SUMMER 2024

# EDI CONNECTION

## Contents



## Annual DDE/PPTN Recertification is Due

Each year, providers must recertify each Direct Data Entry (DDE) and Professional Provider Telecommunications Network (PPTN) user's access.

To recertify, complete and fax the Annual DDE PPTN Recertification Form (https://cgsmedicare.com/forms/annual_dde_pptn_recert_formre.pdf) beginning on:

- June 1, 2024 – Home Health & Hospice providers
- July 1, 2024 – Part A providers
- August 1, 2024 – Part B providers

**The final deadline is August 31, 2024**. If you don't fax the completed form timely, we must terminate your DDE/PPTN access. If your access is terminated, you will need to submit the J15 DDE PPTN Application/Reactivation form to regain access and the normal application processing timeline will apply.

## Revised Online EDI Application

On May 31, 2024, we revised the Online EDI Application (https://www.cgsmedicare.com/medicare_dynamic/edi_application/disclaimer.html) to allow providers, clearinghouses, and vendors to enroll as electronic 837D dental claim submitters.

This minor revision appears in the Submitter Information section. The Input Submitter ID field now includes three options:

- 837 (to submit medical claims)
- 837D (to submit dental claims)
- 835 (to receive ERA [medical claims only])


**Note:** If the Submitter ID is reported in the incorrect field, the application will reject, and delay setup.

Once we receive a complete application, we will update the Submitter ID number with the new information. Requests are processed in the same manner as other applications and in the order in which we receive them.

## J15 PCC Closure Schedule

CGS offices are closed on most Federal Holidays. In addition, the J15 Provider Contact Center (PCC) closes periodically for training and staff development to help our customer service representatives (CSRs) provide accurate responses to your questions and improve your customer experience.




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J15 Part A 2024 PCC Closure Schedule: https://cgsmedicare.com/parta/cs/2024_holiday_schedule.pdf

J15 Part B 2024 PCC Closure Schedule: https://cgsmedicare.com/partb/cs/2024_holiday_schedule.pdf

J15 HHH 2024 PCC Closure Schedule: https://cgsmedicare.com/hhh/help/pdf/2024_hhh_calendar.pdf

## 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:

- **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
- **Find a Provider Administrator** – If you need to contact your Provider Administrator, but cannot log in to myCGS, use the Find your Admin hyperlink on the login page. https://www.cgsmedicare.com/mycgs/ssi/intro/logging.html
- **Delete a Provider Administrator** – Before you delete a Provider Administrator, you should establish a new one. If a new Provider Administrator is not established, and the prior Provider Administrator is longer employed with your organization, you must contact the CGS EDI department to delete the prior Provider Administrator record. This will also delete any Provider Users the prior Provider Administrator established. A new Provider Administrator can then register for myCGS and create additional Provider Users. To avoid such issues, we encourage you to establish and maintain at least two Provider Administrators for each PTAN/NPI combination.

## Part A Top 10 Edits

| | Edit Number | Business Edit Message | Resolution |
|---|---|---|---|
| 1 | 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) Payer Paid amount for each other payer occurrence. |
| 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.<br>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 | X223.112.2010BA.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. |
| 4 | X223.143.2300.CLM05-1.020 | A7: "Acknowledgement /Rejected for Invalid Information…"<br>CSC 228: "Type of bill for UB claim" | 2300.CLM05-1 must be the 1st and 2nd positions of a valid Uniform Bill Type Code. |
| 5 | X223.424.2400.SV201.020 | A7: 455: "Acknowledgement /Rejected for Invalid<br>Information…" 2400.SV201 must be a valid revenue code. | Revenue code must be valid. |
| 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.<br>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. |

| | Edit Number | Business Edit Message | Resolution |
|---|---|---|---|
| 9 | X223.116.2010BA.N403.030 | This Claim is rejected for containing Invalid Information within the Subscriber's Postal/Zip Code. | 2010BA.N403 must be a valid postal/zip Code when N404 equals US or blank. |
| 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 |

## 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 NNNNNNNNNA or NNNNNNNNNAA 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. |
| 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, except when 2300.REF with REF01 = "P4" and REF02 = "82" |
| 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. |