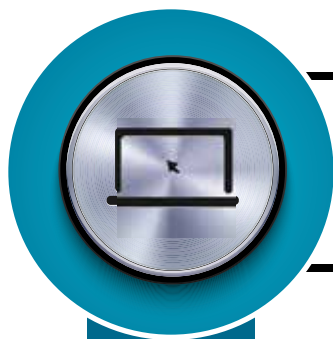


EDI Connection



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Your Remits at Your Finger Tips

You can receive the same information that a paper remittance notice provides electronically. By requesting an application for enrollment with Part B Electronic Remit Notices (ERN's) or Part A Electronic Remit Advices (ERA), you are setting yourself up for a more practical and paperless way of life. The process is convenient, easy and quick. Why wait days after the EFT has been deposited for a remittance in the mail?

Need Extra Time and Money?

Save both by taking advantage of FREE Medicare Remit Easy Print (MREP) and PCPRINT software for viewing and printing of the HIPAA-compliant electronic remittance advices.

myCGS

Providers can also view their remits in myCGS, which is our simple, internet based, and self-service portal. This portal gives you access to both view and print your remits with ease. You are able to do multiple query searches by the date of remits and can go back as far as a year. To register for myCGS please visit, <http://www.cgsmedicare.com/mycgs/index.html> and click on Register for myCGS.

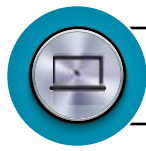
Take advantage today of ERNs and ERAs today! This link http://www.cgsmedicare.com/pdf/J15_EDI_Application2015_re.pdf contains The Enrollment Packet along with instructions. Contact CGS EDI Help Desk:

- OHIO/KENTUCKY PART B 1.866.276.9558, Option 2
- OHIO/KENTUCKY PART A 1.866.590.6703, Option 2
- HOME HEALTH/HOSPICE 1.877.299.4500, Option 2

SFTP Coming Soon

The port configuration for SFTP connectivity is changing from 2021 and will be effective Saturday, October 15 at 8:00 AM. Palmetto GBA and CGS has begun working with Network Service Vendors (NSVs) to schedule a staggered cutover to migrate to the SFTP connectivity. Submitters, please consult with your NSV regarding testing connectivity to the SFTP front end.

Documentation for CGS front end SFTP connectivity can be found at the following link: http://www.cgsmedicare.com/pdf/gpnet_comm_manual.pdf



myCGS: Submitting a Part B Medicare Secondary Payer eClaim

The myCGS eClaim option allows all Medicare Part B providers to submit electronic claims, including Medicare Secondary Payer (MSP) claims. Please select the following link, <http://www.cgsmedicare.com/partb/pubs/news/2015/0215/cope28475.html> for tips and screen shots to help you with completing the additional MSP fields and entering CAS segment/group codes.

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 <http://www.cgsmedicare.com> website will ensure you have the most recent and legible forms. **All of our application forms with the exception of the Online Inquiry form have now been updated. All outdated or illegible forms will be rejected and returned.**
- Illegible forms sent to CGS have increased. 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 all paperwork 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 <http://www.cgsmedicare.com>. In the Medicare tab, select the line of business for your segment and choose the EDI icon to the left. In the section of bulleted topics within the middle of the page, select the EDI ENROLLMENT PACKETS link.
- 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.
- The EDI Enrollment form is only needed if your provider has never been setup to file electronic claims to CGS.
- 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.

Computer Telephony Integration (CTI) System

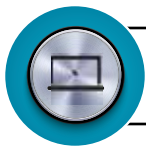
The CTI system provides a streamline process in which providers will enter authentication information before reaching a Customer Service Representative (CSR). The following explains what providers can expect once the CTI is implemented.

When you call the Home Health & Hospice CGS Provider Contact Center (PCC), CGS Part A Provider Contact Center (PCC), and Part B Provider Contact Center you will be asked to choose one of the following options. Please note that Option 9 is **NEW**.

- **Option 1** – to reach a Customer Service Representative (CSR) for assistance with Beneficiary eligibility, billing or claim information
- **Option 2** – to reach an Electronic Data Interchange (EDI) CSR for assistance with EDI enrollment, connectivity, PC-Ace Pro32, trading partners, and myCGS
- **Option 3** – to reach the Provider Enrollment department for assistance with enrollment applications, enrollment revalidation, or electronic funds transfer enrollment
- **Option 4** – to reach the Overpayment Recovery (OPR) department for assistance with overpayment issues or question about Credit Balance withholding.
- **Option 9 NEW** – Press this option if you have a general question. **NOTE:** Refer to the “General or Claim Specific Questions When Calling the Provider Contact Center” (<http://www.cgsmedicare.com/hhh/pubs/news/2016/0416/cope32667.html>) article to determine if your question is considered a general question.

When you choose Options 1 through 4, you will be prompted to enter the following information. This is the same information you would typically provider verbally to the CSR.

- Facility’s National Provider Identifier (NPI),
- Facility’s Provider Transaction Access Number (PTAN),
- Last five digits of your Tax ID number
- Beneficiary’s Medicare Health Insurance Claim (HIC) number
- First letter of the beneficiary’s first name
- First six letters of the beneficiary’s last name (Refer to the “IVR Beneficiary Name to Number Converter,” http://www.cgsmedicare.com/medicare_dynamic/j15/converter.asp)
 - If the last name is less than six characters and there is a suffix, enter the suffix with no spaces. **Example:** The first six letters entered for John Bene Jr would be Benejr.
- Beneficiary’s date of birth



The CTI will authenticate the information entered. Once authenticated, the information will display on a screen for the CSR to view. This allows the CSR to be ready to assist you with your question.

When you choose **Option 9**, you will be routed directly to the CSR in the PCC for assistance. Please note that Option 9 is only for general questions. If your question is related to a specific claim, the CSR will direct you to call back and select Option 1.

Incorrect Information Entered

If information is entered incorrectly, the CTI will ask that you reenter the information. If entered incorrectly three times, the CTI will transfer

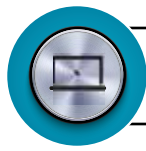
the caller to a CSR. Although, you will reach a CSR, if the beneficiary identifying information is entered incorrectly and is not available for the CSR, you will be asked to call back and enter the correct information in the CTI.

As you know, providers are allowed to ask up to three questions. If you have a question that is related to a beneficiary that is different than what was entered in the CTI, the CSR will ask you to authenticate the other beneficiary information in order to answer your question.

The CTI allows validation of one PTAN entry per call; therefore, if you have questions that involve multiple PTANs, you will need to call back.

Top 10 ANSI Claim Rejections - Part A

Edit Number	Business Edit Message	Resolution
1	X223.424.2400. SV202-3.020 CSCC A7: Acknowledgement /Rejected for Invalid Information... CSC 453: Procedure Code Modifier(s) for Service(s) Rendered	Please verify that the HCPCS/Modifier codes are valid and active for the date of service. The procedure code modifiers in SV202 must not be duplicated within the same detail service line.
2	X223.424.2400. SV202-2.020 CSCC A7: Acknowledgement /Rejected for Invalid Information... CSC 507: HCPCS	Please verify that the HCPCS code is valid and active for the date of service.
3	X223.189.2300. HI01-2.050 CSCC A7: Acknowledgement /Rejected for Invalid Information... CSC 673: Patient reason for visit	If 2300 HI01-1 is APR or PR the patient reason for visit codes in this HI segment cannot be duplicated.
4	X223.387. 2330B. N403.030 This Claim is rejected for the Acknowledgement /Rejected for Invalid Information within the Other payer's Explanation of Benefits/ payment information's Postal/Zip Code.	Verify the zip code for the other insurer is valid. 2330B.N403 must be a valid zip code. Please correct and resubmit the claim(s).
5	X223.112. 2010BA. NM109.020 CSCC A7: Acknowledgement /Rejected for Invalid Information... CSC 164: Entity's contract/member number EIC: IL Subscriber	The Member Identification Number , must be 10 – 11 positions in the format of NNNNNNNNNA or NNNNNNNNNAA or NNNNNNNNNAN where A represents an alpha character and N represents a numeric digit.
6	X223.424.2400. SV202-7.025 CSCC A8: Acknowledgement/Rejected for relational field in error CSC 306: Detailed description of service	When the 2400 SV202-2 contains a non-specific code, a description in SV202-7 must be present.
7	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". Please correct and resubmit the claim(s).
8	X223.090. 2010AA. REF02.050 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	Please verify the Tax Identification (ID) and Billing Provider NPI corresponds with the information on file with Provider Enrollment at CGS. The claims will reject if the Tax ID and Billing Provider NPI information does not match our records.
9	X223.143. 2300. CLM02.080 CSCC A7: Acknowledgement /Rejected for Invalid Information... CSC 400: Claim is out of Balance CSC 672: Payer's payment information is out of balance	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.
10	X223.381. 2330A. N403.030 This Claim is rejected for the Acknowledgement /Rejected for Invalid Information within the Other Insured's Postal/Zip Code CSCC A7: Acknowledgement /Rejected for Invalid Information... CSC 500: Entity's Postal/Zip Code EIC: GB Other Insured	2330A.N403 must be a valid postal/zip Code when N404 equals US or blank



Top 10 ANSI Claim Rejections - Part B

Edit Number	Business Edit Message	Resolution	
1	X222.351.2400. SV101-2.020	This Claim is rejected for relational field Information within the HCPCS	Verify the procedure code (HCPCS or CPT) submitted is valid. If invalid, please correct and resubmit the claim(s) affected.
2	X222.094.2010AA. REF02.050	This Claim is rejected for relational field Billing Provider's NPI (National Provider ID) and Tax ID	Verify the Billing Provider NPI (NM1*85*2 or NM1*85*1) and Tax ID (REF* EI) is valid and matches what is on file with CGS. If invalid, please correct and resubmit the claim(s) affected.
3	X222.121.2010BA. NM109.020	This Claim is rejected for Invalid Information for a Subscriber's contract/member number	Verify the Patient member ID number (Patient's Medicare number, HICN) is valid. Please correct and resubmit the claim(s) affected.
4	X222.262.2310B. NM109.030	This Claim is rejected for Invalid Information for a Rendering Provider's National Provider Identifier (NPI).	Verify the Rendering Provider's NPI is valid, contains 10 digits and matches what we have on file. Note: For 5010, The Billing Provider and Rendering Provider name and NPI must be different. We suggest that you remove the Rendering Provider name and NPI. (Only when the name and NPI are the same).
5	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	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) affected.
6	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. If invalid, please correct and resubmit the file(s) affected.
7	X222.094.2010AA. REF02.050	This Claim is rejected for relational field Billing Provider's NPI (National Provider ID) and Tax ID	Verify the Billing Provider NPI (NM1*85*2 or NM1*85*1) and Tax ID (REF* EI) is valid and matches what is on file with CGS. If invalid, please correct and resubmit the claim(s) affected.
8	X222.351.2400. SV101-3.010	This Claim is rejected for relational field Information within the Procedure Code Modifier(s) for Service(s) Rendered	Please verify that the HCPCS/Modifier codes are valid and active for the date of service sent on your claims electronically.
9	X222.351.2400. SV101-7.020	This Claim is rejected for relational field Information within the Detailed description of service	When you send a non-specific Procedure code (SV101-2) for a drug prescribed, supplied or administered and the Drug code (2410 LIN03) submitted for the patient's claim, the description of Drug name and quantity of units is the only information required in this field (Example – SV1*HC:J3301:::TRIAMCINOLONE ACETONIDE 10 MG*150*UN*1), or When you send a procedure code that does not describe the service provided specifically, the description of the service provided is required in this field (Example – SV1*HC:97760:GO:::OCCUPATIONAL THERAPY*50*UN*1~) Please correct and resubmit the claim(s) affected. Note: A detail description in the NTE segment without the detail description information in the SV1 segment will cause this edit to set.
10	X999.DUPE	Rejected due to duplicate ST/SE submission	The ST/SE (Batch number) is the same within the file. The Batch numbers must unique within each file submitted. Please correct and resubmit the file.

PC-ACE Pro32 Software Upgraded

The PC-ACE Pro32 software is upgraded quarterly. The new CGS custom build of PC-ACE Pro32 (3.1) is now available. This build includes the July 2016 Medicare mandate changes and ANSI-related product enhancements.

The latest version, 3.1, is available on the website, <http://www.cgsmedicare.com>. It is important to perform the upgrades when they are made available, because prior versions will not be available.

Updated newsletters may also be downloaded from the website that references any changes in the updated software.

IMPORTANT: The recommended database backup is for safety purposes only, and should NOT be restored after successfully installing the update. The update program preserves all existing claims and reference file settings.