EDI CONNECTION

Contents

J15 DDE PPTN Application/Reactivation Form

In March 2024, CGS announced the availability of the online J15 DDE PPTN Application/ Reactivation Form: https://cgsmedicare.com/medicare_dynamic/racf/index.aspx.

The online form:

- Allows users a more accurate and efficient process to obtain a User ID for Direct Data Entry (DDE) and Professional Provider Telecommunications Network (PPTN) access.
- Eliminates errors previously encountered using the hardcopy form.
- Includes an electronic vs. handwritten signature.
- Generates a request ID upon submission.

Note: If a user is located outside of the United States, please email CGS.EDI@cgsadmin.com. Include your request ID in the subject line and a copy of the network connectivity diagram.

CGS will reject any paper forms received after March 27, 2024.

myCGS: How Do I...?

The J15 A/B/HHH MAC portal, myCGS, offers a variety of online capabilities to serve the needs of our health care providers and staff. The myCGS User Manual provides step-by-step instructions for each. Access the links below to learn more.

- **System Requirements** – Verify your system adheres to these requirements to optimize your portal usage.
  https://www.cgsmedicare.com/mycgs/ssi/intro/requirements.html
- **Recertification vs. Profile Verification** – Read system messages carefully to ensure you complete the appropriate process.
  - System message: "In order to maintain your access, you must complete the recertification process by MM.DD.YYYY. This process must be completed every 360 days."
    - See the "Account Recertification" instructions.
      https://www.cgsmedicare.com/mycgs/ssi/admin/recertification.html
  - System message: "In order to maintain your access, you must complete the profile verification process by MM.DD.YYYY. This process must be completed every 250 days."
    - See the "Profile Verification" instructions.
      https://www.cgsmedicare.com/mycgs/ssi/myaccount/profile_verification.html
- **Registration: Duplicate Email Address** – Registered users can no longer use the same email address to register for additional accounts (PTAN/NPI combinations).
  - Registered users who want to access another account (PTAN/NPI combination) can choose one of these options:
    - Submit a request to add a provider to your existing user ID. See the "Add a Provider" instructions.
      https://www.cgsmedicare.com/mycgs/ssi/myaccount/add_provider.html

CGS®
A CELERIAN GROUP COMPANY

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

EDI CONNECTION

- Complete the registration process using a different email address. See the "Registering for myCGS" instructions. https://www.cgsmedicare.com/mycgs/ssi/intro/registration.html

- If you don't have another account or different email address, please contact the EDI Help Desk for assistance. https://www.cgsmedicare.com/mycgs/mycgs_user_manual_support.html#support_main

- **Pending User Requests** – Provider Administrators can review, and approve or decline, a user's request to access information within the portal. https://www.cgsmedicare.com/mycgs/ssi/admin/pending_requests.html

Part A Top 10 Edits

	Edit Number	Business Edit Message	Resolution
1	X223.143.2300. CLM02.080	"This Claim is rejected due to the Claim being out of Balance within the Payer's payment information."	CLM02 must = the sum of all 2320 CAS amounts & all 2430 CAS amounts and the 2320 AMT02 (when AMT01=D) Payer Paid amount for each other payer occurrence.
2	X223.112.2010BA. NM109.020	This Claim is rejected for containing Invalid Information within the Subscriber's contract/member number.	"The subscriber HICN is invalid. Verify the HICN is entered exactly as it appears on the beneficiary's red, white, and blue Medicare card. Medicare number can only be 10 to 11 characters only. Here are the valid formats: NNNNNNNNNA or NNNNNNNNNNAA or NNNNNNNNNNAN. If MBI: 2010BA.NM109 must be 11 positions in the format of C A AN N A AN N A A N N, where "C" represents a constrained numeric 1 thru 9, "A" represents alphabetic character A-Z but excluding S, L, I, O, B, Z, "N" represents numeric 0 thru 9, and "AN" represents "A" or "N." If the patient's Medicare number is not in these formats, your claim will reject."
3	X223.112.2010BA. NM109.040	Added edit for MBI/HICN claim effective date.	If the HIC/MBI format is valid, and 2300 CLM05-1 is not = 11X, 32X or 41X OR 2300 CLM05-3 is not = 7, 8 or Q, then 2010BA.NM109 must be a valid HICN prior to the MBI transition start date, must be a valid HICN or valid MBI on or after the MBI transition start date, must be a valid MBI after the MBI transition end date based on the date in the +RC DTP segment.
4	X223.143.2300. CLM05-1.020	A7: "Acknowledgement /Rejected for Invalid Information…" CSC 228: "Type of bill for UB claim"	2300.CLM05-1 must be the 1st and 2nd positions of a valid Uniform Bill Type Code.
5	X223.284.2300. HI02-2.010	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 725: "NUBC Value Code(s)"	"f 2300.HI02-1 is ""BE"" then 2300.HI02-2 must be a valid Value code on the receipt date and is within the codes effective and termination date"
6	X223.090.2010AA. REF02.050	This Claim is rejected for a relational field in error within the Billing Provider's National Provider Identifier (NPI) and Billing Provider's Tax ID.	"2010AA.REF must be associated with the provider identified in 2010AA. NM109"
7	X223.387.2330B. N403.030	This Claim is rejected for Invalid Information within the Other payer's Explanation of Benefits/payment information's Postal/Zip Code	"2330B.N403 must be a valid US zip code when N404 is US or blank. Verify Postal/Zip Codes for the Other Payer on the USPS website prior to submitting claims."
8	X223.345.2310E. N403.030	This Claim is rejected for Invalid Information within the Service Location's Postal/Zip Code. Verify Postal/Zip Codes for the Service Location on the USPS website prior to submitting claims	2310E.N403 must be a valid 9 digit zip code.
9	X223.116.2010BA. N403.030	This Claim is rejected for containing Invalid Information within the Subscriber's Postal/Zip Code.	2010BA.N403 must be a valid postal/zip Code when N404 equals US or blank.
10	X223.424.2400. SV202-7.025	This Claim is rejected for a relational field in error for Service(s) Rendered.	Not Otherwise Classified (NOC) procedure codes require a detailed description of the service. NOC drug codes require the name and dosage of the drug. Enter the description in the 2400 SV101-7

EDI CONNECTION

Part B Top 10 Edits

	Edit Number	Business Edit Message	Resolution
1	X222.121.2010BA. NM109.030	The claim is rejected for invalid format of Subscriber's contract/member number	This Claim is rejected for Invalid Information for a Subscriber's contract/member number. The 2010BA NM109 must be an MBI.
2	X222.157.2300. CLM05-3.020	This Claim is rejected for Invalid Information within the Claim Frequency Code	Claim Frequency Code must be "1".
3	X222.262.2310B. NM109.030	CSC 535: "Claim Frequency Code"	2310B.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109, except when 2300.REF with REF01 = "P4" and REF02 = "82".
4	X222.121.2010BA. NM109.020	This Claim is rejected for Invalid Information for a Subscriber's contract/member number	If Medicare HICN: 2010BA.NM109 must be 10-11 positions formatted NNNNNNNNNA or NNNNNNNNNNAA or NNNNNNNNNNAN where "A" is an alpha character and "N" is a numeric digit. -OR- If an MBI: must be 11 positions formatted C A AN N A AN N A A N N, (without spaces) where: ""C"" is numeric 1-9, ""A"" is alphabetic characters A-Z (excluding S, L, I, O, B, Z), ""N"" is numeric 0-9 and ""AN"" is either alphabetic A-Z (excluding S, L, I, O, B, Z), or numeric 0-9.
5	X222.430.2420A. NM109.030	This Claim is rejected for Invalid Information within the Rendering Provider's National Provider Identifier (NPI).	2420A.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109, except when 2300.REF with REF01 = "P4" and REF02 = "82"
6	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	2010AA.NM109 billing provider must be "associated" to the submitter (from a trading partner management perspective) in 1000A.NM109.
7	X222.351.2400. SV101-7.020	This Claim is rejected for relational field Information within the Detailed description of service	2400.SV101-7 must be present. when 2400.SV101-2 is present on the table of procedure codes that require a description.
8	X222.351.2400. SV101-2.020	This Claim is rejected for relational field Information within the HCPCS	When 2400.SV101-1 = "HC", 2400.SV101-2 must be a valid HCPCS Code on the date in 2400.DTP03 when DTP01 = "472".
9	X222.094.2010AA. REF02.050	This Claim is rejected for relational field Billing Provider's NPI (National Provider ID) and Tax ID	2010AA.REF must be associated with the provider identified in 2010AA.NM109
10	X222.087.2010AA. NM109.030	This Claim is rejected for Invalid Information in the Billing Provider's NPI (National Provider ID)	2010AA.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109.