EDI CONNECTION

Contents

When to Contact EDI

The Electronic Data Interchange (EDI) Help Desk is available to assist callers with the following:

Claims (837)	myCGS Portal	Remittance Advice (835)*
EDI application status*	Registration	PC-Print software
DDE application status	Unlock accounts	Medicare Remit Easy Print (MREP) software
Administrative Simplification Compliance Act (ASCA)	Password resets	Restore remits
ANSI 5010 testing	MFA codes	
PC-Ace Pro32 software		
837 file verification		
999 rejections		
277CA rejections*		

*Before you call, try one of the EDI self-service options on our website:

- 277CA Edit Lookup Tool
- EDI Report Request Tool (Claim Response Report (RSP) or Electronic Remittance (835))
- EDI Online Application Status Tool

Contact Information:

- J15 Part A Self-Service Options (https://www.cgsmedicare.com/parta/tools/index.html) or call 1.866.590.6703 (option 2)
- J15 Part B Self-Service Options (https://www.cgsmedicare.com/partb/tools/index.html) or call 1.866.276.9558 (option 2)
- J15 HHH Self-Service Options (https://www.cgsmedicare.com/hhh/tools/index.html) or call 1.877.299.4500 (option 2)

EDI Online Application Status Tool

Want to know the status of your online EDI application? Use our EDI Online Application Status Tool (https://www.cgsmedicare.com/medicare_dynamic/edi_application/edi_application/status.aspx) to find out in 3 simple steps:

1. Locate the application reference number (at the top of the Provider Authorization Form and in your confirmation email).
2. Key the reference number in the search field.
3. Press 'Submit'.

The EDI Online Application Status Tool (https://www.cgsmedicare.com/medicare_dynamic/edi_application/edi_application/status.aspx) updates daily and provides the following information specific to a single application:

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- Status – Current stage in the application process
- Description – Additional details and contact information (if applicable)

If you still have questions, please call the EDI Help Desk.

myCGS: How Do I...?

The J15 A/B MAC myCGS portal (https://www.cgsmedicare.com/mycgs/index.html) offers a variety of online capabilities to serve the needs of our health care providers and staff. The myCGS User Manual (https://www.cgsmedicare.com/mycgs/mycgs_user_manual.html) provides step-by-step instructions for each. Access the links below to learn more about how to:

- Register (https://www.cgsmedicare.com/mycgs/ssi/intro/registration.html) to use the myCGS portal.
- Recertify your myCGS account (https://www.cgsmedicare.com/mycgs/ssi/admin/recertification.html) every 360 days to avoid any service interruptions (Provider Administrators).
- Submit a redetermination request (https://www.cgsmedicare.com/mycgs/mycgs_user_manual_appeals.html#appeals_main) (first level of appeal).

If you still have questions, please call the EDI Help Desk.

myCGS Enhancement: New Inbox Coming Soon!

Based on your feedback, we're updating your myCGS inbox to help you find what you need.
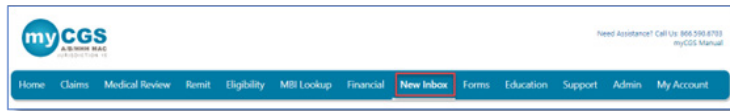
The NEW INBOX will include these features:

- A 'View Columns' drop-down menu to display or hide specific information
- Options to download your inbox content to a PDF document or Excel spreadsheet
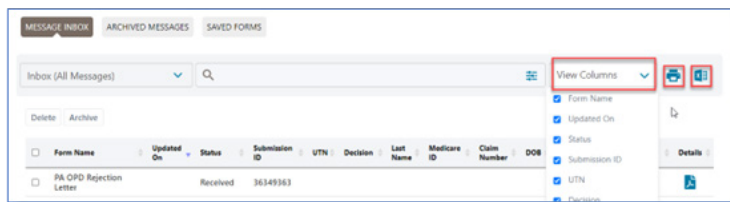
- A 'Search' field to search by keyword or 'Filter' button to select advanced search options
- A 'Details' option to display additional information about a request (i.e., status, history and files submitted [including the request form in PDF format])
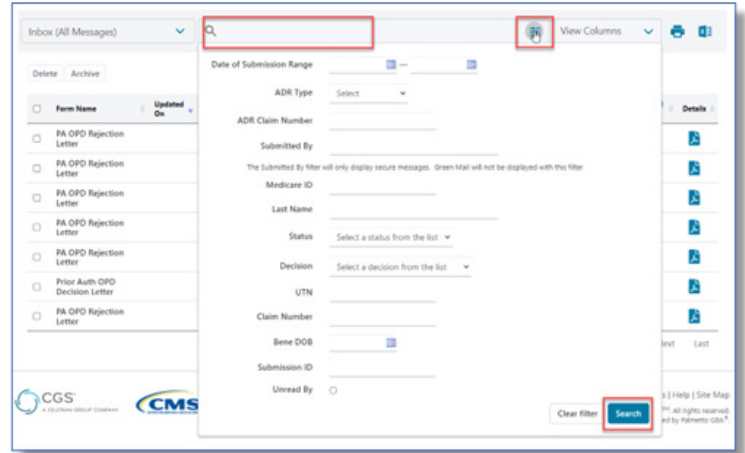
We hope these improvements are beneficial and always welcome your feedback!

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Part A Top 10 Edits

	Edit Number	Business Edit Message	Resolution
1	X223.423.2400. LX01.030	This Claim is rejected for the Service line number greater than maximum allowable for payer.	Do not submit more than 449 service lines on a claim.
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. 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	X223.449.2410. LIN03.015	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 218: "NDC Number"	2410.LIN03 must be 11 bytes alpha-numeric.
4	X223.424.2400. SV201.020	A7: 455: "Acknowledgement /Rejected for Invalid Information…" 2400.SV201 must be a valid revenue code.	Revenue code must be valid.
5	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.
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. 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	X223.486.2430. DTP03.030	This claim is rejected due to Other's Insured payment date is a future date.	2430.DTP03 must not be a future date.
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	X223.424.2400. SV202-7.025	CSCC A8: "Acknowledgement / Rejected for relational field in error"CSC 306 Detailed description of service	2400.SV202-7 must be present. when 2400.SV202-2 contains a non-specific procedure code.

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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.	If the HIC/MBI format is valid, 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.
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.