MEDICARE
FEE-FOR-SERVICE

Standard Companion Guide
Trading Partner Information

Instructions related to Transactions based on
ASC X12 Implementation Guides, version 005010

Companion Guide Version Number: 3.0, April 2011

Preface

Companion Guides (CG) may contain two types of data, instructions for electronic communications with the publishing entity (Trading Partner Information) and supplemental information for creating transactions for the publishing entity while ensuring compliance with the associated ASC X12 Implementation Guide (IG) (Transaction Instructions). Either the Trading Partner Information component or the Transaction Instruction component must be included in every CG. The components may be published as separate documents or as a single document.

The Trading Partner Information component is included in the CG when the publishing entity wants to convey the information needed to commence and maintain communication exchange.

The Transaction Instruction component is included in the CG when the publishing entity wants to clarify the IG instructions for submission of specific electronic transactions. The Transaction Instruction component content is limited by ASCX12's copyrights and Fair Use statement.

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A CELERIAN GROUP COMPANY

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CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

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Trading Partner Information

1. Introduction

Purpose

This document is intended to provide information from the author of this guide to trading partners to give them the information they need to exchange EDI data with the author. This includes information about registration, testing, support, and specific information about control record setup.

An Electronic Data Interchange (EDI) Trading Partner is defined as any Medicare customer (e.g., provider/supplier, billing service, clearinghouse or software vendor) that transmits to, or receives electronic data from, Medicare. Medicare's EDI transaction system supports transactions adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) as well as additional supporting transactions as described in this guide.

Medicare FFS is publishing this Companion Guide to clarify, supplement and further define specific data content requirements to be used in conjunction with, and not in place of, the ASCX12N TR3s for all transactions mandated by HIPAA and/or adopted by Medicare FFS for EDI.

This Companion Guide provides communication, connectivity and transaction specific information to Medicare FFS trading partners and serves as the authoritative source for Medicare FFS specific EDI protocols

Additional information on Medicare FFS EDI practices are referenced within Pub. 100-04 Medicare Claims Processing Manuel, Chapter 24 on General EDI and EDI Support, Requirements, Electronic Claims and Mandatory Electronic Filing of Medicare Claims. This document can be accessed at http://www.cms.gov/manuals/downloads/clm104c24.pdf.

Scope

EDI addresses how providers/suppliers, or their business associates, exchange professional and institutional claims, claim acknowledgments, claim remittance advice, claim status inquiry and responses, and eligibility inquiry and responses electronically with Medicare. This guide also applies to electronic transactions that are being exchanged with Medicare by third parties, such as clearinghouses, billing services or network service vendors. Below is a listing of transactions required by Medicare FFS:

Transactions	Version
270/ 271 Health Care Eligibility Benefit Inquiry and Response	005010X279A1
837 Health Care Claim: Professional	005010X222A1
837 Health Care Claim: Institutional	005010X223A2
999 Implementation Acknowledgment For Health Care Insurance	005010X231A1
835 Health Care Claim: Payment/Advice	005010X221A1
276/277 Status Inquiry and Response	005010X212

Transactions	Version
277CA Claim Acknowledgment	005010X214
National Council for Prescription Drug Programs (NCPDP) Version D.0 of the Telecom Standard	D.0 April 2009

This companion Guide provides technical and connectivity specification for the following above listed transactions:

- 837 Health Care Claim: Institutional
- 837 Health Care Claim: Professional
- 835 Health Care Claim: Payment Advice
- 276/277 Status Inquiry and Response

Technical specifications for the 999 Implementation Acknowledgment for Health Care Insurance and 277CA Claim Acknowledgment are subsumed under the technical specifications for the 837 Institutional and Professional Claim transaction.

The 270/271 Health Care Eligibility Benefit Inquiry and Response has its own companion guide that can be found at: http://www.cms.gov/HETSHelp/.

NCPDP Version D.0 also has its own companion guide that can be found at: http://www.ngscedi.com/.

Overview

This Companion Guide includes information needed to commence and maintain communication exchange with Medicare. In addition, this Companion Guide has been written to assist you in designing and implementing transaction standards to meet Medicare's processing standards. This information is organized in the sections listed below:

- **Getting Started:** This section includes information related to hours of operation, data services, and audit procedures. Information concerning Trading Partner registration and the Trading Partner testing process is also included in this section.

- **Testing and Certification Requirements:** This section includes detailed transaction testing information as well as certification requirements needed to complete transaction testing with Medicare.

- **Connectivity/Communications:** This section includes information on Medicare's transmission procedures as well as communication and security protocols.

- **Contact Information:** This section includes EDI customer service, EDI technical assistance, provider services and applicable Websites.

- **Control Segments/Envelopes:** This section contains information needed to create the ISA/IEA, GS/GE and ST/SE control segments for transactions to be submitted to Medicare.

- **Acknowledgments and Reports:** This section contains information on all transaction acknowledgments sent by Medicare and report inventory.

- **Additional Trading Partner Information:** This section contains information related to implementation checklist, transmission examples, Trading Partner Agreements and other resources.

- **Trading Partner Information Change Summary:** This section describes the differences between the current Companion Guide and the previous Companion Guide(s).

References

The following Websites provide information for where to obtain documentation for Medicare adopted EDI transactions and code sets.

Resource	Web Address
ASC X12 TR3 Implementation Guides	http://store.x12.org
Washington Publishing Company Health Care Code Sets	http://www.wpc-edi.com/content/view/711/401/

Additional Information

For additional 5010 information, please visit the CGS EDI 5010 webpage at http://www.CGSMedicare.com/partb/coverage/5010/html.

The websites listed below provide additional resources during the transition year for HIPAA version 5010 implementation.

The following website provides operational information for EDI and electronic transaction standards:

Resource	Web Address
Central Version 005010 and D.0 Web Page on CMS website	http://www.cms.gov/Versions5010andD0/
Educational Resources (including MLN articles, fact sheets, readiness checklists, brochures, quick reference charts and guides, and transcripts from national provider calls)	http://www.cms.gov/Versions5010andD0/40_Educational_Resources.asp#TopOfPage
Dedicated HIPAA 005010/D.0 Project Web Page (including technical documents and communications at national conferences)	http://www.cms.gov/MFFS5010D0/
Frequently Asked Questions	http://questions.cms.hhs.gov/app/answers/list/kw/5010
Responses to Technical Comments	http://www.cms.gov/TransactionCodeSetsStands
To request changes to HIPAA adopted standards	http://www.hipaa-dsmo.org/

The following website provides operational information for EDI and electronic transaction standards:

- Medicare FFS EDI Operations
  http://www.cms.gov/ElectronicBillingEDITrans/

2. Getting Started

Working Together

CGS is dedicated to providing several communication channels to ensure communication remains constant and efficient. CGS has several options in an effort to assist the community with their electronic data exchange needs. By using any of these methods CGS is focused on supplying the Trading Partner community with a variety of support tools.

An EDI help desk is established for the first point of contact for basic information and troubleshooting. The help desk is available to support most EDI questions/incidents while at the same time being structured to triage each incident if more advanced research is needed. An EDI email is also accessible as a method of communicating with CGS. The email account is monitored by knowledgeable staff ready to assist you. When communicating via email, please exclude any Protected Health Information (PHI) to ensure security is maintained. In addition to the CGS's EDI help desk and email access, feel free to communicate via alternative methods (see section 5 below for contact information).

CGS also has several external communication components in place to reach out to the trading partner community. CGS posts all critical updates, system issues and EDI specific billing material to our website, http://www.CGSMedicare.com **Error! Hyperlink reference not valid.** All Trading Partners are encouraged to visit this page to ensure familiarity with the content of the site. CGS also distributes EDI pertinent information in the form of an EDI newsletter or comparable publication, which is posted to the website every quarter. In addition to the website, a distribution list has been established in order to broadcast urgent messages. Please register for CGS's distribution list by visiting http://www.cgsmedicare.com/medicare_dynamic/ls/001.asp.

Specific information about the above-mentioned items can be found in the sections below.

Trading Partner Registration

An EDI Trading Partner is any entity (provider, billing service, clearinghouse, software vendor, employer group, financial institution, etc.) that transmits electronic data to or receives electronic data from another entity.

Medicare FFS and CGS support many different types of trading partners or customers for electronic data interchange (EDI). To ensure proper registration it is important to understand the terminology associated with each customer type.

A **Submitter** is the entity that owns the submitter ID associated with the healthcare data being submitted. It is most likely the provider, hospital, clinic, supplier, etc., but could also be a third party submitting on behalf of one of these entities. However, a submitter must be directly linked to each billing NPI. Often the terms submitter and trading partner are used interchangeably because a

Trading Partner is defined as the entity engaged in the exchange or transmission of electronic transactions. Thus, the entity that is submitting electronic administrative transactions to CGS is a Medicare FFS trading partner.

Provider/Supplier – the entity that renders services to beneficiaries and submits health care claims to Medicare.

A **Vendor** is an entity that provides hardware, software and/or ongoing technical support for covered entities. In EDI, a vendor can be classified as a software vendor, billing or network service vendor or clearinghouse.

Software Vendor – an entity that creates software used by billing services, clearinghouses and providers/suppliers to conduct the exchange of electronic transactions with Medicare FFS.

Billing Service – a third party that prepares and/or submits claims for a provider/supplier.

Clearinghouse – a third party that submits and/or exchanges electronic transactions (claims, claim status or eligibility inquiries, remittance advice, etc.) on behalf of a provider/supplier.

Network Service Vendor – a third party that provides connectivity between a provider, supplier, clearing house or billing service and CGS.

Medicare requires all trading partners to complete EDI registration and sign an EDI Enrollment form. The EDI enrollment form designates the Medicare contractor and/or CEDI as the entity they agree to engage in for EDI and ensures agreement between parties to implement standard policies and practices to ensure the security and integrity of information exchanged.

Entities processing paper do not need to complete an EDI registration.

For EDI enrollment information, please visit the CGS EDI webpage at http://www.cgsmedicare.com/hhh/edi/pdf/EDI_Enroll_Packet.pdf.

Under HIPAA, EDI applies to all covered entities transmitting the following administrative transactions: 837I and 837P, 835, 270/271, 276/277 and NCPDP. Beginning on January 1, 2011, Medicare contractors and CEDI will also use the TA1, 999 and 277CA error handling transactions.

Medicare requires that we furnish new providers/suppliers that request Medicare claim privileges information on EDI. Additionally, Medicare requires us to assess the capability of entities to submit data electronically, establish their qualifications (see test requirements in Section 3.0 below), and enroll and assign submitter EDI identification numbers to those approved to use EDI. The EDI enrollment process for the Medicare beneficiary inquiry system (HETS 270/271) is currently a separate process. Information on the EDI enrollment process for HETS can be found on the CMS HETSHelp website (http://www.cms.gov/HETSHelp/).

A provider must obtain an NPI and furnish that NPI to CGS prior to completion of an initial EDI Enrollment Agreement and issuance of an initial EDI number and password by that contractor. CGS is required to verify that NPI is on the NPI Crosswalk. If the NPI is not verified on the NPI Crosswalk, the EDI Enrollment Agreement is denied and the provider is encouraged to contact CGS provider enrollment department (for Medicare Part A and Part B providers) or the National Supplier Clearinghouse (for DME suppliers) to resolve the issue. Once the NPI is properly verified, the provider can reapply the EDI Enrollment Agreement.

A provider's EDI number and password serve as a provider's electronic signature and the provider would be liable if any entity with which the provider improperly shared the ID and password performed an illegal action while using that ID and password. A provider's EDI access number and password are not part of the capital property of the provider's operation, and may not be given to a new owner of the provider's operation. A new owner must obtain their own EDI access number and password.

If providers elect to submit/receive transactions electronically using a third party such as a billing agent, a clearinghouse or network services vendor, they are required to have an agreement signed by that third party. The third party must agree to meet the same Medicare security and privacy requirements that apply to the provider in regard to viewing or use of Medicare beneficiary data. These agreements are not to be submitted to Medicare, but are to be retained by the providers. Providers will notify CGS which third party agents they will be using on their EDI Enrollment form.

Third parties are required to register with CGS by completing the third party agreement form. This will insure that their connectivity is completed properly; however, a separate enrollment may be required for enrollment in mailing lists to receive all publications and email notifications.

This agreement can be downloaded from http://www.cgsmedicare.com/hhh/edi/pdf/EDI_Enroll_Packet.pdf.

Providers must also be informed that they are not permitted to share their personal EDI access number and password with any billing agent, clearinghouse/network service vendor. Providers must also not share their personal EDI access number with anyone on their own staff who does not need to see the data for completion of a valid electronic claim, to process a remittance advice for a claim, to verify beneficiary eligibility, or to determine the status of a claim. No other non-staff individuals or entities may be permitted to use a provider's EDI number and password to access Medicare systems. Clearinghouse and other third party representatives must obtain and use their own unique EDI access number and password from CGS. For a complete reference to security requirements see section 4.4 below and refer to the Appendix A CMSR High Impact Level Data document located on the CMS website (http://www.cms.gov/informationsecurity/downloads/ARS_App_A_CMSR_HIGH.pdf).

Trading Partner Testing and Certification Process

For ANSI v5010 testing information, please review the ANSI v5010 information posted on the CGS EDI webpage at http://www.cgsmedicare.com/partb/coverage/5010.html.

3. Testing and Certification Requirements

Testing Requirements

All claim submitters must produce accurate electronic test claims before being allowed to submit claim transactions in production. All submitters must send a test file containing at least 25 claims, which are representative of their practice or services. The number of claims could be increased or decreased, on a case by case basis, to ensure adequate testing of any given submitter. Test claims are subject to standard syntax and IG semantic data edits; documentation will be provided when this process detects errors.

- Standard syntax testing validates the programming of the incoming file and includes file layout, record sequencing, balancing, alpha-numeric/numeric/date file conventions, field values, and relational edits. Test files must pass 100 percent of the standard syntax edits before production is approved.

- IG Semantic Data testing validates data required for claims processing, e.g., procedure/diagnosis codes, modifiers. A submitter must demonstrate, at a minimum, a 95 percent accuracy rate in data testing before production is approved where, in the judgment of CGS, the vendor/submitter will make the necessary correction(s) prior to submitting a production file. For FIs, the minimum 95 percent accuracy rate includes the front-end edits applied using the FISS implementation guide editing module.

- Test results will be provided to the submitter within three (3) business days; during HIPAA version transitions this time period may be extended, not to exceed ten (10) business days.

Many claim submitters use the same software, or the same clearinghouse to submit their electronic claims to Medicare. CGS provides a low cost software product, PC-ACE Pro32, for submission of claims in the current ANSI 837 format. File downloads and updates are posted under the Software & Manuals section at http://www.cgsmedicare.com/hhh/edi/pro32/index. html.

Providers/suppliers who submit transactions directly to more than one FI, Carrier, RHHI, A/B MAC, and/or CEDI, and billing services and clearinghouses that submit transactions to more than one FI, Carrier, RHHI, A/B MAC, and/or CEDI, must contact each FI, Carrier, RHHI, A/B MAC, and/or CEDI with whom they exchange EDI transactions to inquire about the need for supplemental testing whenever they plan to begin to use an additional EDI transaction, different or significantly modified software for submission of a previously used EDI transaction, or before a billing agent or clearinghouse begins to submit transactions on behalf of an additional provider. The individual FI, Carrier, RHHI, A/B MAC, and/or CEDI may need to retest at that time to re-establish compatibility and accuracy, particularly if there will also be a change in the telecommunication connection to be used.

Billing services and clearinghouses are not permitted to begin to submit or receive EDI transactions on behalf of a provider prior to submission of written authorization by the provider that the billing agent or clearinghouse has been authorized to handle those transactions on the provider's behalf. See section 2.2 above for further information on EDI Enrollment.
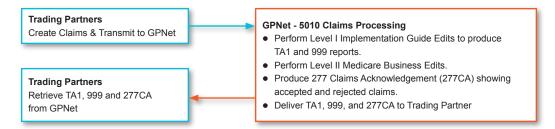
Certification Requirements

Medicare FFS does not certify providers/suppliers; however, CGS does certify vendors, clearinghouses, and billing services in the form of testing with them and maintaining an approved vendor list that can be accessed at: http://www.cgsmedicare.com/hhh/edi/trading_partners.html.
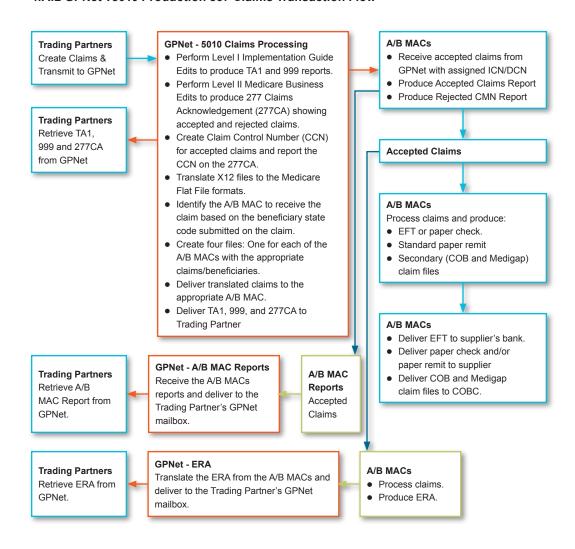
4. Connectivity/Communications

Process flows

The following diagrams show how v5010 electronic transactions flow into and out of GPNet, CGS's EDI Gateway.
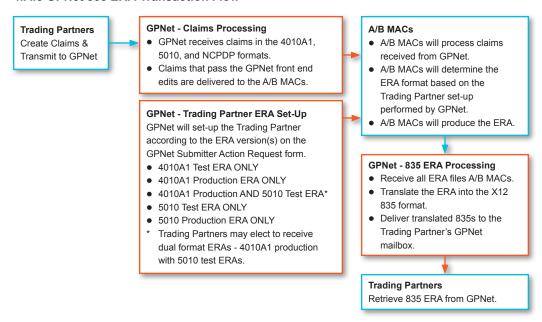
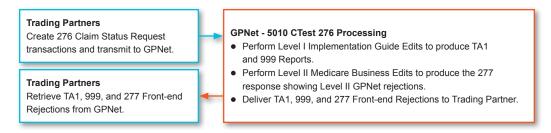**4.A.1 GPNet v5010 Test 837 Claims Transaction Flow**

Trading Partners
Create Claims & Transmit to GPNet

→

GPNet - 5010 Claims Processing
- Perform Level I Implementation Guide Edits to produce TA1 and 999 reports.
- Perform Level II Medicare Business Edits.
- Produce 277 Claims Acknowledgement (277CA) showing accepted and rejected claims.
- Deliver TA1, 999, and 277CA to Trading Partner

Trading Partners
Retrieve TA1, 999 and 277CA from GPNet

←

4.A.2 GPNet v5010 Production 837 Claims Transaction Flow

Trading Partners
Create Claims & Transmit to GPNet

→

GPNet - 5010 Claims Processing
- Perform Level I Implementation Guide Edits to produce TA1 and 999 reports.
- Perform Level II Medicare Business Edits to produce 277 Claims Acknowledgement (277CA) showing accepted and rejected claims.
- Create Claim Control Number (CCN) for accepted claims and report the CCN on the 277CA.
- Translate X12 files to the Medicare Flat File formats.
- Identify the A/B MAC to receive the claim based on the beneficiary state code submitted on the claim.
- Create four files: One for each of the A/B MACs with the appropriate claims/beneficiaries.
- Deliver translated claims to the appropriate A/B MAC.
- Deliver TA1, 999, and 277CA to Trading Partner

A/B MACs
- Receive accepted claims from GPNet with assigned ICN/DCN
- Produce Accepted Claims Report
- Produce Rejected CMN Report

Accepted Claims

A/B MACs
Process claims and produce:
- EFT or paper check.
- Standard paper remit
- Secondary (COB and Medigap) claim files

A/B MACs
- Deliver EFT to supplier's bank.
- Deliver paper check and/or paper remit to supplier
- Deliver COB and Medigap claim files to COBC.

Trading Partners
Retrieve TA1, 999 and 277CA from GPNet

←

Trading Partners
Retrieve A/B MAC Report from GPNet.

←

GPNet - A/B MAC Reports
Receive the A/B MACs reports and deliver to the Trading Partner's GPNet mailbox.

A/B MAC Reports
Accepted Claims

Trading Partners
Retrieve ERA from GPNet.

←

GPNet - ERA
Translate the ERA from the A/B MACs and deliver to the Trading Partner's GPNet mailbox.

A/B MACs
- Process claims.
- Produce ERA.

4.A.3 GPNet 835 ERA Transaction Flow

Trading Partners
Create Claims & Transmit to GPNet

→

GPNet - Claims Processing
- GPNet receives claims in the 4010A1, 5010, and NCPDP formats.
- Claims that pass the GPNet front end edits are delivered to the A/B MACs.

→

A/B MACs
- A/B MACs will process claims received from GPNet.
- A/B MACs will determine the ERA format based on the Trading Partner set-up performed by GPNet.
- A/B MACs will produce the ERA.

GPNet - Trading Partner ERA Set-Up
GPNet will set-up the Trading Partner according to the ERA version(s) on the GPNet Submitter Action Request form.
- 4010A1 Test ERA ONLY
- 4010A1 Production ERA ONLY
- 4010A1 Production AND 5010 Test ERA*
- 5010 Test ERA ONLY
- 5010 Production ERA ONLY
- * Trading Partners may elect to receive dual format ERAs - 4010A1 production with 5010 test ERAs.

GPNet - 835 ERA Processing
- Receive all ERA files A/B MACs.
- Translate the ERA into the X12 835 format.
- Deliver translated 835s to the Trading Partner's GPNet mailbox.

Trading Partners
Retrieve 835 ERA from GPNet.

4.A.4 GPNet v5010 Test 276/277 Transactions Flow

Trading Partners
Create 276 Claim Status Request transactions and transmit to GPNet.

→

GPNet - 5010 CTest 276 Processing
- Perform Level I Implementation Guide Edits to produce TA1 and 999 Reports.
- Perform Level II Medicare Business Edits to produce the 277 response showing Level II GPNet rejections.
- Deliver TA1, 999, and 277 Front-end Rejections to Trading Partner.

Trading Partners
Retrieve TA1, 999, and 277 Front-end Rejections from GPNet.

4.A.5 GPNet v5010 Production 276/277 Transactions Flow

Trading Partners
Create 276 Claim Status Request transactions and transmit to GPNet.

→

GPNet - Claims Processing
- Perform Level I Implementation Guide Edits to produce TA1 and 999 Reports.
- Perform Level II Medicare Business Edits to produce the 277 response showing Level II GPNet rejections.
- Translate X12 files to the Medicare Flat File formats.
- Identify the A/B MAC to receive the 276 request based on the contractor code submitted on the 276 file.
- Deliver translated files to the appropriate A/B MAC.
- Deliver TA1, 999, and 277 Front-end Rejections to Trading Partner.

→

A/B MACs
Receive accepted 276 files from GPNet.

Accepted 276

A/B MACs
Process 276 and produce 277 Claim Status Response.

Trading Partners
Retrieve TA1, 999 Reports, and 277 Front-end Rejections from GPNet.

Trading Partners
Retrieve A/B MAC 277 Claim Status Response from GPNet.

GPNet - Trading Partner ERA Set-Up
Translate the 277 Claim Status Response from the A/B MACs and deliver to the Trading Partner's GPNet mailbox.

Transmission Administrative Procedures

Please see the GPNet Communications Manual posted under http://www.cgsmedicare.com/hhh/edi/pro32/index.html.

4.A.6 Re-transmission procedures

CGS does not require any identification of a previous transmission of a claim. All claims set should be marked as original.

Communication Protocols

Please see the GPNet Communications Manual posted under http://www.cgsmedicare.com/hhh/edi/pro32/index.html.

NOTE: Internet is not currently a Medicare FFS approved communication protocol, except under the internet portal demonstrations, for select transactions and with prior CMS approval.

Security Protocols

Trading Partners who conduct business with Medicare are subject to CMS security policies.

CMS' information security policy **strictly prohibits any trading partner from outsourcing system functions to any resource located outside of the United States or its territories.** Prohibited outsourced functions include but are not limited to the transmission of electronic claims, receipt of remittance advice, or any system access to obtain beneficiary PHI and/or eligibility information. **Violation of this policy will result in revocation of all methods of system access, including but not limited to EDI front-end access or EDC RACF user access.** CGS is responsible for notifying all affected providers/suppliers as well as reporting the system revocation to CMS. See the Appendix A CMSR High Impact Level Data document (**Section SA-9**) located on the CMS website http://www.cms.gov/informationsecurity/downloads/ARS_App_A_CMSR_HIGH.pdf.

CMS' information security policy strictly prohibits the sharing or loaning of Medicare assigned IDs and passwords. Users should take appropriate measures to prevent unauthorized disclosure or modification of assigned IDs and passwords. Violation of this policy will result in revocation of all methods of system access, including but not limited to EDI front-end access or EDC RACF user access. CGS is responsible for notifying all affected providers/suppliers as well as reporting the system revocation to CMS. See the Appendix A CMSR High Impact Level Data document (**Section IA-2**) located on the CMS website (http://www.cms.gov/informationsecurity/downloads/ARS_App_A_CMSR_HIGH.pdf).

Password guidelines are provided with receipt of initial passwords.

5. Contact information

EDI Customer Service

For EDI Customer Service information, please visit the Contact Us area on http://www.cgsmedicare.com.

CGS Holiday Schedule

- Martin Luther King, Jr.'s Birthday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve
- Christmas Day
- New Year's Day

EDI Technical Assistance

See Section 5.1 for Technical Assistance information.

Provider Services

For Provider Customer Center information, please visit the Contact Us area on http://www.cgsmedicare.com.

Applicable Websites/Email

Please visit the CGS EDI webpage at http://www.cgsmedicare.com. You can email CGS at Ohio Part B Online Help Center (http://www.cgsmedicare.com/ohb/help/contact/onlinehelpOHB.html) or HH+H Online Help Center (http://www.cgsmedicare.com/hhh/help/onlinehelphhh.html).

6. Control Segments/Envelopes

Enveloping information must be as follows:

Element	Name	Codes/Content	Notes/Comments
ISA	Interchange Control Header		
ISA01	Authorization Information Qualifier	00	Medicare expects the value to be 00. ISA 02 shall contain 10 blank spaces.
ISA02	Authorization Information		
ISA03	Security Information Qualifier	00	Medicare expects the value to be 00 and ISA03 shall contain 2 blank spaces.
ISA04	Security Information		Medicare does not use Security Information and will ignore content sent in ISA04.
ISA05	Interchange ID Qualifier	27 28 ZZ	ISA05 = 28 or ZZ for 837I ISA05 = 27orZZ for 837P ISA05 = ZZ for 276
ISA06	Interchange Sender ID		MAC assigned Submitter ID. This is also required in the GS02 for the 837.
ISA07	Interchange ID Qualifier	27 28 ZZ	ISA07 = 28 or ZZ for 837I ISA07 = 27 or ZZ for 837P ISA07 = ZZ for 276
ISA08	Interchange Receiver ID		MAC specific numbers for the inbound transactions. Please refer to the GPNet Communications Manual posted under http://www.cgsmedicare.com/hhh/edi/pro32/index.html These Receiver IDs are also required in the GS03, 1000B / NM109, and 2010BB / NM109 for the 837.
ISA11	Repetition Separator		Must be present
ISA14	Acknowledgement Requested	1	Medicare requires submitter to send code value 1 – Interchange Acknowledgement Requested (TA1). Medicare will only return a TA1 segment when there is an error in the ISA/IEA Interchange Envelope.
GS02	Application Sender Code		Include submitter number assigned by the MAC.
GS03	Application Receiver's Code		Receiver ID assigned by the MAC.
GS08	Version Identifier Code	837I Errata -005010X223A2 837P Errata – 005010X22A1 276 - 005010X212 No Errata version change	Errata Versions, when applicable. GS08 must also match the ST03.
NM109 837-1000A loop 276-2100B loop			Submitter ID. Must match the value submitted in ISA06 and GS02.
NM109 837-1000B loop 276-2100A loop			Receiver ID. Must match value submitted in ISA08 and GS03.

Interchange Control (ISA/IEA), Function Group (GS/GE), and Transaction (ST/SE) envelopes must be used as described in the national implementation guides. Medicare's expectations for inbound ISAs and a description of data on outbound ISAs are detailed in this chapter. Specific guidelines and instructions for GS and GE segments are contained in each Transaction Information companion Guide.

> **NOTE:** Medicare only accepts functional groups based upon one TR3 Implementation Guide per Interchange Envelope (ISA/IEA). If transactions based upon more than one TR3 Implementation Guide are being submitted, each must be contained within its own Interchange.

For Medicare FFS specific guidance, refer to the appropriate Medicare FFS transaction specific edit documents found at http://www.cms.gov/ElectronicBillingEDITrans/.

ISA-IEA

Delimiters – Inbound Transactions

As detailed in the HIPAA adopted implementation guides, delimiters are determined by the characters sent in specified, set positions of the ISA header. For transmissions to Medicare (inbound transmissions), these characters are determined by the submitter and can be any characters which are not contained within any data elements within the ISA/IEA Interchange Envelope.

Delimiters – Outbound Transactions

Medicare recommends the use of the following delimiters in all outbound transactions; trading partners/submitters should contact their local FI, RHHI, Carrier, A/B MAC or CEDI for any deviations. Note that these characters will not be used in data elements within an ISA/IEA Interchange Envelope.

Delimiter	Character Used	Dec Value	Hex Value
Data Element Separator	*	42	2A
Repetition Separator	^	94	
Component Element Separator	>	62	5E
Segment Terminator	~	126	3E

Inbound Data Element Detail and Explanation

All data elements within the interchange envelop (ISA/IEA) must follow X12 syntax rules as defined within the adopted implementation guide.

GS-GE

Functional group (GS-GE) codes are transaction specific. Therefore, information concerning the GS/GE Functional Group Envelope can be found in the transaction specific appendices of this companion guide.

ST-SE

Medicare has no requirements outside the HIPAA adopted transaction implementation guides.

7. Acknowledgments and Reports

CGS will provide acknowledgments and reports for submitted X12 5010 transactions.

ASC X12 Acknowledgments

Medicare has adopted two new acknowledgment transactions, the 999 Implementation Acknowledgment for Health Care Insurance and the 277 Claims Acknowledgment or 277CA. These two acknowledgments will replace proprietary reports previously provided by CGS.

Medicare FFS has adopted a process to only reject claim submissions that are out of compliance with the ASC X12 version 5010 standard; the appropriate response for such errors will be returned on a 999 Implementation Acknowledgment transaction. Batch submissions with errors will not be rejected in totality, unless warranted, but will selectively reject the claims submitted in error within it. Thus, Medicare FFS will reject claim submissions and return a 999 Implementation Acknowledgment transaction with the error responses listed within the 837 Institutional or Professional Edits Spreadsheet found at http://www.cms.gov/ElectronicBillingEDITrans/.

Report Inventory

Please refer to the GPNet Communications Manual posted on http://www.cgsmedicare.com/hhh/edi/pro32/index.html.

8. Additional Trading Partner Information

Implementation Checklist

Please refer to the ANSI Testing Procedures or EDI Enrollment Packet located at http://www.cgsmedicare.com/hhh/edi/pdf/EDI_Enroll_Packet.pdf.

Transmission Examples

Please refer to the GPNet Communications Manual posted on http://www.cgsmedicare.com/hhh/edi/pro32/index.html.

Trading Partner Agreement

EDI Trading Partner Agreements ensure the integrity of the electronic transaction process. The Trading Partner Agreement is related to the electronic exchange of information, whether the agreement is an entity or a part of a larger agreement, between each party to the agreement.

Medicare FFS requires all Trading Partners to sign a Trading Partner Agreement with CGS. This agreement can be found at http://www.cgsmedicare.com/hhh/edi/trading_partners.html.

Frequently Asked Questions

Frequently asked questions can be accessed at: http://www.cms.gov/ElectronicBillingEDITrans/. For CGS FAQs, please visit www.cgsmedicare.com/hhh/education/faqs/edi_faqs.html.

Other Resources

- **Centers for Medicare & Medicaid Services:** http://www.cms.gov
- **ASC X12:** http://www.x12n.org/portal
- **Washington Publishing Company:** http://www.wpc-edi.com

9. Trading Partner Information Change Summary

Version	Date	Section(s) Changed	Change Summary
1.0	November	All	Initial Draft
2.0	February 15, 2011	All	1st Publication Version
3.0	April 2011	6.0	2nd Publication Version

10. Appendices

A. 837 Institutional Claim Transaction Specific Information
http://www.cms.gov/ElectronicBillingEDITrans/Downloads/5010A2837ACG.pdf

B. 837 Professional Claim Transaction Specific Information
http://www.cms.gov/ElectronicBillingEDITrans/Downloads/5010A1837BCG.pdf

C. 276/277 Claim Status Inquiry and Response Transaction Specific Information
http://www.cms.gov/ElectronicBillingEDITrans/Downloads/5010276277CG.pdf

D. 835 Remittance Advice Transaction Specific Information
http://www.cms.gov/ElectronicBillingEDITrans/Downloads/5010A1835CG.pdf