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New! Electronic EDI Enrollment Submissions Available

In accordance with Phase III ERA Enrollment Operating Rules requirements, CGS has implemented electronic submissions for your ERA Enrollment. In addition, you can do all your EDI Enrollment Electronically.

Visit our website at: http://www.cgsmedicare.com/medicare_dynamic/edi_application/disclaimer.html

See MLN Matters for more details <http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/MM8223.pdf>

Phase III ERA Enrollment Operating Rules

I. SUMMARY OF CHANGES: To bring contractors into compliance with Phase III ERA Enrollment Operating Rule requirements:

1. Identify a maximum set of standard data elements to be requested from providers for enrollment to receive Electronic Remittance Advice (ERA).
2. Apply “controlled vocabulary” – predefined and authorized terms- for use when referring to the same data element.
3. Require standard data elements to appear on paper enrollment form in a standard format and flow, using consistent data elements and vocabulary as on the electronic form.
4. Requires specific information or instruction to providers to assist in manual paper-based ERA enrollment.
5. Requires contractors to offer electronic ERA enrollment

EFFECTIVE DATE: October 1, 2013

IMPLEMENTATION DATE: October 7, 2013

Helpful Tips to Avoid EDI Application Errors

The following tips will ensure accuracy and prevent the EDI application forms from being returned for errors:

- Please make sure all EDI applications are accompanied by a Provider Authorization form.
- Forms requiring a signature should be signed by a fully authorized official from the office. The signature binds you to the agreement and changes requested.
- The name and address for the Provider must match what is listed in our system before setup can be completed.
- The Group Practice/Provider name and Group PTAN/NPI must match what is listed on file.
- The Multiple Provider List form is only required when there are multiple GROUP PTAN/NPI numbers.
- Choose only one Line of Business per Application.



- Enrollment forms are only needed if your provider has never setup to file electronic claims.
- Make sure to always use the **most recent** forms from the <http://www.cgsmedicare.com> website.

Online Inquiry (DDE) Form:

- The EDI CONTACT person should be the individual you have deemed authorized to receive information about the forms and content submitted to CGS.
- In the EXISTING ID/PIN field please include the existing ID/PIN for the users whom an ID has already been established so that we may add access for the PTAN(s) requested. If this is a NEW user, please leave blank or indicate NEW in the EXISTING ID/PIN. If you are attempting to delete a user's access please indicate DELETE in this field.
- The Group Practice/Provider name and Group PTAN/NPI must match what is listed on file.

** EDI forms may be found by accessing <http://www.cgsmedicare.com>. In the Medicare tab select the line of business for your segment then choose the EDI icon to the left. In the section of bulleted topics within the middle of the page, select the EDI ENROLLMENT PACKETS topic. **

Direct Data Entry (DDE)

Helpful Hints

Direct Data Entry (DDE) is a Online Remote Terminal designed as an integral part of the Fiscal Intermediary Standard System (FISS) giving Medicare providers direct access to their claims information and beneficiary eligibility.

Individual requesting access to DDE (Part A) and the Professional Provider Telecommunication Network (PPTN-Part B) may complete the J15 EDI Online Inquiry Application located on our CGS website

http://www.cgsmedicare.com/pdf/EDI_Enroll_Packet.pdf.

HELPFUL HINTS:

- Each user must have an individual DDE or PPTN User ID
- One ID can access multiple provider numbers
- For security reason, you should not share your DDE or PPTN User ID
- When an employee who has been assigned a DDE or PPTN ID leaves the company, it is the responsibility of the provider to notify CGS EDI.

- ID's will be revoked and deleted from the system after 30 days of being inactive (This issue can be avoided by signing on to DDE and PPTN at least once every 29 days to that your ID remains active.

ENROLLMENT HINTS:

- If you have an existing ID, please notate on the form. Your existing ID may be from a previous employer and/or contractor.
- Complete the EDI Contact section on the Online Inquiry form. This is the person CGS will contact if there are questions regarding the application.
- Complete the section for the E-Mail Address: The e-mail address of the contact person listed is where CGS EDI will send your confirmation.
- List all individuals requiring access (full name including middle initial is required)

Providers can call directly into MedOPID for **Password Resets Only**: 1.615.660.5444; all other inquiries should be via email (cgs.medicare.opid@cgsadmin.com).

FISS/DDE System Logon and Password Errors

Once you have successfully received your RACF logon-id from Electronic Data Interchange (EDI) customer support via E-mail or by phone, you must change your password and each time your password expires, the system will prompt you to enter a new password.

The new password will need to be entered twice (once for verification) before being allowed access to the system.

Your password will expire every 30 days and you must make at least 12 password changes before you can repeat a previously used password.

After you have completed those steps and for any reason you receive an error message with your password or you have entered it too many time and it became revoked.

The direct dial number to our technical support team (Medop ID) is 1.615.660.5444. Be sure it is the person who owns the ID that is inquiring. It is a CMS violation to share your ID or password with anyone.

PC-ACE Pro32 2.48 Quarterly Update Is Now Available

This software is upgraded quarterly. The newest version, v2.48.0.100, is now available as an update or as a full install at <http://www.cgsmedicare.com/ohb/claims/edi/pro32/index.html>. Click on PC-ACE Pro32 Software (v2.48.0.100 update) or PC-ACE Pro32 Software (v2.48.0.100 full install). Please note you may only upgrade one version before the current version. Otherwise you will need to uninstall the old version and then download the full install of the current version.

PC-ACE Pro32 software is not supported when installed on a network. The software must be installed on a stand-alone PC. To download the software you must have decompression software such as WinZip to open the downloaded PC-ACE Pro32 files. You will need to meet the following computer requirements to download and use PC-ACE Pro32:

- Dial-up Modem
- Pentium 133 MHz processor (Pentium II-350 for larger claim volume)
- 64 MB system memory (128 MB recommended)
- CD-ROM drive (recommended for server installation)
- SVGA monitor resolution (800 x 600)
- Windows 7, Vista, XP, 2000 or NT 4.0 operating system
- Adobe Acrobat Reader Version 4.0 or later (for overlaid claim printing). This free software can be downloaded from the Adobe website (<http://www.adobe.com>).

IMPORTANT: The recommended database backup is for safety purposes only, and should NOT be restored after successfully installing the update. The update program preserves all existing claims and reference file settings.

ICD-10

The deadline for the ICD-10 Transition is October 1, 2014. Though it is a year away, planning for the transition by software vendors, billers, payors and clearinghouses has been in the works for quite some time.

The following link gives you an idea of how to get ready for the change into ICD-10: [http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10ResourcesFlyer\[1\].pdf](http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10ResourcesFlyer[1].pdf)

Did You Know?

Why Wait for Paper Remits?

You can electronically receive the same information reported on paper remittance notes by requesting an application for enrollment with Part B Electronic Remit Notices (ERN's) or Part A Electronic Remit Advices (ERA). The process is convenient, easy and quick. Why wait days after the EFT has been deposited for remittance in the mail?

Need Some Extra Time and Money?

Save TIME and MONEY by taking advantage of FREE Medicare Remit Easy Print (MREP) and PCPRINT software for viewing and printing of the HIPAA-compliant electronic remittance advice. Take advantage today! This link http://www.cgsmedicare.com/pdf/EDI_Enroll_Packet.pdf contains The Enrollment Packet along with instructions. Contact CGS EDI Help Desk:

- **OHIO/KENTUCKY PART B:** 1.866.276.9558, *Option 2*
- **OHIO/KENTUCKY PART A:** 1.866.590.6703, *Option 2*
- **HOME HEALTH/HOSPICE:** 1.877.299.4500, *Option 2*

(In addition providers can view their remits in myCGS, which is our simple, Internet based, self-service portal.)

myCGS Hospice Eligibility: Locating Hospice Episodes

The hospice information that appears in myCGS is dependent upon the date range entered on the Eligibility Inquiry screen. Only those hospice benefit periods that fall within the date range entered will appear. If the date range is left blank, and there is no current hospice benefit period, no hospice data will be returned.

For hospice benefit periods that fall within the range requested, myCGS will show the effective date and termination date, as the Provider Number of the billing hospice provider. When determining whether the beneficiary is in a 3rd or later benefit period (for the hospice face-to-face requirements), you may need to enter a broad date range.

Since revocation indicators do not appear in myCGS, any hospice election that appears may impact your billing. You may need to contact the hospice agency associated with the provider number that appears to determine if the patient is still under the Medicare Hospice benefit.

myCGS Helpful Tips

myCGS can be used to do the following and more:

- Check Claim Status
- Check Eligibility
- View Electronic Remittances
- **Beneficiary Eligibility**
- **Redeterminations**

Always access myCGS from the CGS website (https://www.onlineproviderservices.com/cgs_ops/).

If one or more of your tabs has a lock icon, then you do not have permission to view/use that tab. Request access from your ADMIN.

It is possible for a beneficiary to have multiple MSP plans so be sure to pay attention to the effective and termination dates of any MSP plans listed.

Outstanding checks that are greater than 30 days old will not be reflected in the check results.

The lockout period for Provider Administrators is 60 days. However we recommend you log in every 30 days. As an admin, if you fail to login during the 60 day period, you and all users for the PTAN/NPI combination will be rendered inactive. If rendered inactive, any users will need to register again.

The CGS EDI Help Desk can assist with connectivity or other technical questions. They are available during normal business hours.

Q Codes

HHH Providers, if you are billing Q Codes be sure to enter your cents codes in the correct format.

The correct format is 0.01 or 0.00; the incorrect format is .01 or .00.

The CGS EDI Help Desk receives many calls from providers asking why their Q Code totals errored off.

CGS continues to look for helpful hints for our provider community based on our call trends.

CL	REV	HCPC	MODIFS	RATE	TOT UNIT	COV UNIT	TOT CHARGE	NCOV CHARGE	SERV DATE	RED IND
	0023	1BFLV							0701YY	
	0270				1	1	23.45		0701YY	
	0551	G0154			4	4	100.00		0701YY	
	0551	Q5001			1	1	0.01		0701YY	
	0551	G0154			2	2	100.00		0709YY	
	0551	G0154			3	3	100.00		0725YY	
	0551	G0164			4	4	100.00		0823YY	
	0571	G0156			3	3	60.00		0710YY	
	0571	G0156			2	2	60.00		0802YY	
	0571	G0156			3	3	60.00		0824YY	
	0001						603.46			

Kentucky and Ohio Part B Top 5 EDI Errors

	Edit Number	Edit Description	277CA Rejection Description	Resolution
1	X222.087. 2010AA. NM109.050	This Claim is rejected for relational field due to Billing Provider's submitter not approved for electronic claim submissions on behalf of this Billing Provider	CSCC A8: "Acknowledgement/Rejected for relational field in error" CSC 496: "Submitter not approved for electronic claim submission on behalf of this entity." EIC: 85 "Billing Provider"	Please verify that the Billing Provider's Submitter ID has been approved to submit Billing Provider's claims in the 5010 format for production with CGS.
2	X222.121. 2010BA. NM109.020	This Claim is rejected for Invalid Information for a Subscriber's contract/ member number	CSCC A7: "Acknowledgement/Rejected for invalid information..." CSC 164: "Entity's contract/member number" EIC: IL "Subscriber:"	Medicare number can only be 10 to 11 characters only. Here are the valid formats: NNNNNNNNNNA or NNNNNNNNNNAA or NNNNNNNNNNAN where "A" represents an alpha character and "N" represents a numeric digit. If the patient's Medicare number is not in these formats. Your claim will reject on the 277CA.
3	X222.094. 2010AA. REF02.050	This Claim is rejected for relational field Billing Provider's NPI (National Provider ID) and Tax ID	CSCC A8: "Acknowledgement/Rejected for relational field in error..." CSC 562: "Entity's National Provider Identifier (NPI)" CSC 128: "Entity's Tax ID" EIC: 85 "Billing Provider"	Please verify that the Tax ID Billing Provider NPI matches what we have on file with Provider Enrollment at CGS. If you're Tax ID and Billing Provider NPI information (Address, City/State/ Zip code) does not match, it will cause your claims to reject.
4	X222.262. 2310B. NM109.030	This Claim is rejected for Invalid Information for a Rendering Provider's National Provider Identifier (NPI).	CSCC A7: "Acknowledgement/Rejected for invalid information..." CSC 562: ""Entity's National Provider Identifier (NPI)"" EIC: 82 "Rendering Provider"	Make sure to verify that the service level rendering provider NPI is linked to the Billing Provider NPI. Once verified, please verify the rendering provider NPI effective date linkage to Billing Provider/Group Provider is on or after the date of service.
5	X222.087. 2010AA. NM109.030	This Claim is rejected for Invalid Information in the Billing Provider's NPI (National Provider ID)	CSCC A7: "Acknowledgement/Rejected for invalid information..." CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 85 "Billing Provider"	Verify that the Billing Provider has a valid NPI on the Crosswalk