



# EDI CONNECTION

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## Announcing Something New for myCGS Users: Introducing myCGS Inbox Folders and Filtering

**Do you spend endless hours trying to locate a specific letter in your myCGS inbox? Would you like an easier method to display all messages delivered to your inbox?**

Welcome to the new feature, “myCGS Inbox Folders and Filtering,” where your messages are delivered to your inbox and now sorted into folders to help you find what you need.

myCGS will default to display all messages delivered to your inbox, sorting them to corresponding folders, allowing quick access to view a specific type of message.

If this is something you desire, check out the new feature in the myCGS Manual located on our website at <https://www.cgsmedicare.com>, listed under the myCGS Portal topics. The step by step instructions will be listed under the *Message* tab.

## Online EDI Application Status Checker Tool

CGS’ EDI department has created a new tool for Online EDI Application status, [https://www.cgsmedicare.com/medicare\\_dynamic/edi\\_application/edi\\_application/status.aspx](https://www.cgsmedicare.com/medicare_dynamic/edi_application/edi_application/status.aspx). The Online EDI Application Status Check tool is stress-free and simple. The status of your submitted application is available 24 hours after submission. Enter your Tracking Number found on the Provider Authorization form in the Reference Number Field, click submit. The application status will identify the process stage the application is currently in and one of the following messages will appear:

- **Application Status: Received;** Thank you for your application. Please return your signature page as soon as possible for processing.
- **Application Status: Pending;** Thank you for your application and related signature page. At this time, these items are in queue for processing.
- **Application Status: Approved**
- **Application Status: Rejected;** Unfortunately, we are unable to process your application as submitted. Please contact the EDI Helpdesk for your line of business for assistance.
- **Application Status: No Records;** There are no records with the search criteria you supplied. If you feel you may have entered your information incorrectly, please return to the previous page and try again. If you feel you have entered it correctly and no records are returned, please contact the EDI Helpdesk.

## Part A Claims Practice Address

Part A Outpatient Prospective Payment System (OPPS) hospital providers can confirm that the practice addresses submitted on claims are an exact match to Provider Enrollment, Chain, and Ownership System (PECOS) to help avoid/correct any Return to Provider (RTP) claims. This is provided to ensure compliance with Change Requests 9613 and 9907 as indicated in the MLN Matters article SE19007.

To access the Practice address feature associated with your Part A account:

- Select the Claims tab
- Select the “Practice Addresses” sub-tab.



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A list of addresses associated with your NPI and PTAN will display as they appear in PECOS. Be sure the addresses listed are an exact match.

**NOTE:** The practice addresses information is updated on a weekly basis. Please allow up to 10 business days after you receive confirmation for a new/revised practice location address to become available in myCGS.

## Frequently Asked Questions: EDI DDE/PPTN

**Question:** My DDE password needs to be reset; whom should I contact?

**Answer:** If you need to have your DDE User ID password reset, please contact the CGS Security Administration Team at 1.615.660.5444.

Please have the following information ready before calling.

- User ID
- First and last name of the user to which that ID is assigned

**NOTE:** Be sure to change your password every 29 days to avoid having to have it reset.

**Question:** When completing the J15 DDE PPTN Application/Reactivation form, do I need to include my current User ID or any previous User IDs I have had?

**Answer:** Yes. Submitting this information on the form will assist CGS in determining whether we need to assign you a new user ID.

## Common Application Errors/Rejections

To reduce some of the more common application errors, please review the below information and make modifications to submitting your EDI Online Applications.

- **Distorted/Illegible Paperwork:** We are still receiving multiple distorted or illegible Provider Authorization forms, EDI Enrollment forms, and DDE/PPTN forms. It is important to make sure all forms are legible in order to process your requests accurately and lessen delay from sending them back in error. All information which includes EDI script on the original form must be legible. Any forms that are returned for distortion or illegibility will result in a new application having to be completed and submitted.
- **EDI Enrollment Forms:** Based on new system enhancements to process your paperwork faster and more efficiently, **all new enrollment set-ups will require an EDI Enrollment form** in addition to the Application and Provider Authorization Form. This is required by CMS for new PTAN setups. You may include the EDI Enrollment Form with the Provider Authorization Form when you fax to the EDI fax number on the Provider Authorization Form.
  - If the PTAN is already setup electronically, you do not need to include an EDI Enrollment form.
  - For your convenience, here is a current link to the EDI Enrollment form. If it does not populate, please copy and paste

in your browser address window: [https://www.cgsmedicare.com/pdf/J15\\_EDI\\_EnrollAgreement2015re.pdf](https://www.cgsmedicare.com/pdf/J15_EDI_EnrollAgreement2015re.pdf)

- **Provider Authorization Forms:** Many Provider Authorization Forms are not being received within the 7-day time period allotted once your online application has been submitted. This will result in your EDI application being rejected and a new application will need to be completed and submitted with a new Provider Authorization form.
- **Reason for Submission:** One of the first few fields on the EDI Application is *Reason for Submission*. Many applications are being received with an incorrect reason for submission.
  - **Apply for New Submitter ID Number:** If your reason for submission is **to be assigned a new Submitter ID number** without the use of a Billing Service/Clearinghouse Submitter ID number that is used for all clients, please do not include a Submitter ID number on the application in the 837/835 fields. These fields should be left blank and the Submitter ID Entity Name, Submitter Phone Number, and Submitter E-mail Address should match the Providers information for the PTAN listed on the application.
    - Select *Apply for New Submitter ID* in **Reason for Submission** and we will assign and send you a new submitter ID number along with a password in a confirmation letter once the setup has been completed.
  - **Change/Update Submitter Info:** If you have an existing Submitter ID number that has already been assigned to you or from a Billing Service/Clearinghouse and need to be setup with that specific Submitter ID number.
    - Select *Change/Update Submitter Info* in Reason for Submission and we will setup the PTAN listed with the Submitter ID number listed in the 837/835 field.

## myCGS Account Linking

Exciting News about the myCGS Account Linking feature. Account Linking allows users to combine multiple user IDs under one Master or Default ID. Once logged in to the Master ID you will be able to select one of the linked accounts to perform functions available to you under that PTAN/NPI combination. Accounts can be linked in just four easy steps:

To link an account:

1. Log in to myCGS under the User ID you would like to set up as your Master ID.
2. Select the *My Account* tab, then select the Link Accounts sub-tab.
3. In the *User ID* field, enter a User ID you would like to link to your Master ID. Enter the password for that User ID.
4. Click the *Link Account* button.

Go get linked up!! Additional information and elaboration on Account Linking can be found at: [https://cgsmedicare.com/mycgs/mycgs\\_user\\_manual.html](https://cgsmedicare.com/mycgs/mycgs_user_manual.html)



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## Part A Top Ten Edits

Edit Number	Business Edit Message	Resolution
1	X223.294.2300.HI01-2.010 This Claim is rejected for containing Invalid Information within the NUBC Condition Code(s).	If 2300.HI01-1 is "BG" then 2300.HI01-2 must be a valid Condition code.
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: NNNNNNNNNNA or NNNNNNNNNNAA 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.""
3	X223.466.2420C.NM108.020 This Claim is rejected for Missing Information due to Identifier Qualifier within the Rendering Provider's National Provider Identifier (NPI).	2420C.NM108 must be present.
4	X223.424.2400.SV202-7.025 This Claim is rejected for a relational field in error for Service(s) Rendered.	If the procedure is a non-specific code you must submit a description of the procedure code in SV202-7. Non-specific codes may include in their descriptors terms such as: Not Otherwise Classified (NOC); Unlisted; Unspecified, Unclassified; Other; Miscellaneous; Prescription Drug, Generic; or Prescription Drug, Brand Name. 2400.SV202-7 must be present when 2400.SV202-2 contains a non-specific procedure code.
5	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.
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	X223.423.2400.LX01.030 This Claim is rejected for the Service line number greater than maximum allowable for payer.	2400.LX01 must be > 0 and <= 499
8	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.
9	X223.118.2010BA.DMG02.030 This Claim is rejected for containing Invalid Information within the Future date and Subscriber's date of birth.	2010BA.DMG02 must not be a future date.
10	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.

## 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	If the HIC/MBI format is valid, 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.
2	X222.157.2300.CLM05-3.020 This Claim is rejected for Invalid Information within the Claim Frequency Code	2300.CLM05-3 must be "1".
3	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, 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 NNNNNNNNNNA or NNNNNNNNNNAA or NNNNNNNNNAN 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.""



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	Edit Number	Business Edit Message	Resolution
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. Please correct and resubmit the file.
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.