EDI CONNECTION

Contents

Online J15 DDE PPTN Application/Reactivation Form

On February 27, 2024, CGS deployed an online version of the J15 DDE PPTN Application/Reactivation Form on our website. The online form:

- Allows users a more accurate and efficient process to obtain a User ID for DDE/ PPTN access
- Eliminates errors encountered with the hardcopy form
- Includes an electronic rather than a handwritten signature field

A request ID is generated when you submit the application. If the user(s) is located outside of the United States, please send a copy of the network connectivity diagram to CGS.EDI@CGSadmin.com, and include your request ID in the subject line of the email.

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

myCGS: How Do I...?

The J15 A/B 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 about how to:

- **Register** – We encourage all J15 providers and billing companies to enjoy the convenience and time-saving benefits of myCGS!
  https://www.cgsmedicare.com/mycgs/ssi/intro/registration.html
- **Add a Provider** – After you complete the registration process, submit a request to add provider account(s) and permissions to your profile.
  https://www.cgsmedicare.com/mycgs/ssi/myaccount/add_provider.html
- **Handle Pending User Requests** – Provider Administrator(s) can accept or decline a user's request to access provider accounts, tabs or permissions within the myCGS portal.
  https://www.cgsmedicare.com/mycgs/ssi/admin/pending_requests.html
- **Filter Inbox Messages** – Search the Message Inbox for other users' messages or use a filter option to search for a specific message.
  https://www.cgsmedicare.com/mycgs/ssi/messages/filtering.html

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Part A Top 10 Edits

	Edit Number	Business Edit Message	Resolution
1	X223.284.2300. HI02-2.010	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 725: "NUBC Value Code(s)"	If 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.
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 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."
3	X223.284.2300. HI03-2.010	"CSCC A7: 'Acknowledgement /Rejected for Invalid Information…' CSC 725: 'NUBC Value Code(s)'" If 2300. HI03-1 is "BE" then 2300.HI03-2 must be a valid Value code on the receipt date and is within the codes effective and termination date.	If 2300.HI03-1 is "BE" then 2300.HI03-2 must be a valid Value code on the receipt date and is within the codes effective and termination date.
4	X223.284.2300. HI01-2.010	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 725: "NUBC Value Code(s)"	If 2300.HI01-1 is "BE" then 2300.HI01-2 must be a valid Value code on the receipt date and is within the codes effective and termination date.
5	X223.294.2300. HI01-2.020	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 460: "NUBC Condition Code(s)"	If 2300.HI01-1 is "BG" the Condition codes within this HI segment cannot be duplicated.
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	X223.424.2400. SV203.060	This Claim is rejected for the Acknowledgement/Rejected for Invalid Information within the Claim is out of balance due to Line Item Charge Amount within the Service Line Paid Amount	SV203 must = the payer amount paid found in 2430 SVD02 and the sum of all line adjustments found in 2430 CAS Adjustment Amounts for each other payer occurrence.
9	X223.284.2300. HI04-2.010	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 725: "NUBC Value Code(s)"	If 2300.HI04-1 is "BE" then 2300.HI04-2 must be a valid Value code on the receipt date and is within the codes effective and termination date.
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

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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 NNNNNNNNNNA 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	X222.092.2010AA. N403.020	CSCC A7: "Acknowledgement/Rejected for Invalid Information…" CSC 500: "Entity's Postal/Zip Code" EIC: 85 "Billing Provider"	2010AA.N403 must be a valid 9 digit Zip Code.
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.