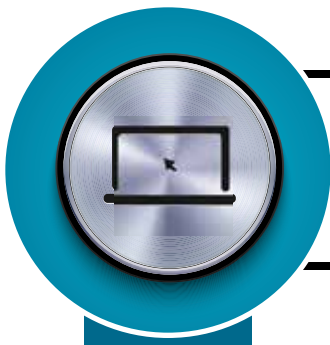


EDI Connection



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277CA Error of Duplicate

The EDI department within CGS is featuring a new EDIT LOOKUP TOOL (http://cgsmedicare.com/medicare_dynamic/edi/277CA_edit_lookup_tool/?part=b) that aids you in determining why a claim may have rejected on a 277CA response file. However, one of the errors you may receive frequently you will notice is not a part of the lookup tool. The error's description states the claim you submitted is a duplicate. If it did appear on the lookup tool it would show similar to the example below:

Duplicate ST-SE transaction sets shall be rejected as follows:

CSCC A8: Acknowledgement/Rejected for relational field in error

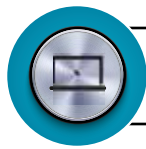
CSC 746: Duplicate Submission.

Note: use only at the information receiver level in the Health Care Claim Acknowledgement transaction.

EIC: 40: Receiver

This error kicks out because the data in transaction set (between ST and SE) was previously submitted and is being rejected due to duplicate ST/SE submission. The Batch number must be a unique number for each file submitted. If you have previously submitted the same file number to CGS, you would need to create a new file to resubmit to CGS. You must submit a new control number in ISA13, BHT03, ST and SE 02 locations of the 837 file. This error occurs due to the fact the same control number can not be submitted to the contractor within the last 12 months. Below are steps on how to change the file/batch number if your using PC-ACE Pro32, however if you are using a software vendor you will need to reach out to them regarding the proper steps to change this.

Duplicate File Rejections – PC-Ace Pro32	
Problem:	Customers receiving rejection stating file is a duplicate due to the file/batch number was sent twice within a 12-month period.
Expected Result:	Prevent files from rejecting as duplicates due to the file/batch number.
Resolution:	Change the serial number within the file so that the files will not reject as duplicate: <ol style="list-style-type: none"> 1. Click on the Reference File Maintenance button 2. Click on the Codes/Misc tab 3. Under the Shared list, click on the Submitter button 4. Click on Professional for Part B or Institutional for Part A/HHH 5. Click on the submitter file and click on the View/Update button 6. Click on the Prepare tab 7. Change the number in the Next Serial Number field 8. Click on the Save button.



Tips Commonly Associated with Errors for Completing the EDI Applications

The following tips will ensure accuracy and prevent the EDI forms from being returned for errors:

- 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.**
- Using the most updated forms from the <http://www.cgsmedicare.com> website will ensure you have the most recent and legible forms. The most recent form was updated and uploaded mid-January of 2016.
- 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 topic.
- 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.

Online Inquiry Form

- The EDI CONTACT person should be the individual you have deemed authorized to receive information about the form's contents submitted to CGS.
- The Group Practice/Provider name and Group PTAN/NPI must match what is listed on file.
- In the EXISTING ID/PIN field please include the existing ID/PIN on those users whom an ID has already been established. This will allow us to add access for the PTAN(s) requested. If this is a NEW user, please leave this field blank or indicate NEW in the EXISTING ID/PIN field. If you are attempting to delete a users access please indicate DELETE in this field.

277CA Edit Lookup Tool

The 277CA Edit Lookup Tool allows Trading Partners, billing services, providers, and clearinghouses to view easy-to-understand descriptions associated with the edit code(s) returned on the 277CA - Claim Acknowledgment for 5010A1 claims. The tool allows you to enter the edit codes and will return possible explanations for the cause of the edit.

- Go to <http://www.cgsmedicare.com>
- Click on your Line of Business (Home Health & Hospice, KY & OH Part B, or KY & OH Part A).
- Click on EDI or Electronic Data Interchange on left side of the page.
- Click on the 277CA Edit Lookup Tool link.

Enter the edit information located in the STC segment on your acknowledgment file into the 5010A1 277CA Edit Lookup Tool and click Submit.

Example: STC*A7:560:85U*1983~**

A7 = CSCC (Claim Status Category Code)

560 = CSC (Claim Status Codes)

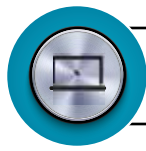
85 = EIC (Entity Identifier Code)

The results will be returned below the search fields and will display all possibilities for the cause of the edit.

Edit Code	CSCC	CSC	EIC	Description	Proposed 5010 Edits
X222.349.2330G.REF.010	A7	560	85	Acknowledgement /Rejected for Invalid Information... Entity's Additional/Secondary Identifier.. Billing Provider.	2330G.REF must not be present.
X222.096.2010AA.REF.020	A7	560	85	Acknowledgement /Rejected for Invalid Information... Entity's Additional/Secondary Identifier.. Billing Provider.	Only one iteration of 2010AA.REF with REF01 = "IG" is allowed.

myCGS eClaims Job Aid

Do you need help submitting an electronic claim through myCGS? If so, refer to the myCGS eClaims Job Aid for navigation tips and screen shots. This tool should ease the transition from a paper biller to an electronic biller (http://cgsmedicare.com/partb/mycgs/mycgs_eclaims_jobaid.pdf).



Contacting Electronic Data Interchange (EDI)

The CGS J15 Electronic Data Interchange (EDI) department handles the following functions related to Medicare electronic claims processing:

- EDI enrollment
- Administrative Simplification and Compliance Act (ASCA)
- Electronic Remittance Advice (ERA)
- PC-ACE Pro32 billing software

CGS J15 EDI Customer Service Representatives are also available to provide assistance with questions about:

- EDI enrollment
- Trading partners
- myCGS Web portal
- PC-ACE Pro32 billing software
- DDE billing software (enrollment, RACF IDs)
 - For assistance with other questions related to DDE, call 1.866.590.6703 and select Option 1.
 - For assistance with DDE password issues, call 1.615.660.5444.

The following items must be verified when you contact EDI. Please have this information available prior to calling so we may assist you:

- Provider Transaction Access Number (PTAN) (also referred to as a Medicare provider number);
- Submitter Identification number (if you are a billing service or clearinghouse);
- Employer Identification Number (EIN) or Tax Identification Number (TIN) (available on the 855 enrollment form or PECOS);
- Company name;
- Contact name;
- Telephone number; and

If you are unable to provide this information, you may be required to call back.

For specialized assistance related to EDI functions, call the appropriate number below.

- **Part A:** 1.866.590.6703 and select Option 2.
- **Part B:** 1.866.276.9558 and select Option 2.
- **HHH:** 1.877.299.4500 and select Option 2.

myCGS Enhancement: General Inquiry

myCGS, our free Web portal, has been enhanced to allow you to submit general inquiries related to a number of topics. Please click on the appropriate link below for step-by-step instructions and more information on this exciting addition to the myCGS options!

- myCGS Part A General Inquiry: <http://www.cgsmedicare.com/parta/pubs/news/2016/01/cope31725.html>
- myCGS Part B General Inquiry: <http://www.cgsmedicare.com/partb/pubs/news/2016/01/cope31726.html>
- myCGS HHH General Inquiry: <http://www.cgsmedicare.com/hhh/pubs/news/2016/0116/cope31727.html>

Top Errors when Submitting Online Inquiry Forms

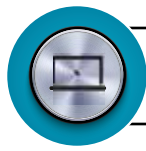
Take a look at common mistakes that will cause your DDE Online Inquiry Application to be return.

	Application Errors	Resolutions
1	Incorrect Line of Business checked on the application.	Do not select multiple Line of Business. Please check the correct Line of Business and state on the application.
2	Forms are not legible. The Provider Name, Address, Provider Number and NPI are not clear.	Please make sure each section is legible for processing.
3	Address does not match the Type of Entity.	When selecting the Type of Entity verify the address matches the entity.
4	Provider (and/or) Trading Partners did not include a list of individuals requiring access.	The full name including middle initial must be submitted before an ID can be assign. When entering an Existing ID/PIN please make sure they are legible and valid Existing ID's.
5	The e-mail address is not legible.	Please verify your e-mail address is correct, as this will be the primary method of communication once your ID has been assign.

Medical Review Decision Letters Available through myCGS!

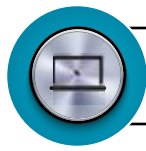
myCGS, our secure online Web portal, allows CGS J15 providers to perform a number of functions securely over the web. It was recently enhanced to allow you immediate access to certain Part A and Part B medical review decision letters! Click the appropriate link below for the step by step instructions!

- myCGS Part A Medical Decision Letter: <http://www.cgsmedicare.com/parta/pubs/news/2015/0415/cope28413.html>
- myCGS Part B Medical Decision Letter: <http://www.cgsmedicare.com/partb/pubs/news/2016/01/cope31748.html>



Top 10 ANSI Claim Rejections - Part A

Edit Number	Business Edit Message	Resolution
1 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 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"	Verify the Billing Provider NPI and Tax ID number are linked in 2010AA.
2 X223.112. 2010BA. NM109.020	This Claim is rejected for Invalid Information for a Subscriber's contract/member number. CSCC A7: Acknowledgement/Rejected for Invalid Information CSC 164: Entity's contract/member number EIC: IL Subscriber	Verify the Patient's member ID number (Patient's Medicare Number, HICN) is valid. Please correct and resubmit the claim (s).
3 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.
4 X223.433. 2400. DTP03.040	This Claim is rejected for Invalid Information within the Future date and Date(s) of service. CSCC A7: "Acknowledgement/Rejected for Invalid Information..." CSC 510: "Future date" CSC 187: "Date(s) of service"	Verify the Date of service in the 2400 DTP03 is not a future date.
5 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."
6 X223.088. 2010AA. N403.030	This Claim is rejected for containing Invalid Information within the Billing Provider's Postal/Zip Code CSCC A7: "Acknowledgement/Rejected for Invalid Information..." CSC 500: "Entity's Postal/Zip Code" EIC: 85 "Billing Provider"	Verify a valid 9 digit zip code is listed in the N403 segment for the Billing Provider in 2010AA.
7 X223.319. 2310A. NM109.010	This Claim is rejected for Invalid Information within the Attending Physician's National Provider Identifier (NPI). CSCC A7: "Acknowledgement/Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 71 "Attending Physician"	Verify the NPI Number for the Attending Physician is valid, contains 10 digits and matches what is on file with CGS. If invalid, please correct and resubmit the claim(s).
8 X223.153. 2300. CL101.030	This Claim is rejected for Invalid Information within the Hospital admission type. CSCC A7: "Acknowledgement/Rejected for Invalid Information..." CSC 231: "Hospital admission type"	Verify the Hospital Admission Type code is valid in the 2300 CL101.
9 X223.319. 2310A. NM108.020	This Claim is rejected for Missing Information due to Identifier Qualifier within the Attending Physician's National Provider Identifier (NPI). CSCC A6: "Acknowledgement/Rejected for Missing Information..." CSC 745: "Identifier Qualifier" CSC 562: "Entity's National Provider Identifier (NPI)" EIC: 71 "Attending Physician"	Verify the NPI Qualifier in 2310A NM108 is present on the claim.
10 X223.151. 2300. DTP03.040	This Claim is rejected for containing a Facility admission date in the future. CSCC A7: "Acknowledgement/Rejected for Invalid Information..." CSC 510: "Future date" CSC 189: "Facility admission date"	Verify the Admission date in the 2300 DTP03 is not a future date.



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 – 2010AA NM109. CSCC A8: "Acknowledgement/Rejected for relational field in error." CSC 496: "Submitter not approved for electronic claim submissions on behalf of this entity." EIC: 85 "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).
2	X222.121. 2010BA. NM109.020 This Claim is rejected for Invalid Information for a Subscriber's contract/member number. CSCC A7: "Acknowledgement/Rejected for Invalid Information..." CSC 164: "Entity's contract/member number" EIC: IL "Subscriber"	Verify the Patient's member ID number (Patient's Medicare Number, HICN) is valid. Please correct and resubmit the claim(s).
3	X222.351. 2400. SV103.020 This Claim is rejected for Invalid Information submitted inconsistent with billing guidelines for the Unit or Basis for Measurement Code. CSCC A7: "Acknowledgement/Rejected for Invalid Information..." CSC 732: "Information submitted inconsistent with billing guidelines." CSC 659: "Unit or Basis for Measurement Code."	Verify MJ Qualifier or UN Qualifier is used based on the following criteria: <ul style="list-style-type: none"> • 2400. SV103 must be "MJ" when SV101-3, SV101-4, SV101-5, or SV101-6 is an anesthesia modifier (AA, AD, QK, QS, QX, QY or QZ). • Otherwise, must be "UN."
4	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.
5	X222.317. 2330A. N403.020 This Claim is rejected for Invalid Information for a Other Insured's Postal/Zip Code. CSCC A7: "Acknowledgement/Rejected for Invalid Information..." CSC 500: "Entity's Postal/Zip Code" EIC: GB "Other Insured"	Verify a valid postal zip code is entered in the 2330A, N403 segment.
6	X222.176. 2300. DTP.010 This Claim is rejected for Invalid Information for the Future date within the Facility admission date. CSCC A7: "Acknowledgement/Rejected for Invalid Information..." CSC 189: "Facility admission date."	Verify the Date of Admission is not a future date.
7	X222.127. 2010BA. DMG02.030 This Claim is rejected for Invalid Information for the Future date of the Subscriber's date of birth. CSCC A7: "Acknowledgement/Rejected for Invalid Information..." CSC 510: "Future date" CSC 158: "Entity's date of birth" EIC: IL "Subscriber"	Verify the Subscriber's date of birth.
8	X222.351. 2400. SV105.010 This Claim is rejected for Invalid Information within the Place of service. CSCC A7: "Acknowledgement/Rejected for Invalid Information..." CSC 249: "Place of service"	Verify the Place of Service is a valid code.
9	X222.280. 2310D. NM109.020 This Claim is rejected for Invalid Information for the Supervising Physician's National Provider Identifier (NPI). CSCC A7: "Acknowledgement/Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" EIC: DQ "Supervising Physician" 2310D.NM109 must be valid according to the NPI algorithm.	Verify the NPI Number for the Supervising Physician is valid, contains 10 digits and matches what is on file with CGS. If invalid, please correct and resubmit the claim(s).
10	X222.454. 2420E. NM109.020 This Claim is rejected for Missing Information within the Ordering Physician's National Provider Identifier (NPI). CSCC A7: "Acknowledgement/Rejected for Invalid Information..." CSC 562: "Entity's National Provider Identifier (NPI)" EIC: DK "Ordering Physician" 2420E.NM109 must be valid according to the NPI algorithm.	Verify the NPI Number for the Ordering Physician is valid, contains 10 digits and matches what is on file with CGS. If invalid, please correct and resubmit the claim(s).