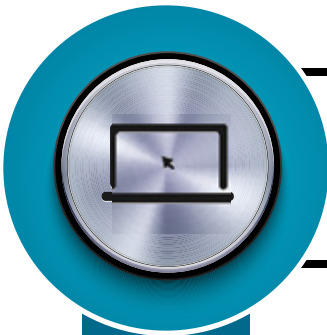


EDI Connection



Index

- 277CA Edit Lookup Tool 1
- COB Information 2
- myCGS Remittance Search 2
- EDI Application Process 2
- 999 Rejections 2
- Top 10 ANSI Claim Rejections - Part A 3
- Top 10 ANSI Claim Rejections - Part B 4

277CA Edit Lookup Tool

The 277CA Edit Lookup Tool allows Trading Partners, billing services, providers, and clearinghouses to view easy-to-understand descriptions associated with the edit code(s) returned on the 277CA — Claim Acknowledgment for 5010A1 claims. The tool allows you to enter the edit codes and will return possible explanations for the cause of the edit.

- Go to <http://www.cgsmedicare.com>
- Click on your Line of Business (Home Health & Hospice, KY & OH Part B, or KY & OH Part A).
- Click on EDI or Electronic Data Interchange on left side of the page.
- Click on the 277CA Edit Lookup Tool link.

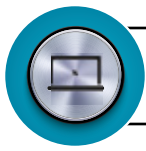
Enter the edit information located in the STC segment on your acknowledgment file into the 5010A1 277CA Edit Lookup Tool and click Submit.

Example: **STC*A7:560:85**U*1983~**

- A7** = CSCC (Claim Status Category Code)
- 560** = CSC (Claim Status Codes)
- 85** = EIC (Entity Identifier Code)

The results will be returned below the search fields and will display all possibilities for the cause of the edit.

Edit Code	CSCC	CSC	EIC	Description	Proposed 5010 Edits
X222.349.2330G.REF.010	A7	560	85	Acknowledgement /Rejected for Invalid Information.... Entity's Additional/Secondary Identifier.. Billing Provider.	2330G.REF must not be present.
X222.096.2010AA.REF.020	A7	560	85	Acknowledgement /Rejected for Invalid Information.... Entity's Additional/Secondary Identifier.. Billing Provider.	Only one iteration of 2010AA.REF with REF01 = "1G" is allowed.



COB Information

Looking for general Coordination of Benefits information? CGS has compiled a list of Frequently Asked Questions (FAQ's) and answers relating to COB on our website at <http://www.cgsmedicare.com>.

Follow this direct link http://www.cgsmedicare.com/partb/faqs/cob_faqs.html# to collect all the information you need and also view important COB websites and MLN Matter Articles.

myCGS Remittance Search

Providers registered on the myCGS portal have the ability to review and print remittance advices. There are three ways for them to find their remittances. The provider can choose to review a specific remittance by entering an EFT check number, selecting the "Last 30 Days," or selecting "Specific Date Range."

Once the "Select Specific Range" button is selected, enter a date in the date range field or use the calendar. If no date is entered in the "To" field, it will default to 45 days. We strongly recommend using a shorter date range, i.e. 02/01/2016 - 02/07/2016. Once the date(s) are chosen, click Submit. All remittances listed under the date(s) will appear under Lookup Results. The user must click on the icon on the far right side of the remittance information to view the PDF remittance. myCGS can only guarantee availability of remittances one year from the current date.

EDI Application Process

In an effort to streamline and be more consistent with all processes, as well as minimize on multiple errors observed, we will no longer be accepting applications older than the current dated version listed online at <http://www.cgsmedicare.com>.

As of June 01, 2016, we will only accept applications with the most recent date listed on the application located at the bottom of the PDF Version. The electronic online version will always be current. Any applications that are not the most recent version will be rejected and returned.

999 Rejections

The 999 report is a first level confirmation report for an electronic claim submission. The information below will assist with some common 999 rejections.

Information Submitted	IK3 Error	IK4 Error	The Problem Is With the . . .	Error Resolution
N3*~	IK3*N3*17* 2310*8	IK4*1*166*1	N3 Address	Street address must be submitted
N4*~	IK3*N4*18* 2310*8	IK4*1*19*1	N4 City, State and Zip Code	The city, state and a valid 9 digit postal Zip code must be submitted
	IK3*REF*30* 2300*16		Missing Ref segment	A ref segment with the Payer Claim Control Number is required when CIM05-3 indicates this claim is a replacement or void to a previously adjudicated claim. Note (Part A and HHH only)
NM1*82*1*SMITH* MaryA R ****XX* 1111111111	IK3*NM1*538* 2310*8~	IK4*4*1036*7	NM1 Rendering Provider name segment	The trailing space after the provider name must be removed
NM1*IL*1*SMITH* JOHN*R***MI~	IK3*NM1*886* 2330*8	IK4*9*67*1	Identification Code is missing	The Subscribers Identification number must be submitted

IK301 Segment ID

IK302 Segment count of this data segment beginning with ST

IK303 Loop Identifier Code

IK304 Segment Syntax Error Code

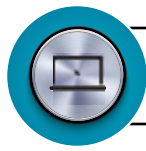
IK401 Position in the segment

IK403 Data element syntax error code

IK404 Copy of the bad data

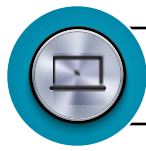
For more information on how to read the 999 please click on the link below.

http://cgsmedicare.com/pdf/asc_x12n_v005010_jobaid.pdf



Top 10 ANSI Claim Rejections - Part A

Edit Number	Business Edit Message	Resolution
1 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 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"	Verify the Billing Provider NPI and Tax ID number are linked in 2010AA
2 X223.112.2010BA. 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	Verify the Patient's member ID number (Patient's Medicare Number, HICN) is valid. Please correct and resubmit the claim(s).
3 X999.DUPE	Rejected due to duplicate ST/SE submission	The ST/SE (Batch number) is the same within the file. The Batch numbers must be unique within each file submitted. Please correct and resubmit the file.
4 X223.433.2400. DTP03.040	This Claim is rejected for Invalid Information within the Future date and Date(s) of service. CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 510: "Future date" CSC 187: "Date(s) of service"	Verify the Date of service in the 2400 DTP03 is not a future date.
5 X223.153.2300. CL103.015	This Claim is rejected for Invalid Information with the Patient discharge status. CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 234: "Patient discharge status"	Verify the Patient's Discharge status is sent on the claim when the value in the 2300 CL103 is "20," "40," or "42, at least one occurrence of 2300.HI01-2 thru HI12-2 must = "55" where HI01-1 is "BH."
6 X223.088.2010AA. N403.030	This Claim is rejected for containing Invalid Information within the Billing Provider's Postal/Zip Code CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 500: "Entity's Postal/Zip Code" EIC: 85 "Billing Provider"	Verify a valid 9 digit zip code is listed in the N403 segment for the Billing Provider in 2010AA,
7 X223.319.2310A. NM109.010	This Claim is rejected for Invalid Information within the Attending Physician's National Provider Identifier (NPI). CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 71 "Attending Physician"	Verify the NPI Number for the Attending Physician is valid, contains 10 digits and matches what is on file with CGS. If invalid, please correct and resubmit the claim (s).
8 X223.153.2300. CL101.030	This Claim is rejected for Invalid Information within the Hospital admission type. CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 231: "Hospital admission type"	Verify the Hospital Admission Type code is valid in the 2300 CL101,
9 X223.319.2310A. NM108.020	This Claim is rejected for Missing Information due to Identifier Qualifier within the Attending Physician's National Provider Identifier (NPI). CSCC A6: "Acknowledgement/Rejected for Missing Information..." CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 71 "Attending Physician"	Verify the NPI Qualifier in 2310A NM108 is present on the claim,
10 X223.151.2300. DTP03.040	This Claim is rejected for containing a Facility admission date in the future. CSCC A7: "Acknowledgement /Rejected for Invalid Information..." CSC 510: "Future date" CSC 189: "Facility admission date"	Verify the Admission date in the 2300 DTP03 is not a future date,



Top 10 ANSI Claim Rejections - Part B

Edit Number	Business Edit Message	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 – 2010AA NM109 CSCC A8: Acknowledgement/Rejected for relational field in error. CSC 496: Submitter not approved for electronic claim submissions on behalf of this entity. EIC: 85 Billing Provider	Verify the Submitter ID (ISA06) is valid and setup for electronic claim submissions for the Billing provider NPI sent in the electronic file. If invalid, please correct and resubmit the file(s).
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	Verify the Patient's member ID number (Patient's Medicare Number, HICN) is valid. Please correct and resubmit the claim(s).
3 X222.351.2400. SV103.020	This Claim is rejected for Invalid Information submitted inconsistent with billing guidelines for the Unit or Basis for Measurement Code. CSCC A7: "Acknowledgement/Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 659: "Unit or Basis for Measurement Code."	Verify MJ Qualifier or UN Qualifier is used based on the following criteria: <ul style="list-style-type: none"> • 2400. SV103 must be "MJ" when SV101-3, SV101-4, SV101-5, or SV101-6 is an anesthesia modifier (AA, AD, QK, QS, QX, QY or QZ). • Otherwise, must be "UN."
4 X999.DUPE	Rejected due to duplicate ST/SE submission	The ST/SE (Batch number) is the same within the file. The Batch numbers must be unique within each file submitted. Please correct and resubmit the file.
5 X222.317.2330A. N403.020	This Claim is rejected for Invalid Information for a Other Insured's Postal/Zip Code CSCC A7: "Acknowledgement/Rejected for Invalid Information..." CSC 500: "Entity's Postal/Zip Code" EIC: GB "Other Insured"	Verify a valid postal zip code is entered in the 2330A, N403 segment
6 X222.176.2300. DTP.010	This Claim is rejected for Invalid Information for the Future date within the Facility admission date CSCC A7: "Acknowledgement/Rejected for Invalid Information..." CSC 189: "Facility admission date"	Verify the Date of Admission is not a future date.
7 X222.127.2010BA. DMG02.030	This Claim is rejected for Invalid Information for the Future date of the Subscriber's date of birth CSCC A7: "Acknowledgement/Rejected for Invalid Information..." CSC 510: "Future date" CSC 158: "Entity's date of birth" EIC: IL "Subscriber"	Verify the Subscriber's date of birth
8 X222.351.2400. SV105.010	This Claim is rejected for Invalid Information within the Place of service CSCC A7: "Acknowledgement/Rejected for Invalid Information..." CSC 249: "Place of service"	Verify the Place of Service is a valid code
9 X222.280.2310D. NM109.020	This Claim is rejected for Invalid Information for the Supervising Physician's National Provider Identifier (NPI) CSCC A7: "Acknowledgement/Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" EIC: DQ "Supervising Physician" 2310D.NM109 must be valid according to the NPI algorithm.	Verify the NPI Number for the Supervising Physician is valid, contains 10 digits and matches what is on file with CGS. If invalid, please correct and resubmit the claim (s).
10 X222.454.2420E. NM109.020	This Claim is rejected for Missing Information within the Ordering Physician's National Provider Identifier (NPI) CSCC A7: "Acknowledgement/Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" EIC: DK "Ordering Physician" 2420E.NM109 must be valid according to the NPI algorithm.	Verify the NPI Number for the Ordering Physician is valid, contains 10 digits and matches what is on file with CGS. If invalid, please correct and resubmit the claim (s).