SPRING 2018

EDI Connection

Index

How Many Lines Can Be Billed On An Electronic Claim

Part A and HHH

The Service Line Loop is located in the 2400 loop. Only 449 iterations of the 2400 loop are allowed. CMS policy limit is 449.

Part A Edit Spreadsheet: X223.423.2400.LX01.030

Part B

The Service Line Loop is located in the 2400 loop. Only 49 lines on a Part B claim is allowed.

Part B Edit Spreadsheet: Ref: X222.350.2400.LX01.030

Attention myCGS Users: Trouble Tickets Created

In an effort to ensure minimum downtime/ interruption of services, effective immediately please provide the following information when contacting EDI Help Desk relating to an issue in the myCGS portal:

- myCGS User ID
- Type of Function (Eligibility, e-Claims, Claim Status, etc.)
- Define the problem
- Example of Problem (patient info, etc.)
- Type of Web browser

Aceptable Documentation for Waiver

Small Provider Claims – Copy of actual payroll summary report, a letter from a Certified Public Accountant (CPA) documenting the number of employees on the CPA's letter head with the CPA's signature or Tax forms, i.e. Form 941 Employer's Quarterly Federal Tax Return or Schedule C Tax form.

Roster Billing – Copy of flyer or list of locations where inoculations were given, including publications

Dental Claims – Copy of Dental License

REMINDER: All documentation must include, PTAN, NPI and Tax ID number. Please contact the EDI Help Desk for additional questions or clarity.

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CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

- Kentucky Part B and Ohio Part B – 1.866.276.9558 (Option 2)
- Home Health/Hospice – 1.877.299.4500 (Option 2)
- Kentucky Part A and Ohio Part A – 1.866.590.6703 (Option 2)

999 277CA Job Aid

Electronic response files can be difficult to understand. CGS can help! We have created a Job Aid to assist our users with understanding the 999 and 277CA files. Please visit https://www.cgsmedicare.com/pdf/999_277ca_jobaid.pdf for the 999 277CA Job Aid for more information.

Updated and Legible Forms Submissions are Required:

Some helpful information on accuracy that will prevent the EDI forms from being returned for errors:

- Using the most updated forms from the https://www.cgsmedicare.com website will ensure you have the most recent and legible forms. **All of our application forms, including the Online Inquiry form, have now been updated. All outdated or illegible forms will be rejected and returned.**
- Illegible forms have been increasing. This typically occurs from refaxing documents many times or bleeding of the inked letters from copies made over and over. ALL information on the form must be legible. This includes CGS print, script, phone numbers, provider information, trading partner information, disclaimer and agreement information. ***If any of this information is illegible, your entire form and paperwork along with it will be returned.**
- Please make sure all EDI applications are signed and clearly indicated with 837/835 request. (New setups will also require an EDI Enrollment form) EDI forms may be found by accessing https://www.cgsmedicare.com. In the Medicare tab, select the line of business for your segment and choose the EDI icon to the left.
- Choose only one Line of Business per Application.
- The PTAN, name and address for the Provider must match what is listed in our system before the setup can be completed.
- Multiple PTANS will require 1 application per GROUP PTAN.
- Enrollment forms are only needed if your provider has never been setup to file electronic claims.
- Make sure to always use the **most recent** forms from the CGS Medicare website.
- Any 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.

Top 10 ANSI Claim Rejections - Part A

	Edit Number	Business Edit Message	Resolution
1	X223.423.2400. LX01.030	This Claim is rejected for the Service line number greater than maximum allowable for payer.	2400.LX01 must be > 0 and <= 449.
2	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
3	X223.424.2400. SV202-2.020	This Claim is rejected for Invalid Information within the HCPCS.	When 2400.SV202-1 = "HC", 2400.SV202-2 must be a valid HCPCS Code.
4	X223.424.2400. SV202-7.025	CSCC A8: "Acknowledgement / Rejected for relational field in error"CSC 306 Detailed description of service	2400.SV202-7 must be present. when 2400.SV202-2 contains a non-specific procedure code.
5	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.
6	X223.153.2300. CL103.015	This Claim is rejected for Invalid Information with the 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".
7	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.
8	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 NNNNNNNNNAA or NNNNNNNNNAN. 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.

	Edit Number	Business Edit Message	Resolution
9	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.
10	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) for each other payer occurrence.

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	The billing provider must be “associated” to the submitter (from a trading partner perspective) in 1000A. NM109.
2	X222.351. 2400.SV101-3.010	This Claim is rejected for relational field Information within the Procedure Code Modifier(s) for Service(s) Rendered	2400.SV101-3 must be valid procedure modifier on the date in 2400.DTP03 when DTP01 = "472". Procedure Modifier must be valid for the Service Date. (DTP01 = “472”)
3	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”. When Product or Service ID Qualifier = “HC”, the Procedure Code must be a valid HCPCS Code for the Service Date (DTP01 = “472”). This can also be caused by sending an invalid HCPCS and modifier combination. "
4	X222.121. 2010BA. NM109.020	This Claim is rejected for Invalid Information for a 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 NNNNNNNNNAA or NNNNNNNNNAN. If the patient’s Medicare number is not in these formats, your claim will reject. 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”. CSCC A7: “Acknowledgement/Rejected for Invalid Information…”CSC 164: “Entity’s contract/member number” EIC: IL “Subscriber” If the HICN/MBI format is valid, 2010BA NM109 must be a HICN format pre-SSNRI transition.2010BA NM109 may be either a HICN (Part B or RRB format) or MBI during the SSNRI transition period.2010BA NM109 must be an MBI format post-SSNRI transition.
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.
6	X222.262. 2310B. NM109.030	This Claim is rejected for Invalid Information for a Rendering Provider's National Provider Identifier (NPI).	"2310B.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109. The rendering provider NPI was not found on the crosswalk. Note: We recommend Sole-proprietors, IDTFs, and Ambulance providers, with only a group NPI, not send the Rendering Provider Loop(s) 2310B or 2420A in the Medicare Part B claims to avoid unnecessary front-end rejections. CGS only requires NPIs in the Billing Provider Loop for the above types of providers."
7	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. Billing Provider Tax Identification Number must be associated with the billing provider’s NPI.
8	X222.157. 2300.CLM05-3.020	This Claim is rejected for Invalid Information within the Claim Frequency Code	"Part B Medicare only accepts original claims. ****CLM05-3 must be 1 for Medicare Part B claims only****"
9	X222.087. 2010AA. NM109.030	This Claim is rejected for Invalid Information in the Billing Provider's NPI (National Provider ID)	"2010AA.REF must be associated with the provider identified in 2010AA.NM109 Billing Provider Identifier must be a valid NPI on the Crosswalk. Verify that the NPI and PTAN are linked together."
10	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. Description must be present when Procedure Code requires a description/additional information."