



EDI CONNECTION

Contents

New Revised J15 DDE PPTN Application/Reactivation Application	1
Roster Billers: Use PC-ACE to Submit Your Claims!	1
myCGS Cancel Claim Feature	1
Claims Processing Issues Log	1
EDI System Status Log	2
Attention myCGS Users: Multi-Factor Authentication (MFA) Email Reminder ..	2
Tips for filling out the J15 DDE PPTN Application/Reactivation Form	2
Address Changes for Clearinghouses and Billing Companies	3
Acceptable/ Unacceptable/ Outdated EDI Application Enrollment Forms	3
Part A Top Ten Edits	4
Part B Top 10 Edits	4

New Revised J15 DDE PPTN Application/Reactivation Application

CGS is introducing a new and improved form for DDE and PPTN access. The Online Inquiry form is now called the J15 DDE PPTN Application/Reactivation. The name change was made for the provider community to help them better locate the form on our website. The major change with the DDE PPTN access request is CGS will no longer accept attached spreadsheets. Only 5 PTAN/NPI combinations can be submitted per application. This change is to ensure the requests are processed correctly and timely.

This form is available for use immediately. **As of March 1, 2018, forms received with an attached spreadsheet or the old form will be returned to the provider.**

Roster Billers: Use PC-ACE to Submit Your Claims!

This is the time of year for influenza and pneumonia injections. Are you interested in eliminating the paper Roster form?

Roster billing may be created using the PC-ACE software!

When you create roster claims using the PC-ACE software and upload your file electronically, the payment floor will be 13 days versus 29 for a paper roster claim form.

For additional information on Roster billing using the PC-ACE software please visit the PC-ACE Pro32 Software Web page at https://www.cgsmedicare.com/partb/edi/pdf/roster_claims_jobaid.pdf. If you have questions, you may contact our EDI Helpdesk at 1.866.276.9558 (Option 2).

myCGS Cancel Claim Feature

Have you ever submitted a claim to Medicare and realize the claim was submitted in error? Part B providers can now correct modifier clerical errors and whole claim cancellation themselves from myCGS. You can now access your claim information to make the simple modifier correction or claim cancellation yourself. Claims that have been submitted in error, you will now be able to retrieve the claim and acknowledge that the claim was submitted in error and receive a message that the claim has been removed. If the claim was submitted in error, and a Medicare payment was made, the provider can acknowledge payment was made in error and an overpayment will automatically be setup for the Whole claim only. For additional information please visit: <https://www.cgsmedicare.com/partb/pubs/news/2017/04/cope2822.html>.

Claims Processing Issues Log

Claims processing issues are posted on <https://www.cgsmedicare.com>, under the Claims section. CGS encourages you to review this log often and **prior to contacting the Provider Contact Center or EDI Helpdesk**. Issues are shown by date reported

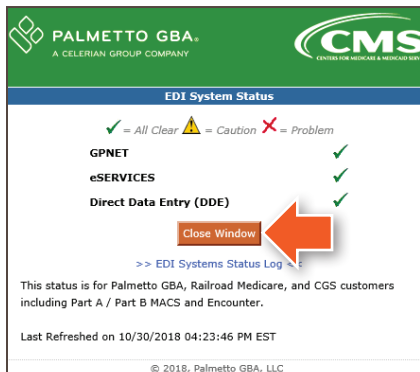


EDI CONNECTION

with the most recently reported issue listed first. This log is updated frequently, as soon as information becomes available. A list of resolved issues is also available at the end of this list. If you still have questions, please contact the Provider Contact Center or use one of our self-service tools.

EDI System Status Log

The EDI System Status Log is a tool that is offered on the CGS website: <https://www.cgsmedicare.com> to post any system issues that have been reported. When on the website, click the Line of Business that pertains to you (J15 Part B, J15 Part A or J15 HH). The EDI System Status Log can be accessed from 2 locations, first, by clicking: Electronic Data Interchange (EDI) at the drop down chose EDI System Status. The second way to access the EDI System Status Log can be completed by clicking Quick Links. This will take you to the EDI System Status box, in which you would click the link EDI System Status Log. Any active issue would be at the top, if none are listed, scroll down and see the issues that have been resolved.



Attention myCGS Users: Multi-Factor Authentication (MFA) Email Reminder

CGS implemented Multi-factor Authentication (MFA) as an added level of security to better protect the information assessable through myCGS, our Web portal. MFA is an eight-digit verification code sent to you via text or email that is required prior to gaining access to the portal. **NOTE:** As a convenience to you, the timeframe the MFA code remains active was increased from 15 minutes to 8 hours. In addition, the MFA code may be used repeatedly during the 8 hour timeframe.

If you selected email as your delivery method, here are a few tips and updates to ensure delivery of your MFA code:

Selecting the 'Email Me' button will generate an email delivered to the email address associated with your myCGS user ID.

- The email will come from:
mycgs.no.reply@onlineproviderservices.com.

- Please be sure to add this email address to your contact list.
- Adjust your spam settings and/or follow the instructions from your email provider on how to prevent our emails from being marked "Spam" or "Junk Mail."
- Enter the verification code from the email into the box and click 'SUBMIT.'
 - The verification code you receive may be used repeatedly up to 8 hours from the generation time of the original MFA email.
 - If you log out of myCGS and, within 8 hours of the original MFA email, you log back in, you will be directed to the 'Welcome to myCGS' screen where you may simply re-enter your original MFA verification code.
- In the event your MFA verification code expires or cannot be located, you can always generate a new verification code that can be used up to 8 hours by clicking the 'Regenerate Code' link.

Changing your MFA Notification Method from 'Email' to 'Text'

To change your MFA delivery option to 'text', access the 'My Account' tab and enter your mobile phone number and mobile carrier information. Click on the 'Submit' button.

After submitting the change myCGS will log you out and display the following message at the top of the screen:

You will receive a verification email message. Either click on the link in the email or copy and paste the URL into your browser to verify the changes made to your account. Log back into myCGS.

Job aid: <https://www.cgsmedicare.com/partb/pubs/news/2018/02/cope6319.html>

Tips for filling out the J15 DDE PPTN Application/Reactivation Form

- Please select only one (1) line of business and state for which you will be transmitting.
- Enter the Action Requested.
- Enter the Entity Name.
- Type of Entity: Check the appropriate box. If you select Individual Provider, then the Provider Name and Address, City, State and Zip must match the first Group Provider Number listed on the application.
- E-mail Address is required and will be the primary method of communication.
- Please list the Group Practice/Provider Name, Group Provider Number (PTAN)/Group NPI.
- List individuals requiring access (full name including middle initial before an ID can be assign). If the user has an Existing ID please list it on the form.



EDI CONNECTION

- Note: Attached spreadsheets are no longer accepted. CGS allows five PTAN/NPI combinations per form for accurate processing.
 - Only 2 applications per fax transmission are allowed.
 - All outdated forms will be return to the provider.

- The old address of the Line of Business (LOB)
- The new address of the LOB
- A contact phone number
- A contact e-mail address (optional)
- The name of the person to be contacted
- Letter must state the address has changed and must be signed and dated by an authorized official.

Address Changes for Clearinghouses and Billing Companies

Are you a Clearinghouse or Billing Company that own Submitter ID?

If yes, follow these steps to update your address with the Electronic Data Interchange (EDI) Department:

- Fax a letter on company letterhead with the following information in the body of the letter:
 - The Submitter ID

Please note: The document will be returned if any of the listed information is omitted on the letterhead

Fax the letter to the attention of the EDI Department at the applicable fax number:

- Part A KY: 1.615.664.5943
- Part A OH: 1.615.664.5945
- Part B KY: 1.615-664-5917
- Part B OH: 1.615.664.5927
- HH&H: 1.615.664.5947

Acceptable/ Unacceptable/Outdated EDI Application Enrollment Forms

We are still receiving multiple distorted illegible applications 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. Also, the most current version of the forms should be used and can be found on the website. If there is a problem with the hardcopy PDF version of the application, you have the option of completing the EDI application online.

In addition, below are some of the top reasons for application rejections.

Take a look at common mistakes that will cause your EDI Application to be returned.

Application Errors	Resolutions
Application received without the Group PTAN/NPI	<ul style="list-style-type: none"> • Please list your group PTAN/NPI if part of a group • List the Individual PTAN/NPI combination if not part of a group • Include the same information on each of the required forms
No Submitter ID included on application, just the name of the clearinghouse	<ul style="list-style-type: none"> • The clearinghouse Submitter ID must be included on the application • PTAN listed erroneously as the Submitter ID
Illegible Forms/Outdated forms	<ul style="list-style-type: none"> • All information, including CGS script, must be legible in order to bind the agreement and complete the setup • Signatures must be legibly signed • Must use the most current form found on website
Incorrect Line of Business checked on the application	<ul style="list-style-type: none"> • Please check the correct Line of Business on the application • Do not select multiple Line of Business • Be consistent with the same Line of Business on each form
Signature/Tax ID missing on PDF application or authorization form for electronic submission.	<ul style="list-style-type: none"> • EDI applications cannot be processed if the signature page is not completed or missing • The Tax ID number is left blank

For additional assistance, please visit our website: <https://www.cgsmedicare.com>. Select the appropriate line of business, select Electronic Data Interchange (EDI), and click Enrollment. Select the EDI Enrollment Packet for paper application submissions or choose Online EDI Application for online application submissions.



EDI CONNECTION

Part A Top Ten Edits

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.	2010AA.REF must be associated with the provider identified in 2010AA.NM109
2	X223.424.2400. SV202-2.020	This Claim is rejected for Invalid Information within the HCPCS.	When 2400.SV202-1 = "HC", 2400.SV202-2 must be a valid HCPCS Code.
3	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."
4	X223.424.2400. SV202-7.025	This claim is rejected for Acknowledgement for relational field in error. A detailed description of service is required.	2400.SV202-7 (Description) must be present. when 2400.SV202-2 contains a non-specific procedure code.
5	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.
6	X223.153.2300. CL103.015	Rejected for Invalid Information. Patient discharge status.	When 2300.CL103 value "20", "40", "41", or "42" is present, at least one occurrence of 2300.HI01-2 thru HI12-2 must = "55" where HI01-1 is "BH".
7	X223.143.2300. CLM05-1.020	This claim is rejected for Type of bill for UB claim.	2300.CLM05-1 must be the 1st and 2nd positions of a valid Uniform Bill Type Code.
8	X223.088.2010AA. N403.030	"Acknowledgement rejected for Invalid Information Billing provider zipcode"	2010AA.N403 Billing provider zip code must be a valid 9 digit zip code.
9	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.
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	X222.262.2310B. NM109.030	This Claim is rejected for Invalid Information within the Rendering Provider's National Provider Identifier (NPI)	"2310B.NM109 must be a valid NPI on the Crosswalk when evaluated with 1000B.NM109. The rendering provider NPI was not found on the crosswalk. Note: We recommend Sole-proprietors, IDTFs, and Ambulance providers, with only a group NPI, not send the Rendering Provider Loop(s) 2310B or 2420A in the Medicare Part B claims to avoid unnecessary front-end rejections. CGS only requires NPIs in the Billing Provider Loop for the above types of providers."
2	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.
3	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." When Product or Service ID Qualifier = "HC," the Procedure Code must be a valid HCPCS Code for the Service Date (DTP01 = "472"). This can also be caused by sending an invalid HCPCS and modifier combination."
4	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	The billing provider must be "associated" to the submitter (from a trading partner perspective) in 1000A.NM109.



EDI CONNECTION

Edit Number	Business Edit Message	Resolution
5 X222.121.2010BA. NM109.020	This Claim is rejected for Invalid Information for a Subscriber's contract/member number	<p>"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 NNNNNNNNNNAN. If the patient's Medicare number is not in these formats, your claim will reject.</p> <p>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."</p> <p>CSCC A7: "Acknowledgement/Rejected for Invalid Information..."</p> <p>CSC 164: "Entity's contract/member number"</p> <p>EIC: IL "Subscriber"</p> <p>If the HICN/MBI format is valid, 2010BA NM109 must be a HICN format pre-SSNRI transition.2010BA NM109 may be either a HICN (Part B or RRB format) or MBI during the SSNRI transition period.2010BA NM109 must be an MBI format post-SSNRI transition."</p>
6 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. Billing Provider Tax Identification Number must be associated with the billing provider's NPI.
7 X222.087.2010AA. NM109.030	This Claim is rejected for Invalid Information in the Billing Provider's NPI (National Provider ID)	"2010AA.REF must be associated with the provider identified in 2010AA.NM109 Billing Provider Identifier must be a valid NPI on the Crosswalk. Verify that the NPI and PTAN are linked together."
8 X222.157.2300. CLM05-3.020	This Claim is rejected for Invalid Information within the Claim Frequency Code	"Part B Medicare only accepts original claims. ****CLM05-3 must be 1 for Medicare Part B claims only****"
9 X222.351.2400. SV103.020	This claim is rejected for Information submitted inconsistent with Billing Guidelines for units of service or Anesthesia minutes.	2400.SV103 must be MJ Anesthesia minutes an anesthesia modifier (AA, AD, QK, QS, QX, QY or QZ) is submitted. Otherwise, must be UN- Units
10 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. Description must be present when Procedure Code requires a description/additional information."