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What Is the 277CA Edit Lookup Tool?

The 277CA Edit Lookup Tool is a self-service option on our website that explains the edit code(s) returned on the 277CA – Claim Acknowledgment for 5010A1 claims.

- Access the 277CA Edit Lookup Tool: https://www.cgsmedicare.com/medicare_dynamic/edi/277CA_edit_lookup_tool/
- Key the edit information (located in the STC segment or reported on your acknowledgment file) in the appropriate fields and click 'Submit'.

The 277CA Edit Lookup Tool displays each possible cause for the edit combination entered (edit code, description, and reason the edit returns on the 277CA).

For additional instructions, please refer to the 277CA Edit Tool User Guide: https://www.cgsmedicare.com/medicare_dynamic/edi/2.%20277CA%20EDI%20EDIT%20User%20Guide.pdf

What Is the EDI Online Application Status Tool?

The EDI Online Application Status Tool is a self-service option on our website that allows you to quickly identify the status of your online EDI application.

At least 24 hours after you submit an online EDI application:

- Access the EDI Online Application Status Tool: https://www.cgsmedicare.com/medicare_dynamic/edi_application/edi_application/status.aspx
- Key the 'Reference Number' (located at the top of the Provider Authorization form) and click 'Submit'.

The EDI Online Application Status Tool updates daily and will display one of the following messages:

- **Application Status**: Received; Thank you for your application. Please return to the signature page as soon as possible for processing.
- **Application Status**: Pending; Thank you for your application and related signature page. At this time, these items are in queue for processing.
- **Application Status**: Approved
- **Application Status**: Rejected; Unfortunately, we are unable to process your application as submitted. Please contact the EDI Help Desk for your line of business for assistance.
- **Application Status**: No Records; There are no records with the search criteria you supplied. If you feel you may have entered your information incorrectly, please return to the previous page and try again. If you feel you have entered it correctly, and no records are returned, please contact the EDI Help Desk.

myCGS: How Do I…?

The J15 A/B MAC myCGS portal 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:

- **Unlock Accounts** – Your Provider Administrator(s) can unlock your account if your User ID is disabled due to failure to log in at least once every 30 days or 3 unsuccessful login attempts within a 120-minute time span. https://www.cgsmedicare.com/mycgs/ssi/admin/unlocking.html

EDI CONNECTION

- **Find Your Provider Administrator(s)** – A 'Find Your Admin' feature is available on the myCGS login page. https://www.cgsmedicare.com/mycgs/ssi/intro/logging.html
- **View an ADR** – The Medical Review Dashboard provides a list of claims selected for medical review and the associated Additional Documentation Request (ADR) letter. You can also access detailed claim status information and perform other functions associated with the request. https://www.cgsmedicare.com/mycgs/mycgs_user_manual_mr.html#mr_main

EDI Help Desk

- Part A – 866.590.6703 (option 2)
- Part B – 866.276.9558 (option 2)
- Home Health & Hospice – 877.299.4500 (option 2)

Part A Top 10 Edits

	Edit Number	Business Edit Message	Resolution
1	X223.284.2300. HI02-2.010	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 725: "NUBC Value Code(s)"	If 2300.HI02-1 is "BE" then 2300.HI02-2 must be a valid Value code on the receipt date and is within the codes effective and termination date.
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: NNNNNNNNNNA or NNNNNNNNNNAA or NNNNNNNNNNAN. 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	X223.284.2300. HI03-2.010	"CSCC A7: 'Acknowledgement /Rejected for Invalid Information…' CSC 725: 'NUBC Value Code(s)'" If 2300. HI03-1 is "BE" then 2300.HI03-2 must be a valid Value code on the receipt date and is within the codes effective and termination date.	If 2300.HI03-1 is "BE" then 2300.HI03-2 must be a valid Value code on the receipt date and is within the codes effective and termination date.
4	X223.424.2400. SV202-2.020	CSCC A7: "Acknowledgement /Rejected for Invalid Information…"CSC 507: "HCPCS"	When 2400.SV202-1 = "HC", 2400.SV202-2 must be a valid HCPCS Code.
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	X223.184.2300. HI01-2.020	CSCC A7: "Acknowledgement /Rejected for Invalid Information…" CSC 254: "Principal diagnosis code"	If 2300.HI01-1 is "BK" then 2300.HI01-2 must be a valid ICD-9 Diagnosis 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	X223.424.2400. 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.

EDI CONNECTION

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	X999.DUPE	Rejected due to duplicate ST/SE submission	Verify the file was not already sent prior to submitting.
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.