR Correction and Reversals OA Other adjustments PI Payer Initiated Reductions PR Patient Responsibility
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.

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
				122		Medicare psych deductible should be reported using this code
371	2320	AMT	Prior Payer Payment			TPR Amount Segment
371	2320	AMT01	Amount Qualifier Code	C4	2	C4 is the only accepted value in this segment
371	2320	AMT02	Prior Payer Amount			Monetary amount indicating how much was paid by prior payer.
445	2400	SV2	Institutional Service Line			
445	2400	SV2	Institutional Service Line			Required for
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.
446 - 448	2400	SV204 - SV202-1	Unit or Basis for Measurement CodeProduct or Service ID Qualifier	UN, DAHC		F2 – International Units are not supported by DSS. Product/Service IS Qualifier codes IV and ZZ are not supported by DSS at this time.
837I_ Adden da	2410	LIN	Drug Identification			Required for drug charges on Outpatient claims with a J-Code procedure code value.
37	2410	LIN02	Service ID Qualifier	N4	2	N4 specifies the NDC value in the 5-4-2 format. This is the only acceptable format in SD MEDX.
37	2410	LIN03	NDC Number		11	Required for Outpatient claims when drugs are being billed for.
837I_ Adden da	2410	CTP	Drug Pricing			Required for drug charges on Outpatient claims with a J-Code procedure code value when CTP03 is different than SV203.
39	2410	CTP03	Unit Price			Monetary value assigned as unit price. Should be different than SV203
39	2410	CTP04	Unit Quantity			Numeric value representing the Number of Units.
39	2410	CTP05-1	Unit Qualifier	UN, ML, GR	2	Values F2 or MG are not supported by SD MEDX.
445	2400	SV2	Institutional Service Line			This segment is required for inpatient claims or outpatient or other claims that require procedure or drug information to be reported for claim adjudication.
446	2400	SV202-1	Service ID Qualifier	HC, N4	2	Use HC for Procedure Codes and N4 for NDC Numbers.
446	2400	SV202-2	Service ID			Procedure code or NDC number field.

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
448	2400	SV204	Unit Code	UN, DA	2	F2 – International Units are not supported by SD MEDX.
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 50049 4	2320 - 2430	CAS02 CAS05 CAS08 CAS11 CAS14 CAS17CAS	Adjustment Reason CodeLine Level Adjustments			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. 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	1, 126		Medicare deductible should be reported using one of these two codes. 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.
				2, 1271, 126		Medicare co-insurance should be reported using one of these two codes. Medicare deductible should be reported using one of these two codes.
				1222, 127		Medicare psych deductible should be reported using this code. Medicare co-insurance should be reported using one of these two codes.
				122		Medicare psych deductible should be reported using this code

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3.5 837 Health Care Claim: Professional (004010X098A1) Inbound – Medicaid claims or Medicare Crossover

The Department supports the 837 Health Care Claim: Professional transaction in batch mode for both Medicaid and Medicare Crossover claims. Additional detailed 837 Professional information along with the 837 Professional mapping cross-walk for the 837 to HCFA-1500 format can be found here http://dss.sd.gov/sdmedx/includes/providers/billingmanuals/index.aspx under the DSS Companion Guide.

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
85-A	None	GS	Functional Group Header			The SD MEDX system will support multiple GS segments per ISA segment in inbound claim files. The corresponding 997's will be a separate file for each GS segment.
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.
67	1000A	NM1	Submitter Name			
68	1000A	NM101	Entity Identifier Code	41	2	Submitter Qualifier
68	1000A	NM102	Entity Type Qualifier	1,2	1	1=person, 2= nonperson entity
68	1000A	NM108	ID Code Qualifier	46	2	46 is the only acceptable value
68	1000A	NM109	Identification Code			Trading Partner ID as assigned by SD Medicaid. Must match the Sender ID value located in both the ISA06 and GS02 fields.
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	2	Situational segment – qualifier that denotes taxonomy code for Billing or Pay-to entity. BI for Billing and PT for Pay-To
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		10	A 10 digit SD MEDX registered provider Taxonomy code is mandatory for claim processing. Taxonomy must be included at either the Billing(2000A) or Rendering(2310B) locations and must match what is on file with SD MEDX for proper claim processing.

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
84	2010AA	NM1	Billing Provider Name			Required Segment.
86	2010AA	NM108	Reference Identification	XX		Billing provider primary ID code qualifier for NPI. XX is the only allowed value
86	2010AA	NM109	Billing Provider Primary ID		10	Health Care Financing Administration National Provider Identifier (NPI) is mandatory and is the only allowed value in this location. If it's omitted or it does not match what's on file, the file will be rejected. All billing NPI values must be listed as a Billing Agent for every unique Rendering provider submitted.
89	2010AA	N4	Billing PROVIDER CITY/STATE/ZIP CODE			Nine byte zip code (zip + 4) is recommended.
91	2010AA	REF	Billing Provider Secondary Identification			
92	2010AA	REF01	Reference Identification Qualifier	EI	2	A value of EI representing the Tax ID is the only appropriate entry in this location for the SD MEDX system.
92	2010AA	REF02	Billing Provider Secondary Identification Number		9	Employer Tax ID is the only appropriate entry in this location.
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	EI		
107	2010AB	REF02	Pay-to Provider Secondary Identification Number		10	Health Care Financing Administration National Provider Identifier (NPI).
108	2000B	HL	Subscriber Level			

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
109	2000B	HL04	Hierarchical Child Code	0		All claims where the patient is the subscriber are supported under Medicaid. Any claim information for dependent level information will be ignored and the claim will be denied.
110	2000B	SBR	Subscriber Information			
111	2000B	SBR02	Individual Relationship Code	18	2	SD Medicaid only accepts claims with 18 in this field.
112	2000B	SBR09	Claim Filing Indicator Code	MC		Only claims for Medicaid coverage are accepted by DSS
117	2010BA	NM1	Subscriber Name			
119	2010BA	NM108	Identification Code Qualifier	MI		
119	2010BA	NM109	Subscriber Primary Identifier		14 or 9	This element should contain the South Dakota Medicaid Recipient ID assigned to each recipient known to the DSS – a 9 or 14 digit number is acceptable.
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 SD MMIS as the payer. Any transaction received without this ID will be denied.
170	2300	CLM	Claim Information			A limit of 5000 CLM segments per ST(Start Transaction) segment is recommended.
171	2300	CLM02	Total Claim Charge Amount			Monetary amount that represents the total claim charge amount.
173	2300	CLM05-1	Facility Type Code		2	Two digit code representing the type of facility.
173	2300	CLM05-3	Claim Frequency Code	1, 7, or 8	1	Only accepted values are 1, Original; 7, Replacement; 8, Void – Electronic Crossover Claims will be accepted and processed from the Medicare mediator in SD MEDX.
214	2300	PWK	Claim Supplemental Information			The PWK segment is required if there is paper documentation supporting this claim.

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Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
216	2300	PWK-06	Attachment Control Number	Up to 80 alpha characters	1 to 80	This number must be a unique number. SD Medicaid recommends that providers using the PWK segment for it's intended purpose utilize the format laid out in the next paragraph by SD Medicaid. The format for this data that MEDX requires to work properly is a combination of other data items in the claim – Claim Submitter ID – Client ID – Service From Date all separated by an underscore character. To attempt to avoid claim processing issues, please use this format to indentify attachments. This number should be placed on the accompanying Attachment Cover Sheet also. An example of the form for the PWK/06 number is. "123456789_000012345_20101231" In the 837P claim format, these individual items are located in 2300/CLM01(Claim Submitter Identfier)-2010BA/NM109(Recipient ID)-2400/DTP03(Service Date).
222	2300	REF	Service Authorization Exception Code			
222	2300	REF01	REF ID Qualifier	N4	2	Service Authorization Exception Qualifier
222	2300	REF02	Service Authorization Exception Code	1	1	Indicates Urgent Emergent Care along with a value of Y in the SV109 field.
227	2300	REF	Prior Authorization Number			Required for Pre-Authorized Professional Services
228	2300	REF01	Ref ID Qualifier	G1	2	Prior Authorization Qualifier
228	2300	REF02	Prior Auth Number		9	Nine digit Prior Authorization Number, Old system was seven characters long.
229	2300	REF	Original Reference No.			Mandatory for all adjustment and void claims – 2300/CLM05-3 = 7 or 8
229	2300	REF01	Orig Ref No Qualifier	F8	2	Only acceptable value in this location.
229	2300	REF02	Original Ref Number			Original Reference or TCN value from claim being adjusted or voided
282	2310A	NM1	Referring Provider Name			
284	2310A	NM108	Reference Identification	XX	2	Referring provider primary ID code qualifier. Only value accepted here.
284	2310A	NM109	Referring Provider Primary ID		10	Health Care Financing Administration National Provider Identifier (NPI).

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
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	EI		Tax ID qualifier is the only accepted value in this segment.
289	2310A	REF02	Referring Provider Secondary Identification Number		9	Tax ID number is the only accepted value in this segment.
290	2310B	NM1	Rendering Provider Name			
292	2310B	NM108	Reference Identification	XX		Rendering provider primary ID code qualifier. Only accepted value.
292	2310B	NM109	Rendering Provider Primary ID		10	Health Care Financing Administration National Provider Identifier (NPI). NPI is the only accepted value.
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 – This must match what is on file with SD MEDX for proper payment.
296	2310B	REF	Rendering Provider Secondary Identification			
296	2310B	REF01	Reference Identification Qualifier	EI	2	Tax ID qualifier is the only accepted value in this field.

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
297	2310B	REF02	Rendering Provider Secondary Identification		9	Tax ID number is the only accepted value in this field.
312	2310E	NM1	Supervising Provider Name			
314	2310E	NM108	Reference Identification	XX		Supervising provider primary ID code qualifier. Only accepted value.
314	2310E	NM109	Supervising Provider Primary ID		10	Health Care Financing Administration National Provider Identifier (NPI). Only accepted value.
316	2310E	REF	Supervising Provider Secondary Identification			
316	2310E	REF01	Reference Identification Qualifier	EI	2	The Tax ID qualifier is the only accepted value in this field.
317	2310E	REF02	Supervising Provider Secondary Identification		9	The Tax ID Number is the only accepted value in this field.
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.

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
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 – Necessary and used with the 2300/REF segment to indicate type of emergent care.
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			
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	EI		Tax ID qualifier is the only accepted value in this field.
508	2420A	REF02	Rendering Provider Secondary Identification		9	The Tax ID number is the only accepted value in this field.
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	EI		The Tax ID qualifier is the only accepted value in this field.

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
528	2420D	REF02	Supervising Provider Secondary Identification		9	The Tax ID number is the only accepted value in this field.
541	2420F	NM1	Referring Provider Name			
543	2420F	NM108	Reference Identification	XX		Referring provider primary ID code qualifier.
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	EI		The Tax ID qualifier is the only accepted value in this field.
548	2420F	REF02	Referring Provider Secondary Identification		9	The Tax ID number is the only accepted value in this field.
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	2420	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

3.7 835 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	1/1	C = Credit
46		BRP04	Payment Method Code	CHK, NON	3/3	“CHK” is used for Check and “NON” is used for Electronic Funds Transfer and zero pay remittance advices.
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. (same as ISA08 and GS03)
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"

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	XX = National Provider ID (NPI) will be sent if available. If the NPI is not available the Tax ID (FI) will be sent.
73		N104	Identification Code		2/80	Pay-to Providers Federal Taxpayers ID or NPI
79	2000	LX	Header Number			
79		LX01	Assigned Number		1/6	
80	2000	TS3	Provider Summary Information			
81		TS301	Reference Identification		1/30	The Billing NPI will be sent.
81		TS302	Facility Code Value		1/2	Facility Type/Place of Service Code
81		TS303	Date		8/8	Fiscal Period Date CCYYMMDD
81		TS304	Quantity		1/15	Total Claim Count
82		TS305	Monetary Amount		1/18	Total Claim Charge Amount
82		TS306	Monetary Amount		1/18	Situational: Total Covered Charge Amount
82		TS307	Monetary Amount		1/18	Situational: Total Non-Covered Charge Amount
82		TS308	Monetary Amount		1/18	Situational: Total Denied Charge Amount
82		TS309	Monetary Amount		1/18	Situational: Total Provider Payment Amount
89	2100	CLP	Claim Payment Information			
89		CLP01	Claim Submitter's Identifier		1/38	Patient Control Number - if not submitted by provider then default to zero.
90		CLP02	Claim Status Code	1, 2, 3, 4, 22	1/2	1=Processed as Primary, 2=Processed as Secondary, 3=Processed as Tertiary, 4=Denied, 22=Reversal of Previous Payment
91		CLP03	Monetary Amount		1/18	Total Claim Charge Amount
91		CLP04	Monetary Amount		1/18	Claim Payment Amount
91		CLP05	Monetary Amount		1/18	Patient Responsibility Amount
92		CLP06	Claim Filling Indicator Code	MC	1/2	Medicaid
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

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
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	
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
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

Draft

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
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	Service/Rendering Provider
112		NM102	Entity Type Qualifier	1, 2	1/1	
112		NM103	Name Last or Organization		1/35	
112		NM104	Name First		1/25	
112		NM105	Name Middle		1/25	
112		NM106	Name Suffix		1/10	
113		NM108	Identification Code Qualifier	XX	1/2	
114		NM109	Identification Code		2/80	Service Provider National Provider ID (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	Policy Number
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
126	2100	REF	Other Claim Related Identification			

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
126		REF01	Reference Identification Qualifier	F8	2/3	
127		REF02	Reference Identification		1/30	Original Reference Number for Adjustment and Void Claims
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, N4	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	National Uniform Billing Committee (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	
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

Draft

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
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
156	2110	REF	Rendering Provider Information			
156		REF01	Reference Identification Qualifier	HPI	2/3	
157		REF02	Reference Identification		1/30	Rendering NPI
164		PLB	Provider Adjustment			
165		PLB01	Reference Identification		1/30	Billing NPI
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
170		PLB05	Adjustment Identifier			
170		PLB05-1	Adjustment Reason Code		2/2	
170		PLB05-2	Reference Identification		2/2	Provider Adjustment Identifier
170		PLB06	Monetary Amount		1/18	Provider Adjustment Amount

Draft

3.8 277 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.

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"
133	2100A	PER	Payer Contact Information			
134		PER01	Contact Function Code	IC	2/2	
134		PER02	Payer Contact Name		1/60	DSS
134		PER03	Communication Number Qualifier	TE	2/2	
134		PER04	Communication Number		1/80	Dept of Social Services, Medical Services phone number
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, 46	1/2	National Provider ID (NPI) if it is available. Otherwise the 9 digit Trading Partner Id assigned by the State.
140		NM109	Identification Code		2/80	
143	2100C	NM1	Service Provider Level			
143		NM101	Entity Identifier Code	1P	2/3	Service Provider
144		NM102, NM103,	Name			Service Provider Name fields

Draft

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		NM104, NM105, NM106, NM107				
144		NM108	Identification Code Qualifier	XX, SV	1/2	
145		NM109	Identification Code		2/80	The NPI if it is available. Otherwise the South Dakota Medicaid (SD MEDX) Id.
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 request.
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. Date of Inquiry.
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	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

Draft

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
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. Note: If the claim has errors in the service line information then SD MEDX will only send claim header status.			
174		SVC01	Composite Medical Procedure			
174		SVC01-1	Product/Service ID Qualifier	AD, HC, NU	2/2	
175		SVC01-2	Product/Service ID		1/9	AD – ADA Procedure Code HC – HCPCS/CPT Procedure Code NU – UB92 (UB04) Revenue 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		SVC04	Product/Service ID		1/48	Revenue Code
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

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
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.

Draft

3.9 277U Health Care Payer Unsolicited Claim Status (003070X070 - Draft)

Health Care Payer Unsolicited Claim Status will be used 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
27		ST	Transaction Set Header			
27		ST01	Transaction Set Identifier Code	277	3/3	
27		ST02	Transaction Set Control Number		4/9	Assigned by South Dakota Medical Services
28		BHT	Transaction Structure			
28		BHT01	Hierarchical Structure Code	0010	4/4	
28		BHT02	Transaction Set Purpose Code	08	2/2	
29		BHT03	Reference Identification		1/30	YYYYDDDHHMMSS27701
29		BHT04	Date		4/8	YYMMDD
30	2000	HL	Information Source			
31		HL01	Hierarchical ID Number		1/12	
31		HL03	Hierarchical Level Code	20	1/2	Information Source
31		HL04	Hierarchical Child Code	1	1/1	
32	2100A	NM1	Payer Name			
32		NM101	Entity Identifier Code	PR	2/3	
33		NM103	Name Last or Organization Name		1/35	"Dept of Social Services, Medical Services"
33		NM108	Identification Code Qualifier	PI	1/2	Payer ID
33		NM109	Identification Code		7	"SD48MED"
36	2000	HL	Information Receiver			
37		HL01	Hierarchical ID Number		1/12	
		HL02	Hierarchical Parent Id Number		1/12	
37		HL03	Hierarchical Level Code	21	1/2	Information Receiver
37		HL04	Hierarchical Child Code	1	1/1	
38	2100B	NM1	Information Receiver Name			
38		NM101	Entity Identifier Code	41	2/3	
39		NM102, NM103, NM104, NM105,	Name			Information Receiver name fields

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
		NM106, NM107				
39		NM108	Identification Code Qualifier	XX, FI	1/2	
39		NM109	Identification Code		2/80	National Provider ID (NPI) if it is available. Otherwise Federal Taxpayer's Id
42	2000	HL	Provider of Service			
43		HL01	Hierarchical ID Number		1/12	
43		HL02	Hierarchical Parent Id Number		1/12	
43		HL03	Hierarchical Level Code	19	1/2	Provider of Service
43		HL04	Hierarchical Child Code	1	1/1	
44	2100C	NM1	Provider Information			
44		NM101	Entity Identifier Code	1P	2/3	Provider
45		NM102, NM103, NM104, NM105, NM106, NM107	Name			Provider Name fields
45		NM108	Identification Code Qualifier	XX, SV	1/2	
45		NM109	Identification Code		2/80	National Provider ID (NPI) if it is available. Otherwise SD Medicaid (SD MEDX) Id
46	2000	HL	Subscriber			
47		HL01	Hierarchical ID Number			
47		HL02	Hierarchical Parent Id Number			
47		HL03	Hierarchical Level Code	22		Subscriber
47		HL04	Hierarchical Child Code	0		
48	2100D	NM1	Subscriber Name			
48		NM101, NM102, NM103, NM104, NM105, NM107	Subscriber name			Subscriber Name fields
49		NM108	Identification Code Qualifier	MR	1/2	
49		MN109	Identification Code		2/80	Subscriber's South Dakota Medicaid (SD MEDX) ID
52	2200D	TRN	Claim Submitter Trace Number			
52		TRN01	Trace Type Code	2	1/2	

Draft

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
52		TRN02	Reference Identification		1/30	Patient Control Number is used if available, otherwise Medical Services Claim Reference ID is used.
53		TRN04	Reference Identification	MC	1/30	Medicaid
54	2200D	STC	Claim Level Status Information			
54		STC01	Health Care Claim Status			
55		STC01-1	Industry Code		1/30	Health Care Claim Status Category Code
55		STC01-2	Industry Code		1/30	Health Care Claim Status Code
55		STC01-3	Entity Identifier Code		2/3	
57		STC02	Date		8/8	Effective date of the status. The last activity date of the claim.
57		STC03	Action Code	NA	1/2	
57		STC04	Monetary Amount		1/18	Amount of original submitted charges
57		STC10	Health Care Claim Status			
57		STC10-1	Industry Code		1/30	Health Care Claim Status Category Code
57		STC10-2	Industry Code		1/30	Health Care Claim Status Code
57		STC10-3	Entity Identifier Code		2/3	
58		STC11	Health Care Claim Status			
58		STC11-1	Industry Code		1/30	Health Care Claim Status Category Code
58		STC11-2	Industry Code		1/30	Health Care Claim Status Code
58		STC11-3	Entity Identifier Code		2/3	
59	2200D	REF	Payer Claim Identification Number			
59		REF01	Reference Identification Qualifier	1K		
59		REF02	Payer Claim Control Number		1/30	South Dakota Medical Services Claim Reference ID
61	2200D	REF	Institutional Bill Type Identification			
61		REF01	Reference Identification Qualifier	BLT	2/3	
61		REF02	Reference Identification		1/30	Billing Type – Institutional type of bill
63	2200D	REF	Medical Record Number			
63		REF01	Reference Identification qualifier	EA	2/3	
63		REF02	Reference Identification		1/30	Medical Record Number as submitted on claim
65	2200D	DTP	Claim Service Date			
65		DTP01	Date/Time Qualifier	472	3/3	
65		DTP02	Date Time Period Format Qualifier	RD8	2/3	
65		DTP03	Date Time Period		1/35	CCYYMMDD-CCYYMMDD

Draft

Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
66	2220D	SVC	Service Line Information			
67		SVC01	Composite Medical Procedure			
67		SVC01-1	Product/Service ID Qualifier	AD, HC, ND, NU	2/2	
67		SVC01-2	Product/Service ID		1/48	
67		SVC01-3	Procedure Modifier		2/2	
67		SVC01-4	Procedure Modifier		2/2	
67		SVC01-5	Procedure Modifier		2/2	
67		SVC01-6	Procedure Modifier		2/2	
68		SVC02	Monetary Amount		1/18	This is the submitted charges
68		SVC03	Monetary Amount		1/18	This is the amount paid
68		SVC04	Product/Service ID		1/48	If applicable this is the NUBC revenue code
68		SVC07	Quantity		1/15	Original Units of Service
69	2220D	STC	Service Line Status Information			
69		STC01	Health Care Claim Status			
70		STC01-1	Industry Code		1/30	Health Care Claim Status Category Code
70		STC01-2	Industry Code		1/30	Health Care Claim Status Code
70		STC01-3	Entity Identifier Code		2/3	
72		STC02	Date		8/8	Status Information Effective Date
72		STC03	Action Code	NA	1/2	
72		STC04	Monetary Amount		1/18	Line Item Charge Amount
72		STC10	Health Care Claim Status			
72		STC10-1	Industry Code		1/30	Health Care Claim Status Category Code
72		STC10-2	Industry Code		1/30	Health Care Claim Status Code
72		STC10-3	Entity Identifier Code		2/3	
72		STC11	Health Care Claim Status			
72		STC11-1	Industry Code		1/30	Health Care Claim Status Category Code
72		STC11-2	Industry Code		1/30	Health Care Claim Status Code
72		STC11-3	Entity Identifier Code		2/3	
74	2220D	REF	Service Line Item Identification			
74		REF01	Reference Identification Qualifier	FJ	2/3	
74		REF02	Reference Identification		1/30	Line Item Control Number
75	2220D	DTP	Service Line Date			
75		DTP01	Date/Time Qualifier	472	3/3	

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Page	Loop ID	Reference	Name	Codes	Length	Notes/Comments
75		DTP02	Date Time Period Format Qualifier	RD8	2/3	
75		DTP03	Date Time Period		1/35	CCYYMMDD-CCYYMMDD

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9.10 820 Payroll Deducted and Other Premium Payment for Insurance Products (004010X061A1)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
18-A	None	GS	Functional Group Header			
19-A	None	GS08	Version / Release	004010X061A1		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.
34	None	ST	Transaction Set Header			
34		ST01	Transaction Set Identifier Code	820	3/3	
34		ST02	Transaction Set Control Number		4/9	
35	None	BPR	Beginning Segment for Payment Order/Remittance Advice			
36		BPR01	Transaction Handling Code	I	1/2	Remittance Information Only
37		BPR02	Monetary Amount		1/18	Total Premium Payment Amount
37		BPR03	Credit or Debit Flag	C	1/1	Credit
37		BPR04	Payment Method Code	ACH, CHK	3/3	Automated Clearing House or Check
39		BPR05	Payment Format Code		1/10	
41		BPR16	Check Issue or EFT Effective Date		8/8	CCYYMMDD
43	None	TRN	Reassociation Key			
43		TRN01	Trace Type Code	1	1/2	

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
44		TRN02	Reference Identification		1/30	Check or EFT Trace Number
48	None	REF	Premium Receivers Identification Key			
48		REF01	Reference Id Qualifier	14	2/3	Master Account Number
54	None	DTM	Coverage Period			
54		DTM01	Date Time Qualifier	582	3/3	Report Period
55		DTM05	Date Time Period Format Qualifier	RD8	2/3	CCYYMMDD-CCYYMMDD
55		DTM06	Date Time Period		17	Coverage Period
56	1000A	N1	Premium Receiver's Name			
56	1000A	N101	Entity Identifier Code	PE	2/3	Payee
57	1000A	N102	Name		1/60	Primary Care Provider Name
57	1000A	N103	Identification Code Qualifier	FI	1/2	Federal Taxpayer's Id
57	1000A	N104	Identification Code		1/60	Primary Care Provider Id
62	1000B	N1	Premium Payer's Name			
62	1000B	N101	Entity Identifier Code	PR	2/3	Payer
63	1000B	N102	Payer's Name		1/60	"South Dakota Medicaid Service"
63	1000B	N103	Identification Code Qualifier	FI	1/2	Federal Taxpayer's Id
63	1000B	N104	Payer's Id Code		1/60	South Dakota Medicaid Tax ID
86	2000B	ENT	Individual Remittance			
87	2000B	ENT01	Assigned Number		1/6	

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
87	2000B	ENT02	Entity Identifier Code	2J	2/3	Individual
87	2000B	ENT03	Identification Code Qualifier	EI	1/2	
87	2000B	ENT04	Identification Code		2/80	Receiver's Individual Id
88	2100B	NM1	Individual Name			
89	2100B	NM101	Entity Identifier Code	QE	2/3	
89	2100B	NM102	Entity Type Qualifier	1	1/1	Person
89	2100B	NM103	Name Last		1/35	Recipient's Last Name
89	2100B	NM104	Name First		1/25	Recipient's First Name
89	2100B	NM104	Name Middle		1/25	Recipient's Middle Name
89	2100B	NM108	Identification Code Qualifier		1/2	
90	2100B	NM109	Identification Code		2/80	Recipient's South Dakota Medicaid ID
91	2300B	RMR	Individual Premium Remittance Detail			
92	2300B	RMR01	Reference Id Qualifier	AZ	2/3	
92	2300B	RMR02	Reference Identification		1/30	Reference Number (same as ENT01)
93	2300B	RMR03	Monetary Amount		1/18	Amount Paid by Program
94	2300B	DTM	Individual Coverage Period			
94	2300B	DTM01	Date/Time Qualifier	582	3/3	Report Period
95	2300B	DTM05	Date Time Period Format Qualifier	RD8	2/3	CCYYMMDD-CCYYMMDD
95	2300B	DTM06	Date Time period		17	Coverage Period

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9.11 834 Benefit Enrollment and Maintenance (004010X095A1). South Dakota Medicaid uses this transaction for Primary Care Providers & Delta Dental recipient rosters)

Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
18-A	None	GS	Functional Group Header			
19-A	None	GS08	Version / Release	004010X095A1		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.
27	None	ST	Transaction Set Header			
27		ST01	Transaction Set Identifier Code	834	3/3	
27		ST02	Transaction Set Control Number		4/9	
28	None	BGN	Beginning Segment			
28		BGN01	Transaction Set Purpose Code	00	2/2	Original
29		BGN02	Reference Identification		1/30	Transaction Set Identification Code
29		BGN03	Date		8	Transaction Set Creation Date
29		BGN04	Time		4/8	Transaction Set Creation Time
29		BGN05	Time Code	CT	2/2	Time Zone Code
31		BGN08	Action Code	4	1/2	Verify - full enrollment transaction
35	1000A	N1	Sponsor Name			
35		N101	Entity Identifier Code	P5	2/3	Plan Sponsor
36		N102	Name		1/60	South Dakota Medical Services
36		N103	Identification Code Qualifier	FI	1/2	

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
36		N104	Identification Code		2/80	South Dakota Medical Services Tax Id
37	1000B	N1	Payer			
37		N101	Entity Identifier Code	IN	2/3	Insurer
38		N102	Name		1/60	Delta Dental or the Primary Care Provider Last Name
38		N103	Identification Code Qualifier	FI	1/2	
38		N104	Identification Code		2/80	Tax Id
43	2000	INS	Member Level Detail			
44		INS01	Insured Indicator	'Y'	1/1	
44		INS02	Individual Relationship Code	18	2/2	Self
45		INS03	Maintenance Type Code	30	3/3	Full roster
46		INS04	Maintenance Reason Code	20	2/3	Active
47		INS05	Benefit Status Code	A	1/1	Active
48		INS06	Medicare Plan Code	E	1/1	
49		INS08	Employment Status Code	FT	2/2	
51	2000	REF	Subscriber Number			
51	2000	REF01	Reference Identification Qualifier	OF	2/3	Subscriber Number
52	2000	REF02	Reference Identification		1/30	South Dakota Medical Assistance Recipient Number
59	2000	DTP	Member Level Dates			
59	2000	DTP01	Date/Time Qualifier	303	2/3	303 – Maintenance Effective Date

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
60	2000	DTP02	Date Time Period Format Qualifier	D8	2/3	
60	2000	DTP03	Date Time Period		8	CCYYMMDD
61	2100A	NM1	Member Name			
62	2100A	NM101	Entity Identifier Code	IL	2/3	Insured or Subscriber
62	2100A	NM102	Entity Type Qualifier	1	1	Person
62	2100A	NM103	Name Last		1/35	Recipients Last Name
62	2100A	NM104	Name First		1/25	Recipients First Name
62	2100A	NM105	Name Middle		1/25	Recipients Middle Name
62	2100A	NM106	Name Prefix		1/10	Recipients Prefix
62	2100A	NM107	Name Suffix		1/10	Recipients Suffix
67	2100A	N3	Member Residence Street Address			
67	2100A	N301	Address Information		1/55	Recipients Address Line
67	2100A	N302	Address Information		1/55	Recipients Address 2nd Line
68	2100A	N4	Member Residence City, Sate, Zip Code			
68	2100A	N401	City Name		2/30	Recipients City Name
68	2100A	N402	State or Province Code		2/2	Recipients State Code
69	2100A	N403	Post Code		3/15	Recipients Zip Code
70	2100A	DMG	Member Demographics			
70	2100A	DMG01	Date Time Period Fromat Qualifier	D8	2/3	CCYYMMDD
71	2100A	DMG02	Date Time Period		8	Recipients Date of Birth

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
71	2100A	DMG03	Gender Code	M, F, U	1/1	Male, Female, or Unknown
71	2100A	DMG04	Marital Status Code		1/1	
72	2100A	DMG05	Race or Ethnicity Code		1/1	
128	2300	HD	Health Coverage			
128	2300	HD01	Maintenance Type Code		3/3	
129	2300	HD03	Insurance Line Code	DCP, PRA	3/3	DCP – Dental Capitation for Delta Dental PRA – Practitioners for Primary Care Providers
129	2300	HD04	Plan Coverage Description / Additional Information		1/50	Recipients South Dakota Medical Assistance LTC Level of Care Code
130	2300	HD05	Coverage Level Code	IND	3/3	Individual
132	2300	DTP	Health Coverage Dates			
132	2300	DTP01	Date/Time Qualifier	348, 349		348 – Benefit Begin, 349 – Benefit End if not open ended coverage
133	2300	DTP02	Date Time Period Format Qualifier	D8	2/3	CCYYMMDD
133	2300	DTP03	Date Time Period		8	Coverage Period
135	2300	REF	Health Coverage Policy Number			
135	2300	REF01	Reference Identification Qualifier	17	2/3	Client Reporting Category
136	2300	REF02	Reference Identification		1/30	Recipients South Dakota Medical Assistance Aid Category Code
139	2310	LX	Provider Information			Loop 2310 not used for Delta Dental
139	2310	LX01	Assigned Number		1/6	
140	2310	NM1	Provider Name			

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
141	2310	NM101	Entity Identifier Code	P3	2/3	Primary Care Provider
141	2310	NM102	Entity Type Qualifier		1	
141	2310	NM103	Name Last or Organization Name		1/35	
141	2310	NM104	Name First		1/25	
141	2310	NM105	Name Middle		1/25	
141	2310	NM106	Name Prefix		1/10	
142	2310	NM107	Name Suffix		1/10	
142	2310	NM108	Identification Code Qualifier	XX, FI	1/2	XX = National Provider Id, FI = Federal Tax Id
142	2310	NM109	Identification Code		2/80	
143	2310	N4	Provider City, State, Zip code			Primary Care Provider
144	2100A	N401	City Name		2/30	
144	2100A	N402	State or Province Code		2/2	
144	2100A	N403	Post Code		3/15	
144	2100A	N405	Location Qualifier		1/2	
144	2100A	N406	Location Identification Code		1/30	
145	2310	PER	Provider Communications Numbers			Primary Care Provider
146	2300	PER01	Contract Function Code	IC	2/2	Information Contact
146	2300	PER03	Communication Number Qualifier		2/2	

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
146	2300	PER04	Communication Number		1/80	
146	2300	PER05	Communication Number Qualifier		2/2	
146	2300	PER06	Communication Number		1/80	
150	2320	COB	Coordination of Benefits			
150	2320	COB1	Payer Responsibility Sequence Number Code		1/1	
151	2320	COB2	Reference Identification		1/30	Policy Number
151	2320	COB3	Coordination of Benefits Code		1/1	
152	2320	REF	Additional Coordination of Benefits identifiers			
152	2320	REF01	Reference Identification Qualifier	6P	2/3	Group Id
	2320	REF02	Reference Identification		1/30	
154	2320	N1	Other Insurance Company Name			
154	2320	N101	Entity Identifier Code	IN	2/3	Insurer
154	2320	N102	Name		1/60	Insurer Name
155	2320	N103	Identification Code Qualifier		1/2	
155	2320	N104	Identification Code		2/80	Organization ID
156	2320	DTP	Coordination of Benefits Eligibility Dates			

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Page #	Loop ID	Reference	Name	Codes	Length	Notes/Comments
156	2320	DTP01	Date/Time Qualifier	344, 345	3/3	344 = Coordination of Benefits Begin 345 = Coordination of Benefits End (if not open ended)
156	2320	DTP02	Date Time Period Format Qualifier	D8	2/3	
157	2320	DTP03	Date Time Period		8	CCYYMMDD

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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	XXXXXXXXX	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		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.

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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	XXXXXXXXX	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	XXXXXXXXX	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	004010X0xxA1	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. (Note: The 277U transaction will use version 003070X070)

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5.0 Acknowledgments

5.1 997 Functional Acknowledgment, 997

The Functional Acknowledgment Transaction Set or 997 has been designed to allow trading partners to establish a comprehensive control function as a part of their business exchange process. The 997 transaction is made available for all readable EDI inbound transactions. There is a one-to-one correspondence between a 997 transaction and the functional group or GS segment of the inbound transaction. 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 and if it passed the validation edits within SD MEDX system,

The South Dakota Department of Social Services – Division of Medical Services will generate a 997 Functional Acknowledgment Transaction for every functional group within a "batch" transaction received by the department. One 997 per inbound file will be generated and made available shortly after receiving the inbound transaction. They will also create a TA1 transaction which can be made available to trading partners upon request. This includes the receipt of the following inbound transaction types:

- 270 - Health Care Eligibility Benefit Inquiry – batch
- 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

Note that the 997's contain a different layout structure for each inbound transaction type. This is because segments have different data structure with different elements in different inbound transactions. Please see Appendix B in any transaction implementation guide for further clarification or for code sets regarding the 997 Acknowledgment transaction for a specific transaction that may not be included in this document. One thing to note is that there are individual 997's created for each functional group segment for all the claim transaction formats.

Outline of 997 response for 837I, 837P, and 837D Transactions.

Reference	Name	Codes	Notes/Comments
AK102	Group Control Number	1 to 9 digit number that increments 1 per 997	Uniquely identifies 997 transaction
AK202	Transaction Set Control Number	4 to 9 digit unique number per ST segment	Uniquely identifies ST segment within inbound transaction

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AK3	Data Segment Note		Identifies rejected data
AK301	Segment ID code	2 or 3 character segment identifier	Segment identifier from rejected segment
AK302	Segment Position	1 to 6 digit position counter	Numerical position of rejected segment
AK303	Loop Identifier Code	5 or 6 character code	Identifies loop that contains rejected segment
AK304	Segment Syntax Error Code	1 character	Generic error code – See B21
AK4	Data Element Note		Used to report data element errors
AK401-1	Position in Segment	1 or 2 digit number	Position within segment of error
AK401-2	Position in sub-segment (occurrence)	1 or 2 digit number	Position within sub-segment of error
AK402	Data Element Reference Number	Up to 3 digit number	Number from reference guide
AK403	Data Element Syntax Error Code	1 or 2 digit number	Syntax error code – See B23
AK404	Copy of Bad Data Element	1 to 99 characters	Actual data causing validation error
AK5	Transaction Set Response Trailer		ST segment level rejection or acceptance
AK501	Transaction Set Acknowledgement Code	Typically A for Accepted or R for Rejected	Indicates ST segment rejected or accepted
AK502	Syntax Error Code	1 or 2 digit error code	Indicates syntax error See B25
AK9	Functional Group Response Trailer		Acknowledge Acceptance, Rejection, partial Acceptance of Functional Group(GS)
AK901	Functional Group Acknowledgement Code	1 character code	Typically an A for accepted, R for rejected, or P for partial accepted
AK902	Number of Transaction Sets	1 to 6 digit number	ST count in inbound transaction – GE01
AK903	Number of Received	1 to 6 digit number	Count of actual ST segments received

	Transaction Sets		
AK904	Number of Accepted Transaction Sets	1 to 6 digit number	Count of ST segments accepted as valid

5.2 TA1 – Interchange Acknowledgement

The TA1 interchange acknowledgement is used to verify the syntactical accuracy of the envelope of the X12 interchange. It will indicate that the file was successfully received; as well as indicate what errors existed within the envelope segments of the received X12 file.

5.3 HTML – Hyper Text Markup Language

In addition to the 997 and TA1 a HTML report will be generated. This report, in a more user friendly format, will inform the submitter of acceptance or rejection of transactions and report on data elements in error.

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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 Tracy Shields, Wendy Hanson, Jodi Lehmkuhl, Mark Leonard, or 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 Emdeon (formerly WebMD) at 901-763-1998 for recipient eligibility information services 270/271 real time transactions.

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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

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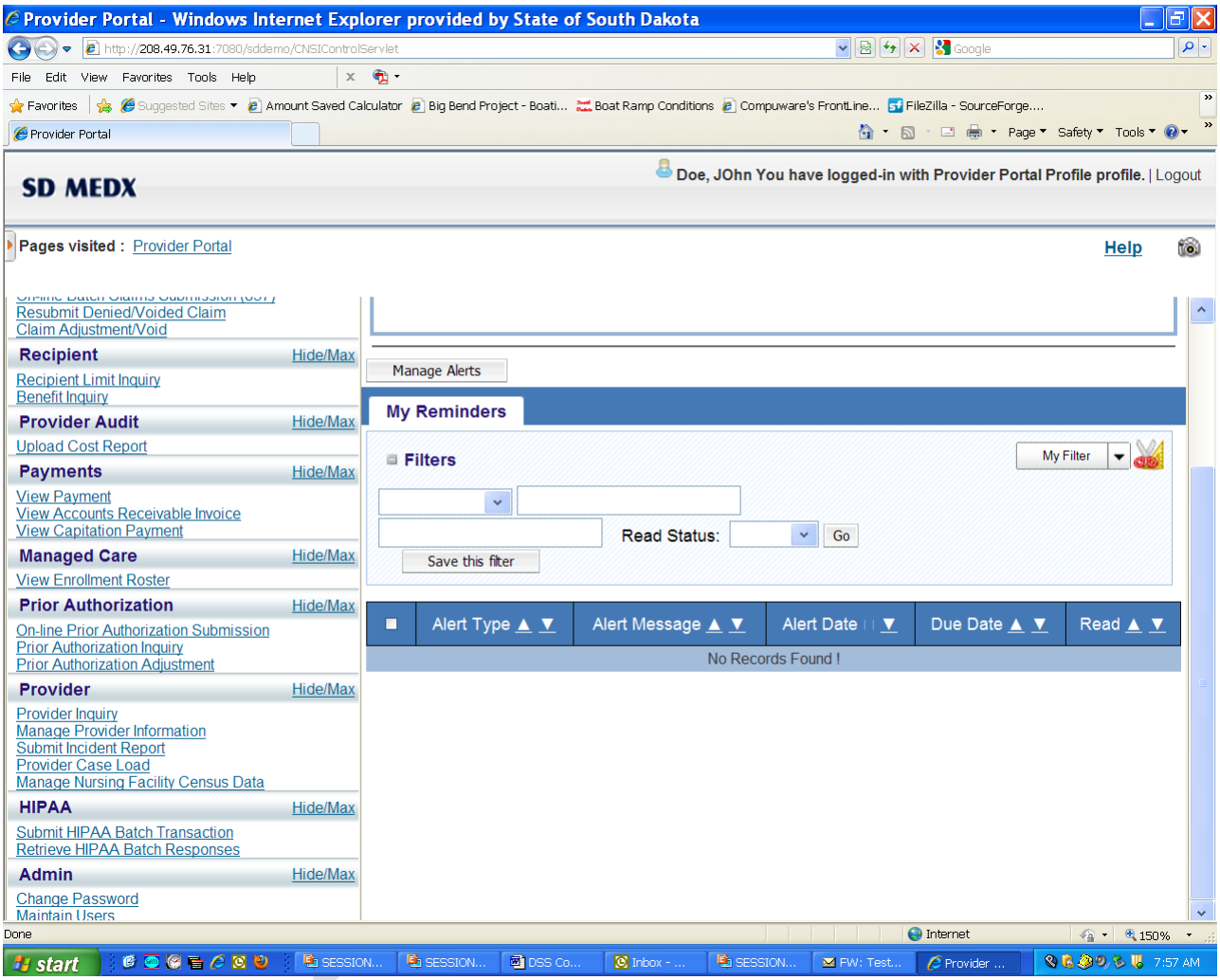
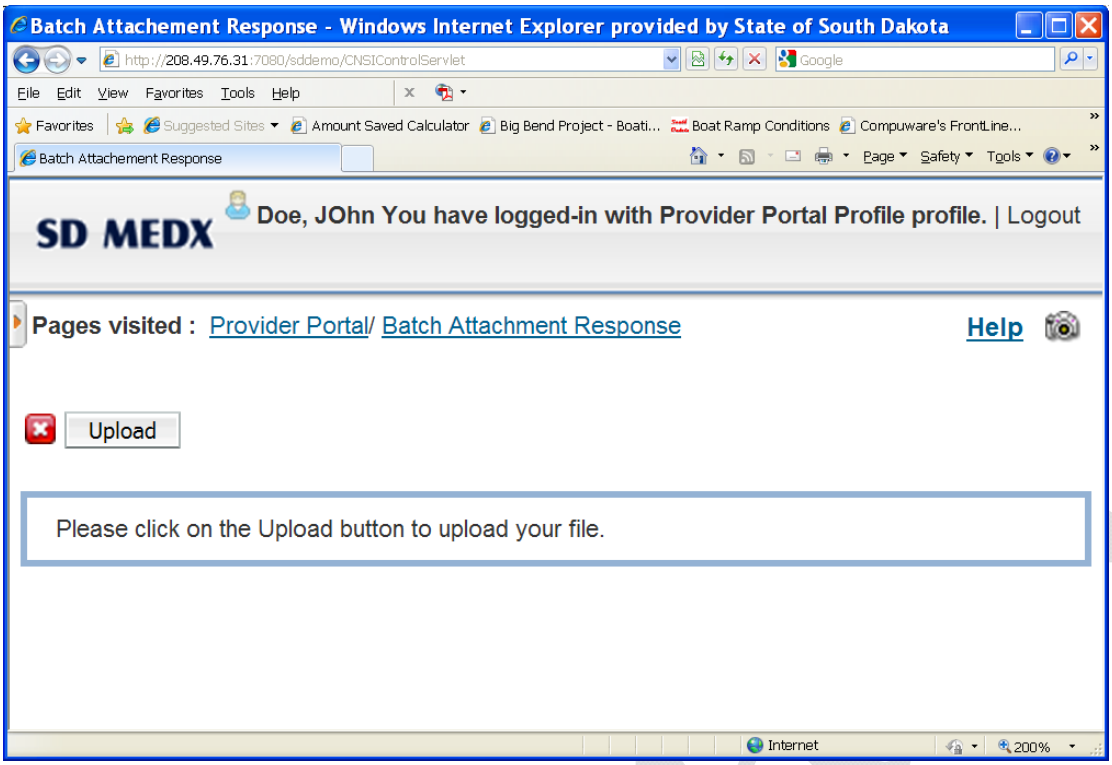
8.1 Web Batch Within SD MEDX system

Upload EDI Files using Provider Portal

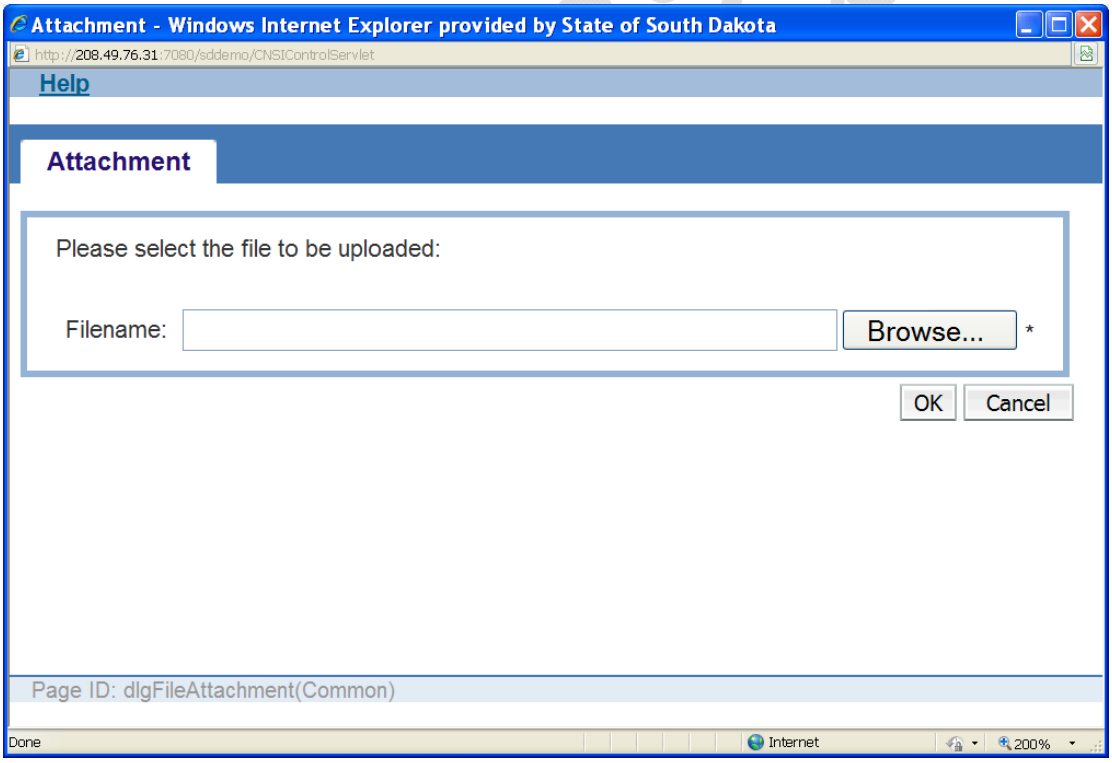
1. Logon to SD MEDX using your provider Domain/Login/Password



2. Upload HIPAA files from web using **Submit HIPAA Batch Transaction** under HIPAA



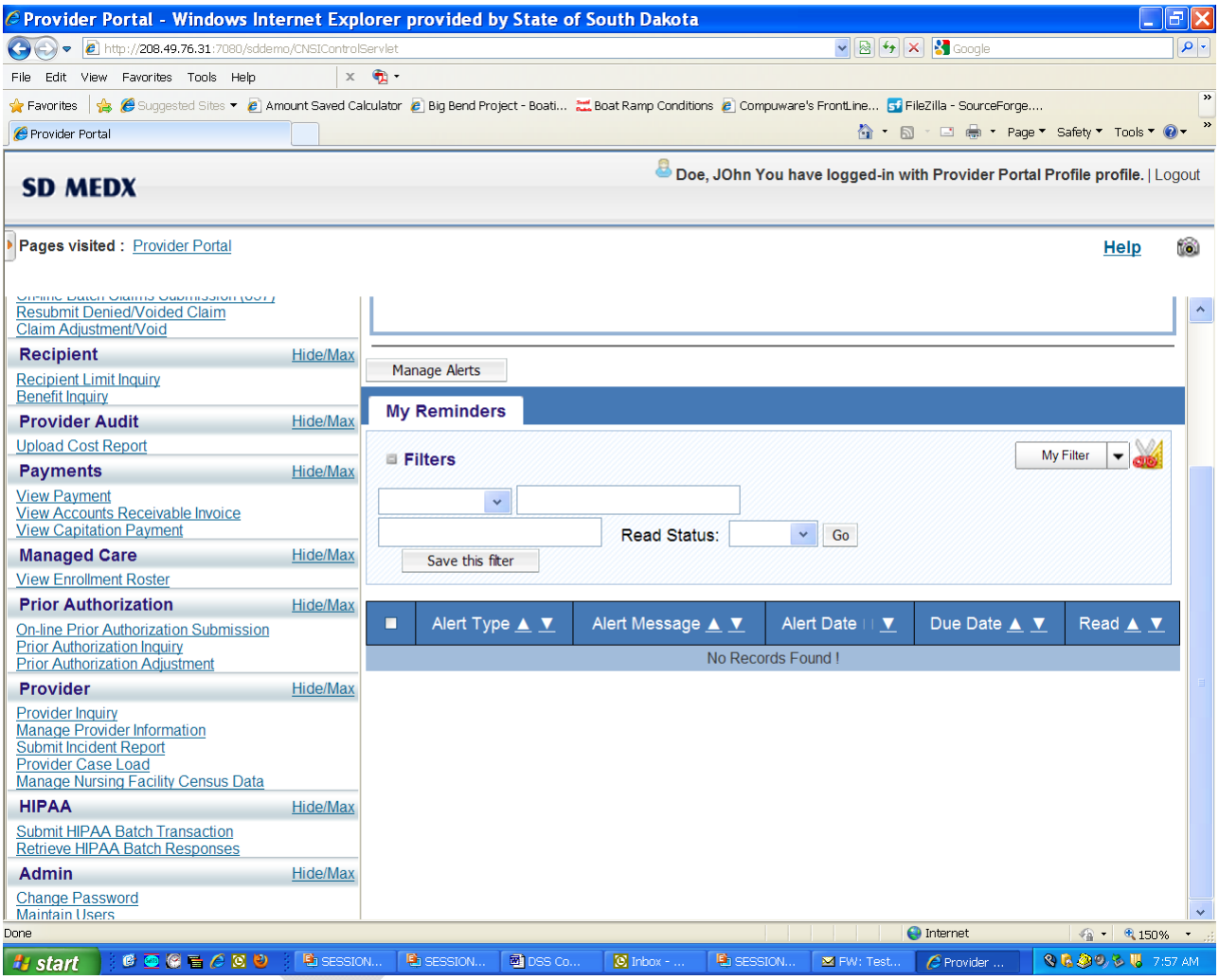
3. Click on the "Upload" button



4. Click on the "Browse" button. Then navigate to your local file. File Names should end with .dat. Selected your file and then click on the "OK" button. A conformation message should follow when the upload is complete.

Retrieve EDI Files using Provider Portal

1. Logon to SD MEDX using your provider Domain/Login/Password



2. Retrieve HIPAA files from the web using **Retrieve HIPAA Batch Transaction** under HIPAA

8.2 File Transfer Protocol (sFTP)

Please contact The Department of Social Services - Medical Services.

Secured FTP file transfer is available for data transfer with the SD MEDX system.

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8.3 Web Batch - Launchpad Application

DP96X12Medx Instructions
Version 1.0

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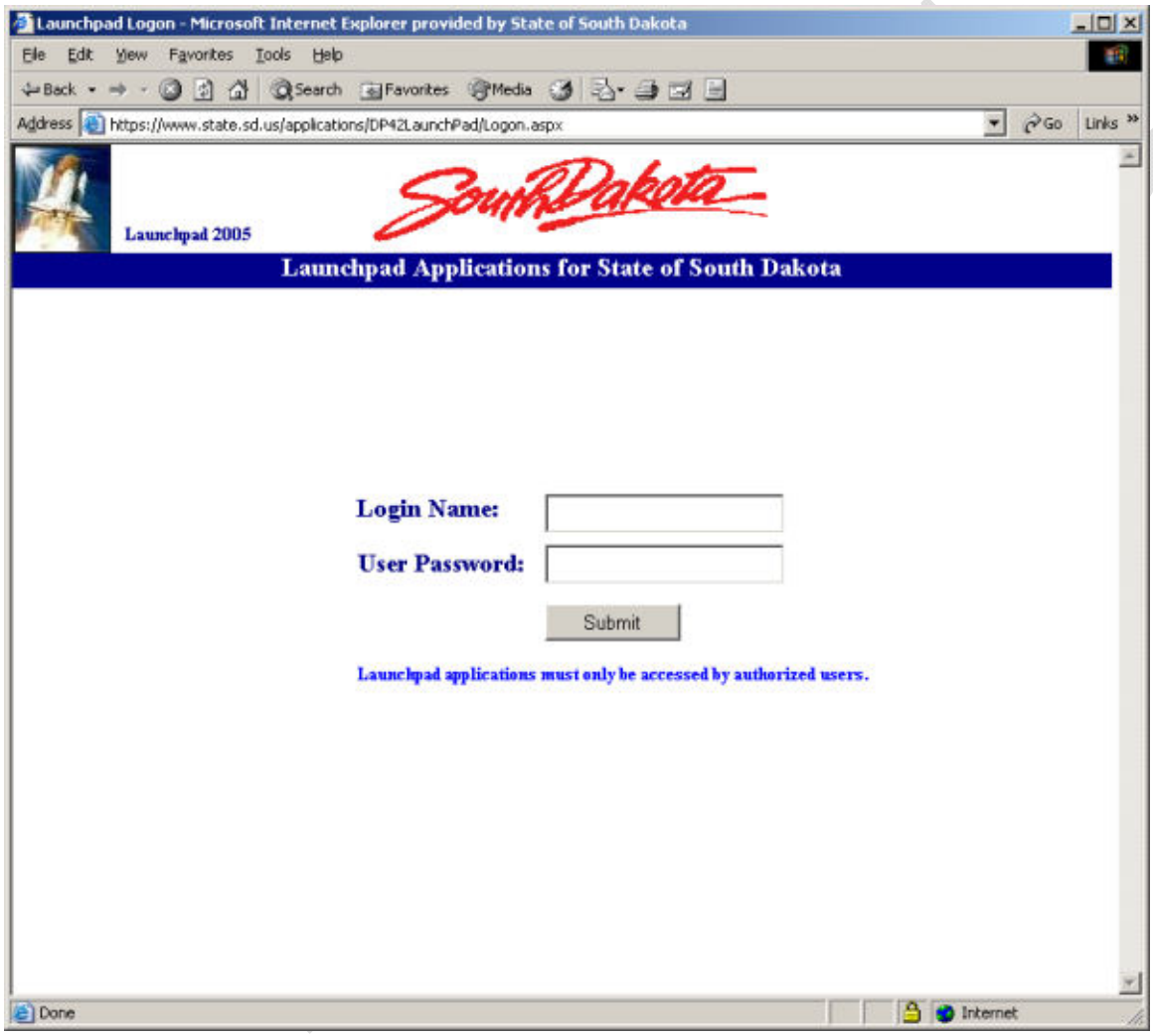
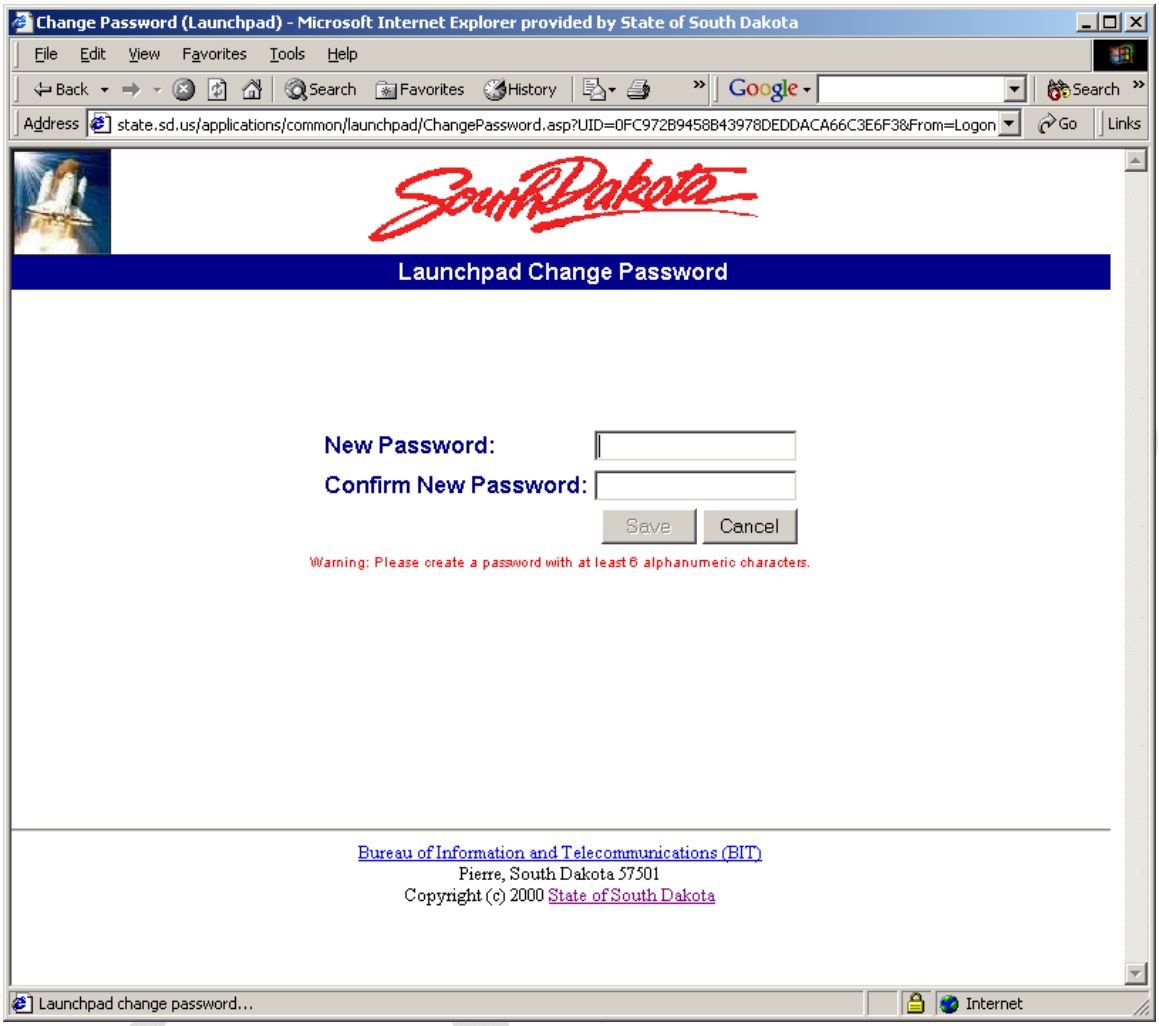
USE INTERNET EXPLORER 5.5 and above.
Or Netscape 7.0 and above

Step 1. Enter in web address. https://www.state.sd.us/applications/DP42LaunchPad/Logon.aspx

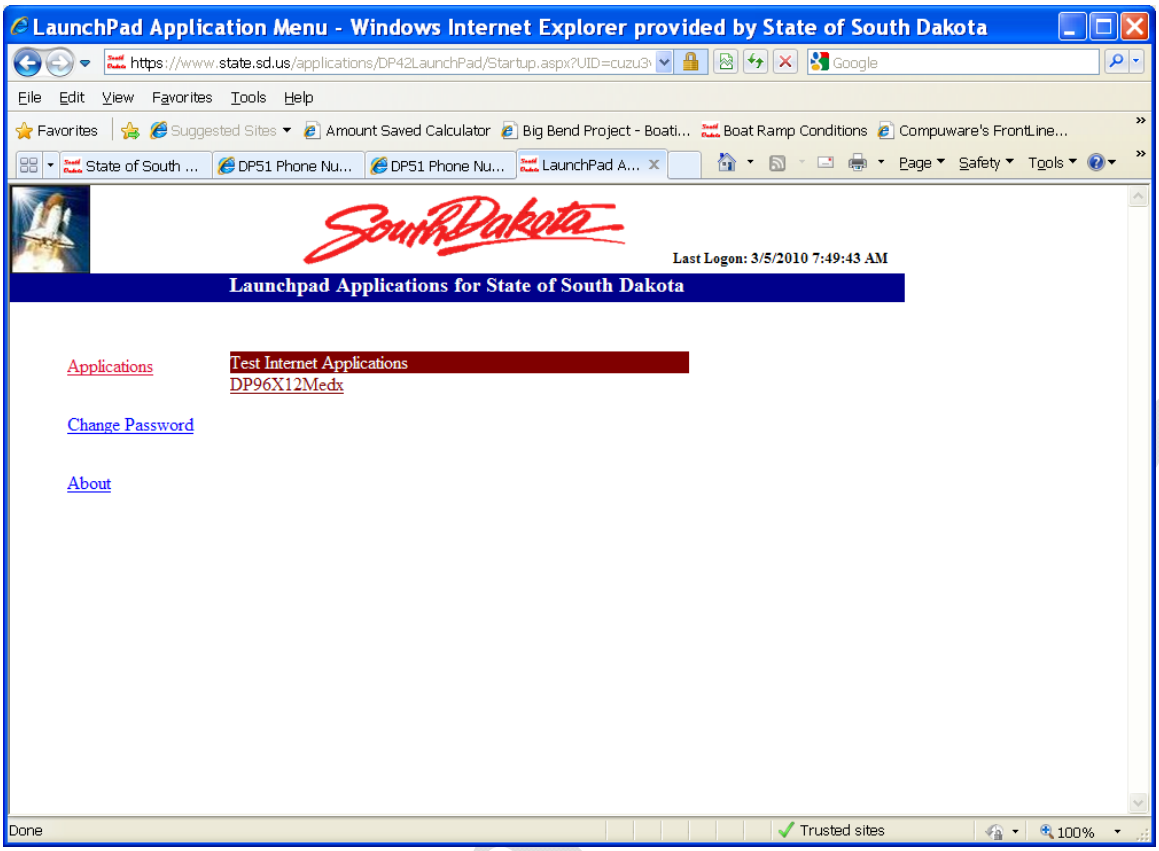
Step 2. Enter in Login Name and make up your password.



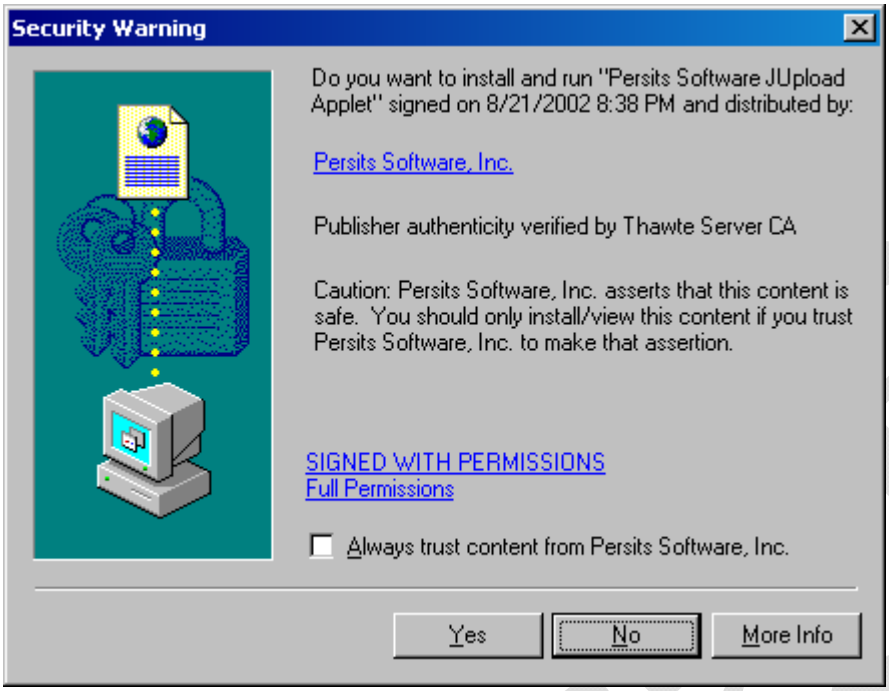
Step 3. Confirm your new password (this only happens once).



Step 4. Mouse over Applications and click on DP96X12Medx.



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.



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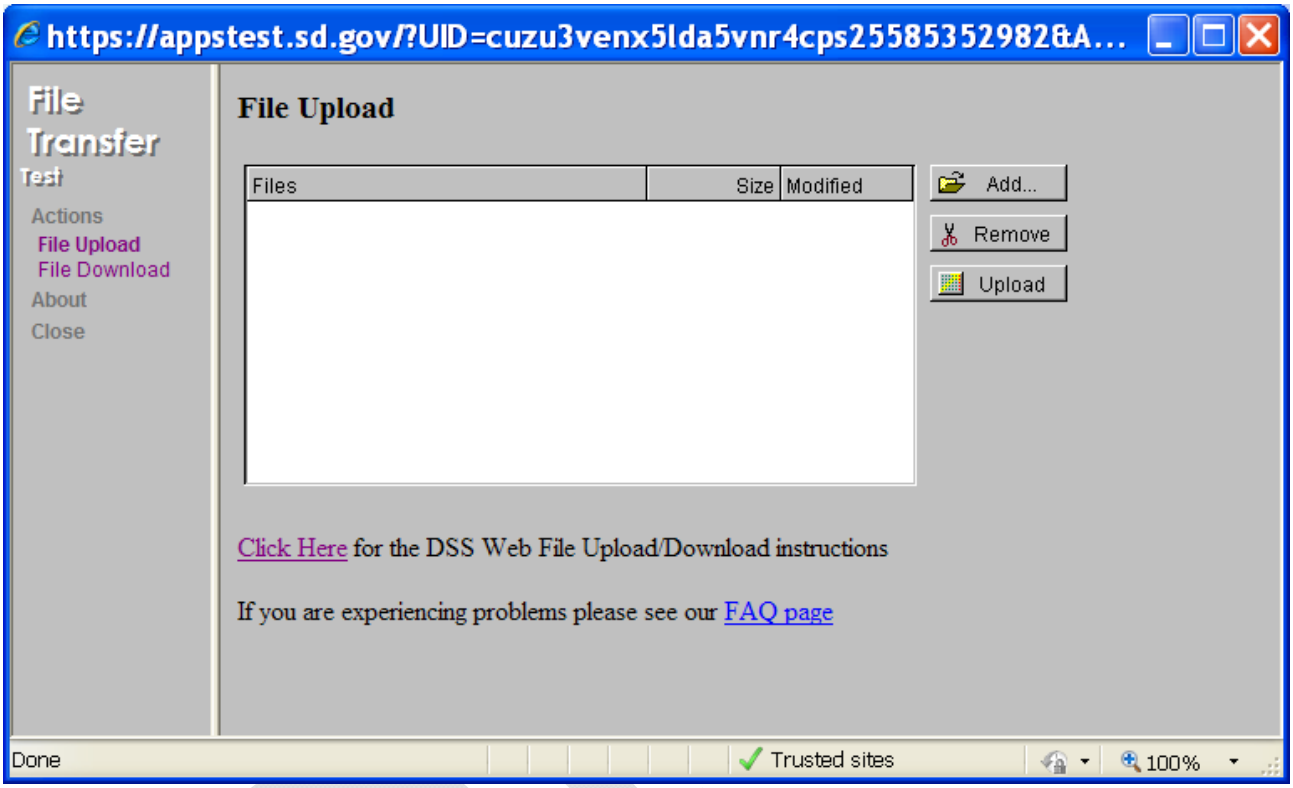
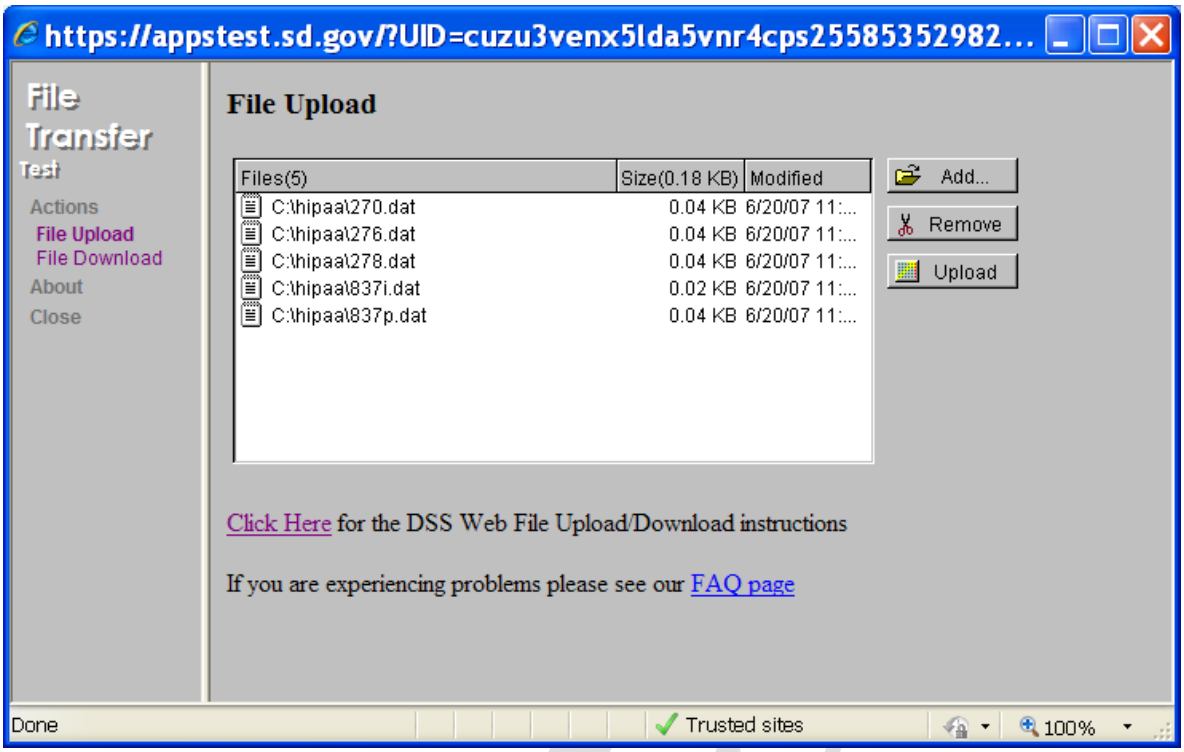
To Upload File(s) to State of South Dakota

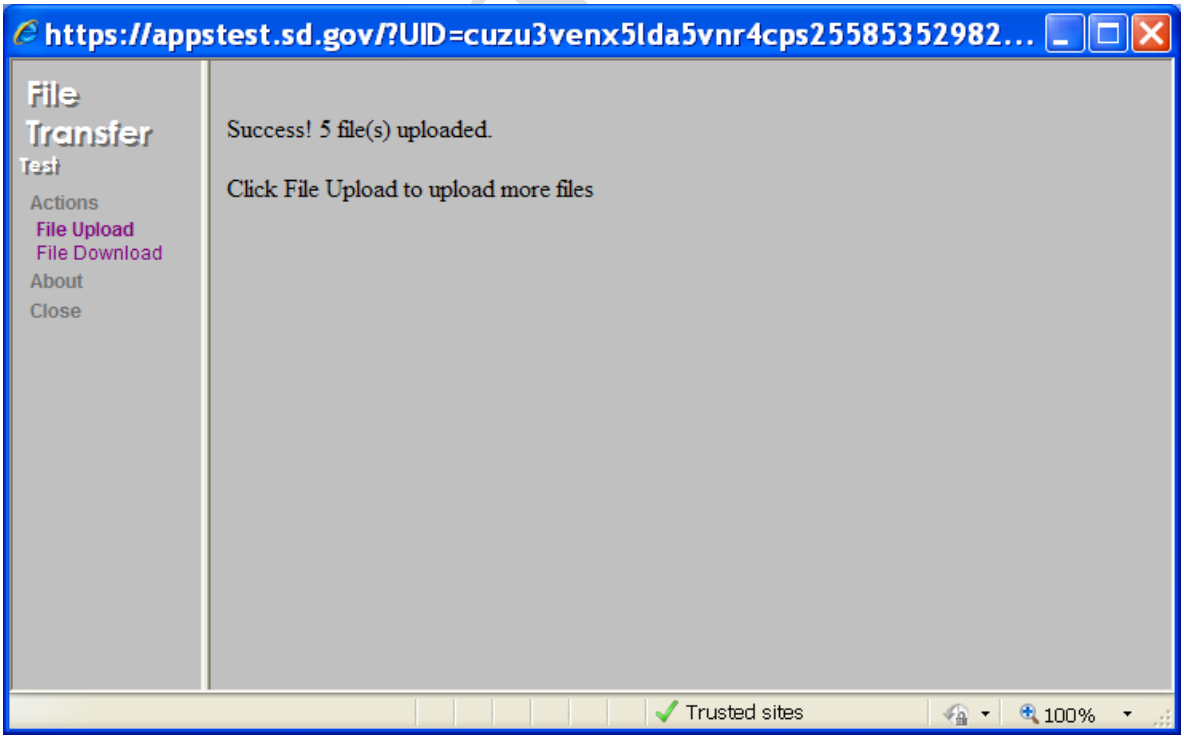
Step 6. To add a file(s) click on the Add button and browse out to location of files then click OK. Note: File names must end with .dat extension. Zip files are allowed (.zip) but all files within the zip file must contain .dat extensions.



Step 7. Then click the Upload button.

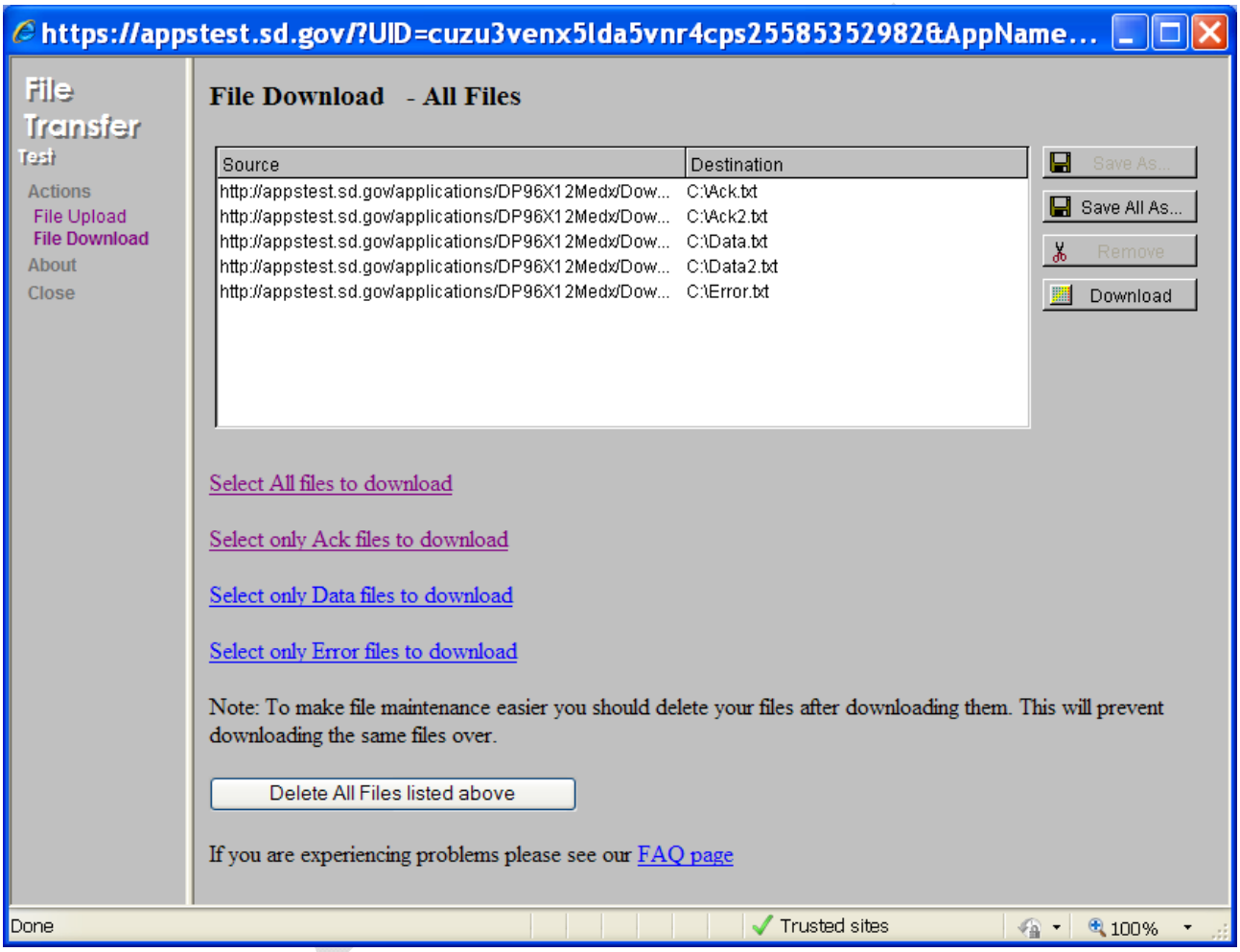


Step 8. Confirmation of upload.

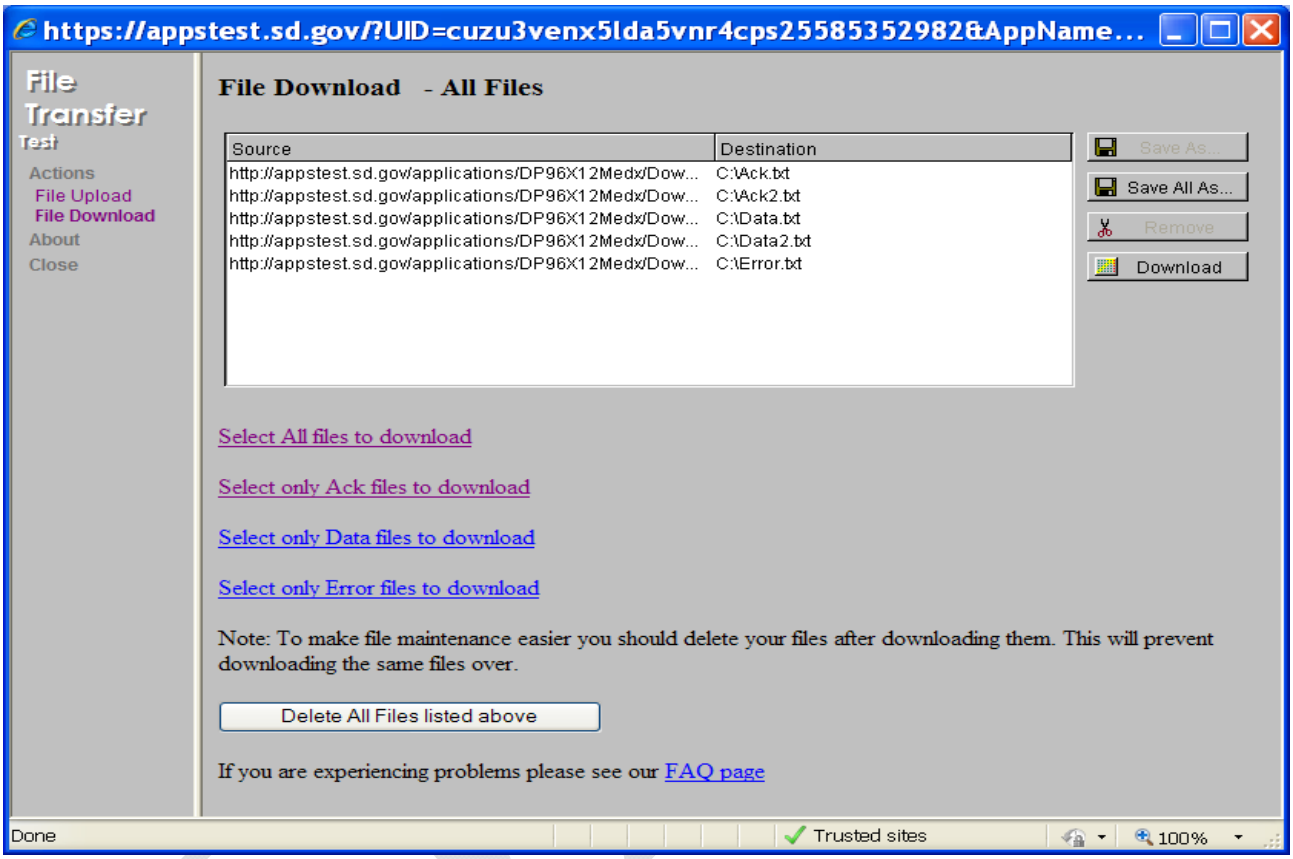


To Download File(s) from the State of South Dakota.

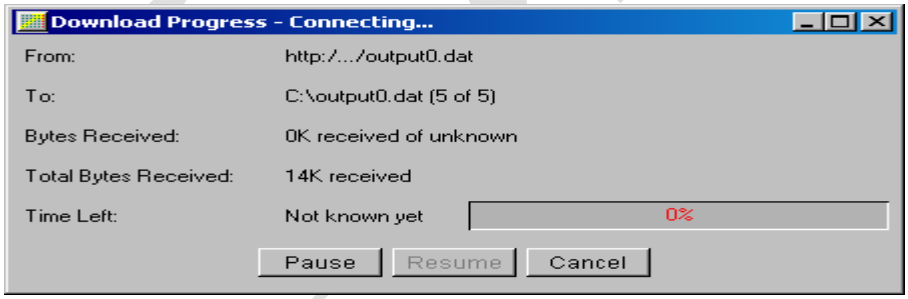
Step 1. Under Actions click on File Download in the left column of the page. The default download location is to your C: directory. If you'd like to change the default click the Save All As… button and specify a path to download to.



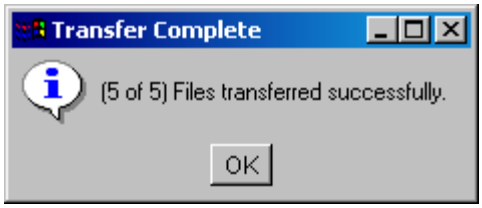
Step 2. Click on Select All File to download to download all files. You can optionally select Ack, Data, or Error files for download if you don't want all the files. Then click on the Download button on the right hand side of the screen.



Progress bar pops up on larger files.

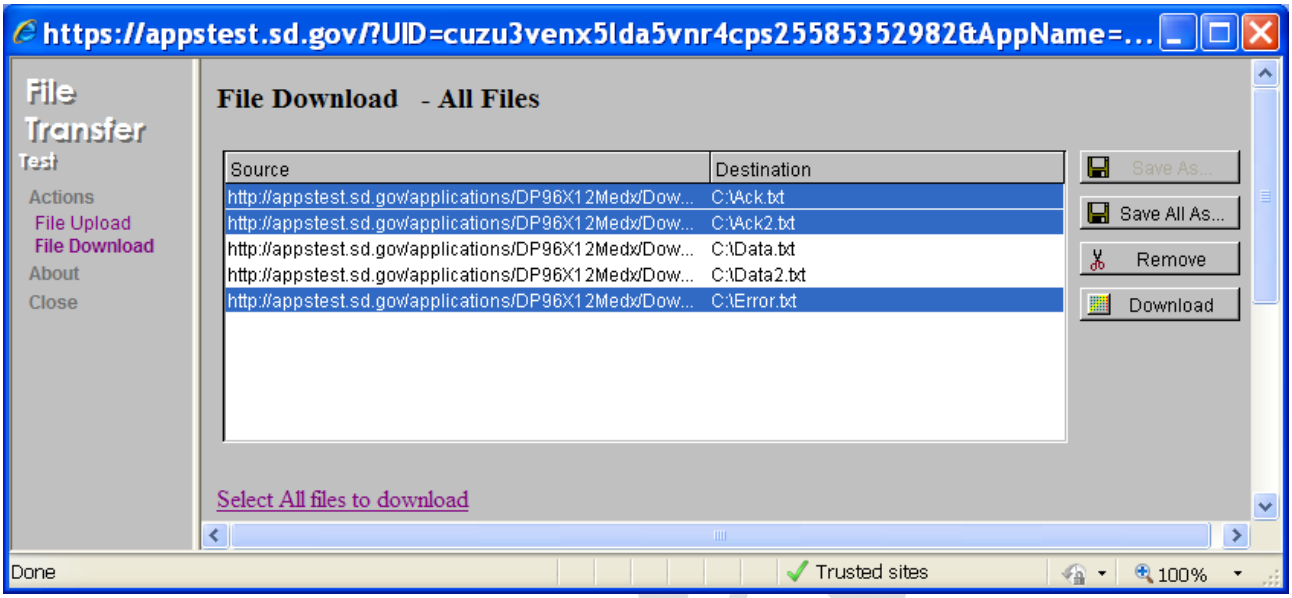


Transfer successful. Click the OK button. Note: To make file maintenance easier you should delete your files after downloading them. This will prevent downloading the same files over.

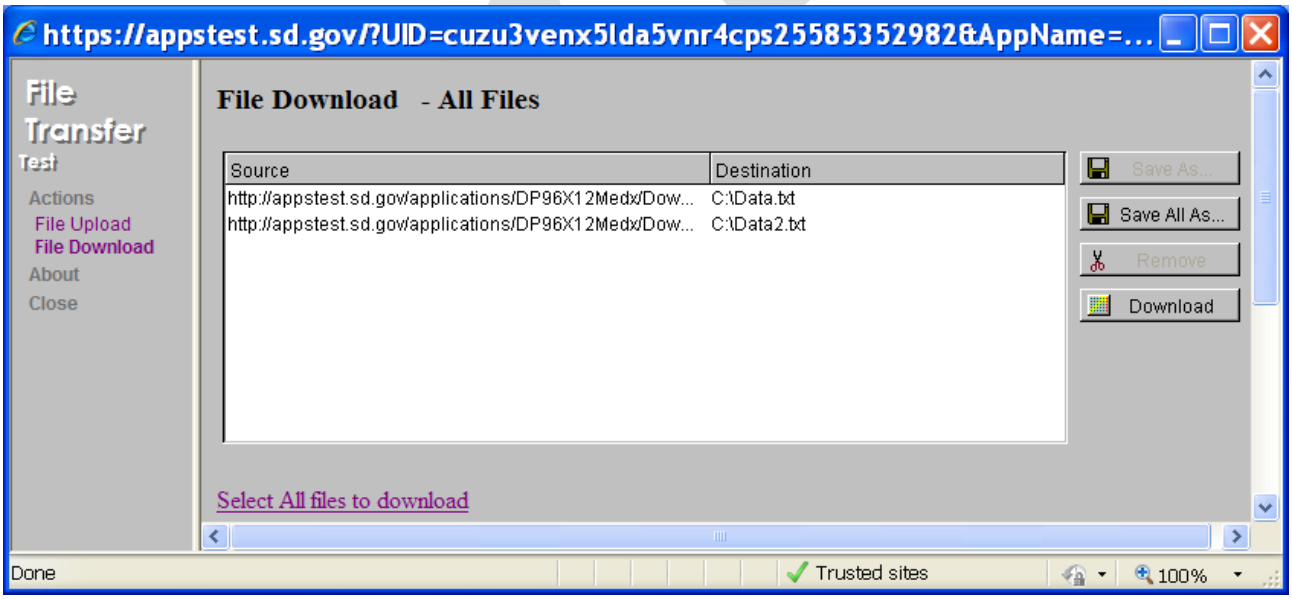


Other options for Downloading files.

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.

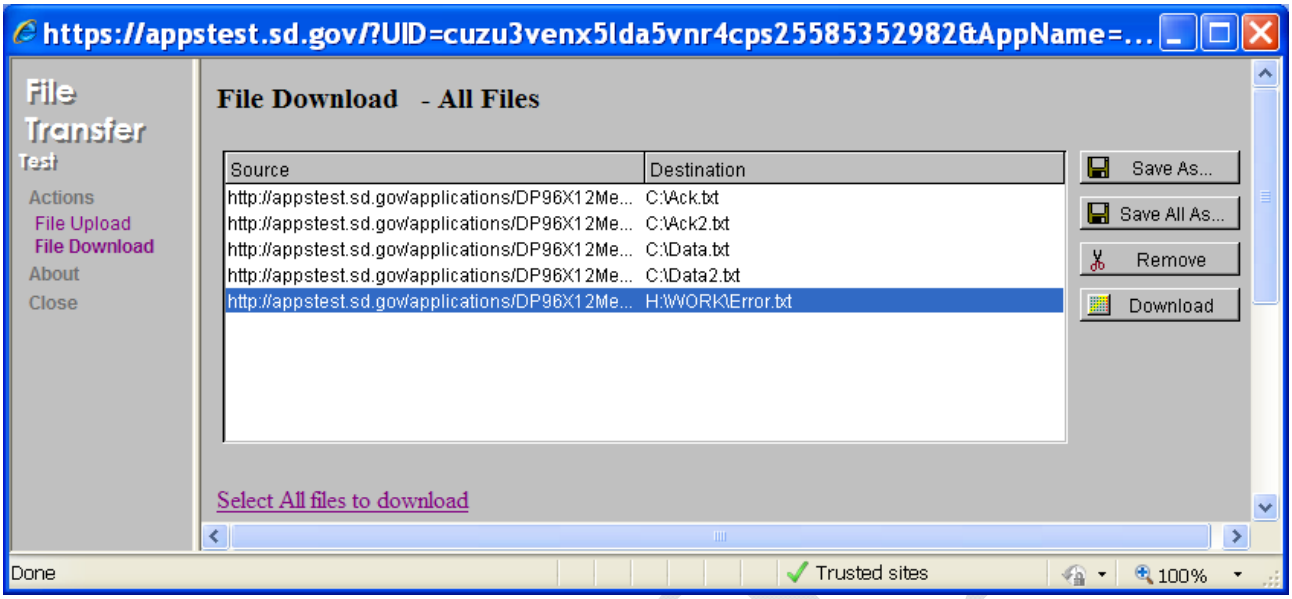


Remove button has been clicked.



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.

Draft

DEPARTMENT OF SOCIAL SERVICES
DIVISION OF MEDICAL SERVICES
700 GOVERNORS DRIVE
PIERRE, SD 57501-2291
PHONE: 605-773-3495
FAX: 605-773-5246
WEB: dss.sd.gov

DSS
Strong Families - South Dakota's Foundation and Our Future

Electronic Claim Attachment Cover Sheet

1. Billing Provider NPI Number

2. Current Date

3. Billing Provider Name and Address:

4. Attachment Identification Number - (2300/PWK_06)

*Please use a unique value for every claim – It's critical for processing that this value matches the value of the 2300/PWK data. For ease of claim processing, SD Medicaid recommends a value that is a combination of item's 5, 6, and 7 on this document separated by an underscore character. An example might look like 1234567890_000987654_20100331. The dash, ampersand, and common delimiter characters are not allowed.

5. Claim Submitter Identifier - (2300/CLM_01)

6. ICN or Original Claim Reference Number if an Adjustment – (2300/REF)

7. Medicaid Beneficiary ID – (2010BA/NM1_09)

8. Date of Service - (2400/DTP)

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Electronic Attachment Instructions:

1. **Accompanying paper attachments for Electronic claims may be mailed or faxed to the appropriate SD Medicaid contacts on the heading of the Electronic Claim Attachment Cover Sheet.**
2. **All paper attachment information must be accompanied by a properly completed Attachment Cover Sheet Document which can be found at this link (Attachment Cover Sheet) on the DSS website or within the SD MEDX system in the form Section.**
3. **The value entered in Box 4 of the Attachment Cover Sheet document must match the value entered on the Electronic 837 Claim in the 2300/PWK_06 field which is the Attachment Control Number field. This value must be unique. For ease of processing SD Medicaid asks that providers or billing agents use the format laid out which is the Claim Submitter Id number or the 2300/CLM01 data, the Client or Recipient ID number(2010BA/NM109) and the Date of Service(2400/DTP) separated by an underscore characters. An example might be 1212121212_000012121_20100331.**

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